Titan Education

Year 8 HPE
STUDENT eWORKBOOK

Contents

Key

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

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

Copyright information

Physical activity and fitness

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
Physical activity		
Fitness		
Flexibility		
Muscular endurance		
Sedentary behaviour		
Agility		
Spiritual benefit		
Emotional benefit		
Cultural identity		
Resting heart rate		
Acute responses to training		
Chronic responses to training		

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

- Critically review rapid weight loss programs and the methods which they employ. Provide advice on how overweight individuals should be trying to lose weight safely.
- Watch *'Exercise is medicine'* at https://exerciseismedicine.org.au. Review the information and report back to the class.

Collaborating

- Work in small groups to investigate *Australia's Physical Activity and Sedentary Behaviour Guidelines*. Use this information to design, organise and commit to a range of physical activities for the week. Alternatively, your group can organise physical activities that the entire class can participate in.
- Record an interview with your parents about about the type and amount of physical activity they participated in when they were your age. Compare and contrast this to the current generation of young people.

Creating

- Create a health promotion campaign to increase physical activity, specifically targeting young people who are inactive because of gaming, social media and/or television.
- Use the information from the following videos as stimulus to create your own short video on the benefits of physical activity:
  - https://youtu.be/wWGulLAa0O0
  - https://youtu.be/-lxg-35Xo_o
  - https://youtu.be/f8OQ8Bpbsqc

Desktop publishing

- Create a mind map using mind-mapping software (http://bubbl.us) to illustrate the issues that impact your own personal decisions whether to be physically active or not.
- Create a collage of digital images depicting your favourite physical activities.

Components of a balanced lifestyle

A balanced lifestyle is essential to achieve optimal health. Balancing lifestyle is quite difficult for many people in our modern, fast-paced society. The day is broken into rest, sleep, school/work, physical activity and leisure/recreation, with the amount of time dedicated to each activity varying from person to person. The number of people who are overweight or obese is increasing and experts report a lack of time spent on physical activity as a major contributing cause. Health problems associated with obesity include heart disease, diabetes, various cancers and mental health problems.

Technology has also affected the lifestyle of many Australians, in particular young people. Teenagers are more likely to access the internet through multiple devices such as smartphones, tablets, gaming consoles and smart televisions. Accessing social media has also become a constant distraction, with many people continually checking and updating their profiles at all hours of the day/night.

Activity Ⓢ Ⓘ ✳ 🖳 ✅ 👥

1. Define the following components of a balanced lifestyle. Describe how each component helps to maintain a balanced lifestyle.

a. Rest:

_____

_____

b. Leisure/recreation:

_____

_____

c. Physical activity:

_____

_____

d. Sleep:

_____

_____

e. School/work:

_____

_____

Australia's Physical Activity and Sedentary Behaviour Guidelines

Australia's Physical Activity a
(13–17 years) include:

Physical activity

- For health benefits, young p
  13–17 years should accum
  60 minutes of moderate- to
  intensity physical activity ev

- Young people's physical ac
  include a variety of aerobic
  including some vigorous-int

- On at least three days per v
  people should engage in ac
  strengthen muscle and bon

- To achieve additional health
  people should engage in m
  several hours per day.

Sedentary behavi

To reduce health risks, young
should minimise the time the
every day. To achieve this:

- Limit use of electronic medi
  as television, seated electro
  use) to no more than two h
  associated with reduced he

- Break up long periods of sit

Source: www.health.gov.au

Activity Ⓢ Ⓜ ✳ ♟

1. Use the planner on the fol
   amount of physical activity
   participate in over a 24 ho

Time	Physical activities	Sedentary activities
00.00–01.00		
01.00–02.00		
02.00–03.00		
03.00–04.00		
04.00–05.00		
05.00–06.00		
06.00–07.00		
07.00–08.00		
08.00–09.00		
09.00–10.00		
10.00–11.00		
11.00–12.00		
12.00–13.00		
13.00–14.00		
14.00–15.00		
15.00–16.00		
16.00–17.00		
17.00–18.00		
18.00–19.00		
19.00–20.00		
20.00–21.00		
21.00–22.00		
22.00–23.00		
23.00–00.00		

2. Compare your current levels of physical activity and sedentary behaviour with the guidelines for young people.

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3. Propose strategies for increasing opportunities for physical activity in your daily schedule.

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ICT task 💻

Watch the YouTube video titled _Let's get moving! – WHO's Global status report on physical activity 2022_ at https://youtu.be/vCCD1xHKpZc and discuss the main points with a partner.

Activity Ⓢ Ⓘ ✳ 🌐 👫 🐨 ✠

Benefits of physical activity

Identify a range of physical, social, emotional, cognitive and spiritual benefits of regular participation in physical activity for individuals and communities.

Physical

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Social

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_____

Emotional

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Cognitive

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_____

Spiritual

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_____

ICT task 🖥

To learn more about the benefits of regular physical activity, watch the YouTube video at
https://youtu.be/yI_DzZqQAuk.

Goal setting

Individuals and groups develop goals so they can guide themselves to a specific situation or outcome. Goals can be short-, intermediate- or long-term and can range from a small individual goal, such as when a person aims to increase their physical activity level, to an in-depth, global-based goals, such as society's goal to minimise pollution. Goals have to be realistic and achievable in order to have a positive effect an individual and/or group.

The SMART Principle of goal setting

The SMART Principle is often used in planning and goal setting.
It refers to the following concepts:

S ▸ Specific

Goals should be clear and concise. They should define exactly what action is planned. A specific objective has a greater chance of being accomplished than a general goal. When setting a specific goal, it helps to answer the five Ws:

- Who: who is involved?
- What: what is the goal to accomplish?
- Where: what location will enable the goal to be achieved?
- When: what time is available?
- Why: what are the specific reasons for accomplishing this goal?

M ▸ Measurable

To be able to determine if a goal is achievable, it needs to be able to be measured. Establishing criteria for measuring progress towards the attainment of each goal is beneficial.

A ▸ Achievable

A goal needs to be challenging, so a real commitment is made to the goal and a sense of accomplishment is felt upon its successful achievement. If the goal is too easy, success won't be as rewarding. Conversely, if the goal is too challenging, its more likely to be abandoned.

R ▸ Realistic

Having a realistic goal does not mean that it is easy. It simply means that the skills and resources are available to help someone achieve their goal. If a goal can truly be achieved, it is considered realistic.

T ▸ Time-based

It is important to set a time frame for the goal so that there is a clear end point. Without a time limit, there's no urgency to start taking action. A timeframe also helps in measuring the successes of working towards a goal.

Activity Ⓢ ✺ ✅ ⚇

Establishing SMART goals

Using the SMART acronym, write and revise an action statement for a short-term goal related to achieving personal success in physical activities. Answer the questions in the table below to help you refine your goal statement.

Goal statement:

_____

_____

_____

S	**What makes your goal specific?**	
M	**How will you measure your goal?**	
A	**What makes your goal achievable?**	
R	**What makes your goal realistic?**	
T	**What is the time frame for your goal?**	

Revised goal statement:

_____

_____

_____

Lifelong physical activities

Lifelong physical activity refers to a physical activity or sport that can be enjoyed over the course of a lifetime. It involves participating in a range of physical activities to improve and maintain overall health, wellbeing and fitness in the short term and across the lifespan. Physical activities can be broken into two categories: non-competitive and competitive.

Competitive activities or sports are those that are played with a focus towards winning. They generally have a set of defined rules. Competitive sports can be enjoyed by all age groups. Examples of competitive sports include soccer, rugby, netball, basketball and golf.

Non-competitive activities or sports are those that are played for enjoyment and generally have fewer rules than competitive sports. Activities include tennis, tai chi, swimming, running, walking and yoga.

Activity Ⓜ ✳ 🌐 ✅ 👥 ♣

Research four lifelong physical activities popular in the local community.

Activity	Description

Safety considerations

There is an element of risk or injury in most physical activities and sport. Before participating in physical activity, participants should adhere to a number of factors to reduce the chance of injury occurring.

Each year, approximately one million Australians injure themselves while engaging in sport or physical activity. The highest rate of injuries is among children between five and 14 years of age. Below are ten points to remember about safety for children and young people in sport:

1. Clubs, schools and providers should identify, manage and monitor the risks that sport and recreation activities entail.

2. An estimated 50% of all sports injuries are preventable.

3. Coaches should have at least an entry-level qualification from a coaching course that is conducted by their national or state/territory sporting organisation.

4. Where possible, a first aider should be present at all sporting events. A sports trainer should be present at events that people who are 16 or older are participating in. Any complaint of pain, tenderness, limitation of movement or disability should be promptly referred to a qualified person.

5. Participants should use appropriate and properly fitted protective equipment, clothing and footwear at all times.

6. The playing environment and facilities should be inspected and made safe before participation in the sport or physical activity.

7. All coaches and teachers must be aware of all participants' medical history and should conduct a pre-season medical examination and activity questionnaire for each participant.

8. Warming-up, warming-down and stretching should be included before and after all participation.

9. Activities should be well planned and participants should progress in them from an easy level to a difficult level.

10. The child's physical and mental maturity should be matched to the level of participation, the complexity of the task and the rules of the game.

Source: Australian Sports Commission

Critical inquiry Ⓢ Ⓜ ✳ ✅ 🚶

Discuss the importance of warming-up and warming-down before and after participating in physical activity and sport.

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.

Components of physical fitness

Understanding the different components of fitness and knowing your personal strengths and weaknesses has many advantages. You can train specifically to improve certain aspects of your fitness and you can monitor your fitness levels over time. By analysing and choosing sports that use skills that you are strong in, you can maximise your success and enjoyment.

Health-related components

The health-related components of physical fitness are those aspects that are linked to personal health, lifestyle and illness prevention.

- Muscular strength
- Muscular endurance
- Flexibility
- Body composition
- Cardiorespiratory endurance.

Skill-related components

The skill-related components of physical fitness are those aspects that allow you to perform skills successfully.

- Agility
- Balance
- Coordination
- Power
- Reaction time
- Speed.

Activity 👥

Provide definitions for the following fitness components.

1. Health-related components

a. Body composition

_____

_____

_____

b. Cardiorespiratory endurance

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_____

c. Flexibility

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_____

d. Muscular endurance

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_____

e. Muscular strength

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_____

2. Skill-related components

a. Agility

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_____

_____

b. Balance

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_____

c. Coordination

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_____

_____

d. Power

_____

_____

_____

e. Reaction time

_____

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_____

f. Speed

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_____

Measurement and evaluation

Purpose of physical fitness measurement

The reasons for measuring physical fitness include:

- To provide a starting point when designing training programs. This is important for a coach to know, so they can ensure overload is placed on the athlete during training while making sure that the training is not too hard.

- To identify strengths and weaknesses in fitness. An athlete may have good endurance and flexibility, excellent cardiovascular endurance, but below average strength. By identifying these strengths and weaknesses, an athlete or coach can prioritise training.

- To monitor progress and effectiveness of training. Although it is interesting to compare individuals' results against standardised 'norm' tables, it is much more important to look at individual performances and progress. Retesting will provide valuable information regarding the effectiveness of the training as well as indicating personal improvement.

- To motivate or encourage the athlete. If an athlete can see improvements in their fitness levels, they are likely to continue training and performing at optimal levels.

- To provide data that enables athletes returning from injury to compare current fitness levels with pre-injury fitness levels.

- To assist in talent identification programs by searching for athletes whose fitness test profiles match the typical profiles of elite athletes in that sport.

Measurement protocols

For a test to be reliable and valid, it is important that the person who is conducting the test is strictly following the procedure. If any variation from the agreed protocol occurs, the test results could vary greatly for the person the next time they are tested. Results of tests that are not conducted properly are unreliable and may be meaningless.

Activity

Measuring physical fitness

Participate in the following physical fitness tests and record your results.

For more information about measuring physical fitness, watch a YouTube video by Cricket Australia at https://youtu.be/pQAVinQXHgI.

Age: _____ years   **Height:** _____ mm (without shoes)   **Weight:** _____ kg

Cardiorespiratory endurance

This test is called the multistage fitness test. Run 20m shuttles between the lines marked out for the test. You cannot leave the line before the beep and you must have at least one foot over the line before the next beep. The time between each beep will decrease at regular intervals, as you reach higher levels. You are eliminated if you fail to reach the line prior to the beep. After you have been eliminated, record your result below. Compare your result with the cardiorespiratory endurance rating table.

Cardiorespiratory endurance		
Rating	**Girls**	**Boys**
Poor	<3	<4
Fair	3–5	4–6
Average	6–7	7–8
Good	8–9	9–10
Excellent	>9	>10

Level: _____

Flexibility

This test is called the sit and reach test. It measures hip, lower back and hamstring flexibility. Using the sit and reach box, slide your hands slowly forward, one on top of the other, reaching as far as you can. Have your partner record the distance you have reached. Conduct the test twice, recording your results (in centimetres) below. Compare your best result with the flexibility rating table.

Flexibility		
Rating	**Girls**	**Boys**
Poor	<0	<(-3)
Fair	0–3	(-3)–(-1)
Average	4–9	0–2
Good	10–14	3–7
Excellent	>14	>7

Attempt 1: _____   **Attempt 2:** _____

Muscular endurance

This test will measure the endurance of your abdominal muscles. Working in pairs, complete as many sit-ups as you can in 60 seconds. Make sure your hands are on their opposite shoulder and your knees are bent. Have your partner hold your feet on the ground and count the number of sit-ups you complete (making sure your elbows touch your thighs each time). Record your result below and compare your result with the muscular endurance rating table.

Muscular endurance		
Rating	**Girls**	**Boys**
Poor	<23	<28
Fair	23–28	28–34
Average	29–33	35–41
Good	34–39	42–49
Excellent	>39	>49

Sit-ups: _____

Muscular strength

This test uses a handgrip dynamometer. Squeeze the dynamometer, with arm extended, as hard as you can. The dynamometer's needle will move to indicate your result. Conduct the test twice for each hand, recording your results below. Compare your best result for each hand with the strength rating table.

Muscular strength		
Rating	**Girls**	**Boys**
Poor	<15	<18
Fair	15–20	18–26
Average	21–26	27–35
Good	27–33	36–44
Excellent	>33	>44

Attempt 1 (L): _____ **Attempt 2 (L):** _____

Attempt 1 (R): _____ **Attempt 2 (R):** _____

Agility

This test is called the Illinois Agility Test. It is designed to test your ability to move quickly while changing direction. Start by lying on your front, with your head facing the start line and hands by your shoulders. When directed, get up as quickly as possible and negotiate the cones in the direction indicated. Conduct the test twice, recording your times (in seconds) below. Swap start and finish positions so that you test your agility on both sides. Compare your best result with the agility rating table.

Agility	
Rating	**Result**
Poor	>23.5
Fair	22.4–23.5
Average	18.7–22.3
Good	17.5–18.6
Excellent	<17.5

Attempt 1: _____ **Attempt 2:** _____

Balance

This test requires you to perform a stork stand. Lift the underside of your foot and rest it against the inside of the opposite knee. Once in position, have your partner time how long you can remain there. Conduct the test twice, recording your times (in seconds) below. Compare your best result with the balance rating table.

Balance		
Rating	**Girls**	**Boys**
Poor	<10	<10
Average	10–29	10–29
Good	>30	>30

Attempt 1: _____ **Attempt 2:** _____

Coordination

This test is used to measure hand-eye coordination. A target (30cm in diameter) is placed on a wall 2.5m away from a line. Stand behind the line and face the target. Throw a tennis ball at the target with your dominant hand and attempt to catch it on the full with the same hand, without crossing the line. Do this ten times, counting your successful catches and recording your score below. Then switch to catching with your non-dominant hand (still throwing with your dominant hand) for another ten rounds, again recording your score below. Comparing your total score for both hands (maximum score of 20) with the coordination rating table.

Coordination	
Rating	**Total score**
Poor	<7
Fair	7–10
Average	11–13
Good	14–17
Excellent	18–20

Left hand: _____ **Right hand:** _____

Total score: _____

Power

This test will measure the power of your legs. Before conducting this test, you will need to measure your standing reach height – use chalk to mark the wall at the point as high as you can reach comfortably (with both feet fully on the ground) and record this height below. From the same standing take off, jump as high as possible and mark the wall a second time at your highest point. Record your jumping reach height below before calculating the distance you have jumped (in centimetres). Compare your result with the power rating table.

Power		
Rating	**Girls**	**Boys**
Poor	<10	<10
Fair	10–17	10–19
Average	18–24	20–29
Good	25–31	30–39
Excellent	>31	>39

Standing: _____ **Jumping:** _____

Distance jumped: _____
(= jumping height - standing height)

Reaction time

This test requires you to catch a 30cm ruler as quickly as possible. Sit with your forearm flat on a desk (with your hand over the edge) and thumb and forefinger ready to catch but allowing enough space for the ruler to drop between. Have your partner hold the start of the ruler (0cm mark) slightly above this space. When in place, your partner will say they are ready, but may drop the ruler at any time between one and ten seconds later. You need to catch the ruler between your thumb and forefinger as quickly as possible. Measure the distance the ruler has dropped (in centimetres), taking the ruler's marking at the middle of your thumb as your result. Conduct this test twice for each hand, recording your results below. Compare your best result with the reaction time rating table below.

Reaction time	
Rating	**Result**
Poor	>17.1
Average	6.1–17.0
Excellent	<6.1

Attempt 1 (L): _____   **Attempt 2 (L):** _____

Attempt 1 (R): _____   **Attempt 2 (R):** _____

Speed

This test requires you to sprint over a distance of 50m and have a partner record your time. Conduct the test twice, recording your times (in seconds) below. Compare your best result with the speed rating table.

Speed		
Rating	**Girls**	**Boys**
Poor	>9.50	>9.00
Fair	9.01–9.50	8.51–9.00
Average	8.51–9.00	8.01–8.50
Good	8.00–8.50	7.50–8.00
Excellent	<8.00	<7.50

Attempt 1: _____

Attempt 2: _____

Activity Ⓜ Ⓜ

1. Identify a range of physical activities that can be used to develop health-related and skill-related fitness components.

_____

_____

_____

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_____

2. Describe a training drill to improve coordination in a nominated physical activity.

_____

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_____

3. In the table below, brainstorm the fitness components required for three different sports.

Sport	Fitness requirements

Practical activity

Participate in a range of physical activities that improve health- and skill-related components of fitness and analyse how the components are developed through these activities.

The body's immediate reaction to physical activity

When participating in physical activity, the body responds and adapts to an increase in exertion. There are numerous changes to body that occur to heart rate and breathing rate.

- **Heart rate:** The heart is a hollow sack of cardiac muscle that fills with blood and that also contracts, forcing the blood out to the body 60–80 times per minute when the body is at rest. When you participate in physical activities, you produce more carbon dioxide and need more oxygen, so you need more blood flow to your muscles. Your body responds to this demand in a number of ways. Your heart beats faster and more strongly and blood is directed from other organs, such as the stomach, towards the muscles.

- **Breathing rate:** The breathing rate changes when you participate in physical activity. When your body is at rest, you breathe approximately 12 times per minute and take in about half a litre of oxygen. During exercise, both the rate and depth of breathing increase significantly, depending on the intensity of the exercise.

- **Ability to talk:** The talk test is a simple way to measure the intensity of the physical activity you are participating in. Generally, if you're doing low-moderate intensity physical activity, you can talk during the activity. If you're doing vigorous intensity physical activity, you will not be able to say more than a few words without pausing for a breath.

- **Perceived exertion:** Perceived exertion is how hard you feel like your body is working when participating in physical activity. It is based on the physical perceptions a person experiences during physical activity, including increased heart rate, increased breathing rate, increased sweating and muscle fatigue. Perceived exertion is ranked on a scale from six to 20, with six meaning 'no exertion at all' and 20 meaning 'maximal exertion'. Experts generally agree that a perceived exertion rating from 12–14 suggests that physical activity is being performed at a moderate level of intensity.

Practical activity Ⓜ ✳ ✅ 🔢 👥

Participate in a range of physical activities and record information on heart rate, breathing rate, ability to talk and perceived exertion before and immediately after completing the physical activity.

Activity	Heart rate	Breathing rate	Ability to talk	Perceived exertion
Rest				
1.				
2.				
3.				
4.				

Questions

1. Describe a range of immediate changes to your body when participating in physical activity.

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_____

_____

_____

2. Outline what happens after you finish exercising.

_____

_____

_____

_____

ICT task 🖥

Watch a YouTube clip on the changes to the body when exercising at
https://youtu.be/wWGuILAa0O0.

Strategies for maintaining fitness, health and wellbeing

Making any change in behaviour, such as starting a physical activity program, is significant and can be challenging – the next thing is to make it a habit. If you find something that you enjoy and that makes you feel good and you can easily fit in your day to day living, you're more likely to make a sustainable change.

Motivation levels fluctuate in everyone; even exercise fanatics find it hard to get motivated from time to time. So before you start, accept that there will be brief setbacks or times when you do not feel like exercising. If this occurs, remind yourself that this is not failure – it's simply life getting in the way. Be ready for these 'slips'. Think about some strategies to overcome those hurdles and how you can pick up where you left off.

Remember, always consult with your doctor before beginning any new exercise program, particularly if you are overweight, over 40 years of age, haven't exercised in a long time or have a chronic medical condition.

Source: www.betterhealth.vic.gov.au

Activity Ⓜ ✳ ✒

Visit www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-staying-motivated and research the strategies for maintaining and monitoring fitness, health and wellbeing. Summarise the information under the following headings.

Picking a physical activity – start off right

_____

_____

_____

_____

Monitor the benefits of physical exercise

_____

_____

_____

_____

Keep physical activity interesting

_____

_____

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_____

Overcoming disruptions to your physical activity routine

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Be flexible about your physical activity routine

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Fitness apps

There are a range of fitness apps which help you to set fitness goals, record participation, choose workouts, keep you motivated, track statistics and monitor progress. Apps for your smartphone can be a great way to boost participation and monitor fitness and health.

Activity Ⓜ ✳ ✍

Review two fitness apps available for smartphones. Which one would you endorse? Remember to justify your response.

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Injury management

Injury management is an integral part of sport and physical activity. All sporting associations should have an injury management process as part of their overall risk management program. Common soft-tissue injuries include sprains, strains, bruises, abrasions, lacerations, blisters and cramps. Hard-tissue injuries include fractures to bones, broken teeth and dislocations. In some circumstances injury management may involve life threatening injuries, such as spinal, head and abdominal injuries. The important thing is to ensure that there is always a trained person available when sport or physical activity takes place.

First aid in a sporting environment is the same as first aid in other environments, such as the home, school or workplace. The first step when an injury occurs is to take the same steps as if handling an emergency by using DRSABCD. DRSABCD gives personnel a guide to follow when injuries occur. The procedure can be conducted quickly depending on the severity of the injury.

Activity

Describe the DRSABCD action plan.

D

R

S

A

B

C

D

Injury assessment

Acute phase of injury

The acute phase of any injury is said to be the first 48 hours and it is characterised by some or all of the following:

- Immediate pain.
- Tenderness.
- Swelling.
- Inflammation.
- Deformity.
- Loss of normal function.

With all sports injuries it is important to have a set procedure to follow. The STOP procedure allows the coach or sports trainer to assess the severity of the injury and determine whether the player should continue or not.

Activity

Outline the important points for each component of the STOP procedure.

S

T

O

P

A common procedure to assess sporting injuries is TOTAPS, which gives first aid personnel a guide to follow. Similar to DRSABCD, the TOTAPS procedure can be stopped at any step. The determining factor will be the step at which a serious injury is identified and it is decided that the player should take no further part in the activity. If a hard-tissue or life-threatening injury is suspected, TOTAPS should be able to identify this within the first two steps. For example, it is preferable that a hard-tissue injury is not touched or moved. Similarly, a life-threatening injury, such as suspected spinal damage, is very serious and the athlete should be immobilised and medical assistance sought immediately.

For more information, watch https://youtu.be/q9KUN4y_Qrg.

Activity

1. Describe the TOTAPS procedure.

T	
O	
T	
A	
P	
S	

2. Select a sport and list the range of specific skills to be tested and in what order.

_____

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Treatment procedures

The immediate treatment of an injury is dependent on the type of injury. A common way to manage soft-tissue injuries such as bruises, strains and sprains is to use RICER. The RICER procedure can manage the injury by promoting a faster recovery and an earlier return to play. RICER should be continued for 48–72 hours following an injury. Another useful procedure for managing soft-tissue injuries is NO HARM, which can be used alongside RICER. For more information on RICER, watch https://youtu.be/xRS5B4JrB4g.

Activity

1. Describe the RICER procedure.

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2. Describe the NO HARM procedure.

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Hard-tissue injuries

Hard-tissue injuries, such as fractures and dislocations, can be serious injuries which require effective first aid. The key procedures are DRSABCD, immobilisation and professional medical treatment. Once the DRSABCD procedure has been completed, the injury should be immobilised. This may be as simple as a sling for the arm. Making the casualty comfortable or not moving them at all and waiting for medical help to arrive are effective ways of managing hard-tissue injuries.

There are some soft- and hard-tissue injuries that require different management techniques. For example, soft-tissue injuries such as cuts, blisters, cramps and stitches are common sporting injuries that will not benefit from the RICER procedure. Similarly, a broken nose is a hard-tissue injury that can benefit from the RICER procedure.

Activity

1. Explain how you would manage the following injuries.

Broken arm	
Sprained thumb	
Bruised thigh	
Spinal injury	
Dislodged tooth	
Swollen knee	

2. Investigate the management techniques for the following sporting injuries.

Cuts	
Blisters	
Cramps	
Stitches	
Broken nose	

Activity

Apply the management techniques required for the following scenarios.

Scenario #1

You are walking through the school grounds and suddenly see your friend laying on the ground. Their leg is in an awkward position. You call their name, but they don't appear to hear you and remain laying on the ground as you continue to approach them.

1. Using the above scenario, with a partner apply the DRSABCD principles to resolve the situation.

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Scenario #2

You are assisting to facilitate a netball gala day. The participants are 10–15 years of age. A student approaches you and asks for you to help their friend who is hurt. You walk over to the injured participant who is sitting down holding their right arm close to their body.

2. With a partner, perform the scenario whilst applying the TOTAPS procedure.

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Scenario #3

You are playing a game of soccer and the goal keeper on your team jumps up to save a goal. Despite saving the goal, their landing is rough and they complain that one of their ankles is causing them pain. They are able to walk off the field and the injury is assessed as a soft-tissue injury.

3. With a partner, apply the RICER procedure to the above situation.

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Additional notes

Additional notes

Additional notes

Drug use

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
Stimulant		
Blood alcohol content		
Medical cannabis		
Hallucination		
Drink spiking		
Responsibility		
Binge		
Consequences		
Poly drug use		
Psychological		
Depressant		
Detoxification		

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 ten beer advertisements that can be found online and analyse the marketing strategies that encourage consumers to purchase the products.

Collaborating

- Visit https://kidshealth.org/en/teens/e-cigarettes.html and read the information on vaping. In small groups, discuss the issue of vaping and create a fact sheet on the effects of vaping.

Presenting

- Review YouTube videos on the topic of risky drinking. Include the most appropriate in a presentation to the class.
- Read the article called *Drink, drank, drunk: what happens when we drink alcohol in four short videos* published by The Conversation (http://theconversation.com/au) and watch the four videos embedded in the story. Present a summary of the information to the class.

Creating

- Use desktop publishing software to create a flyer outlining tips for responsible consumption of alcohol.
- Design a presentation, using Microsoft PowerPoint or similar software, encouraging young people to decide against cannabis use. Like all drugs, the effects of cannabis vary from person to person. Effects can also significantly differ each time the drug is used, depending on how the user was feeling and the environment they were in at the time. Outline the range of short- and long-term consequences of cannabis use.
- Create a podcast-style audio clip on the health consequences of binge drinking.
- Using iMovie or similar software, create a movie highlighting refusal skills to combat peer pressure to use drugs.

Independent research proposal

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

Classifying drugs

A drug can be described as any substance (synthetic or non-synthetic) that alters normal body processes and is taken primarily for non-dietary needs. Drugs are generally classified as depressants, stimulants or hallucinogens. Some drugs may fall into more than one category.

Activity

Research and identify the effects of depressants, stimulants and hallucinogens.

Depressants

These drugs slow down the functioning of the central nervous system (brain). Examples of depressant drugs include alcohol, cannabis, analgesics and tranquilisers.

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Stimulants

These drugs increase the functioning of the central nervous system. Examples of stimulant drugs include tobacco, caffeine, amphetamines (speed) and cocaine.

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Hallucinogens

These drugs alter a person's perception of reality. They may see, hear, feel and taste things differently and/or that do not exist. Examples of hallucinogens include cannabis (in large amounts) and LSD.

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Prescription and over-the-counter drugs

A prescription drug is a licensed medicine, regulated by legislation, to require a prescription from a doctor before it can be obtained from a pharmacy. Over-the-counter drugs can be obtained without a prescription. Over-the-counter and prescription drugs have the potential to cause harm and should always be used as directed. Whenever possible, try alternatives before using medications.

Activity ①✅

Classify the following drugs as either prescription, over-the-counter or illicit. They may have more than one classification. An example has been provided.

Drug	Prescription	Over-the-counter	Illicit
Anabolic steroid	☑	☐	☑
Ventolin (asthma)	☐	☐	☐
Paracetamol	☐	☐	☐
Speed	☐	☐	☐
Aspirin	☐	☐	☐
Ibuprofen	☐	☐	☐
Panadeine Forte	☐	☐	☐
Valium (anti-anxiety)	☐	☐	☐
Cannabis	☐	☐	☐
Codeine (pain relief)	☐	☐	☐
Morphine (pain relief)	☐	☐	☐
Stilnox (sleeping pills)	☐	☐	☐
Ice	☐	☐	☐
Xanax (anti-anxiety)	☐	☐	☐
Ritalin (ADD and ADHD)	☐	☐	☐
Amphetamines	☐	☐	☐
Codral (cough medicine)	☐	☐	☐
Zyrtec (allergies)	☐	☐	☐

Abuse of prescription drugs

The dangers of the use and abuse of illicit drugs is well known, however the issue of prescription drug abuse is often overlooked. Many prescription drugs are addictive and can be dangerous if the recommended dosage is exceeded, but many people remain unaware of the dangers.

Abuse of prescribed medication is a problem that is more common than many people realise. In some cases, people who begin taking medication for legitimate medical reasons can abuse and become dependent on them. Medications need to be taken as prescribed in terms of dosage, frequency and duration. Non-medical use of prescription medications like opioids, central nervous system depressants and stimulants can lead to addiction.

Prescription drug abuse is just as dangerous as the misuse of illegal drugs or alcohol. Affected people need the same kind of assistance and medical help as any drug abuser.

Questions ✳

Information to help you answer these questions is available at www.drugfreeworld.org/drugfacts/prescription-drugs.html.

1. Why is prescription drug abuse so dangerous?

_____

_____

_____

2. Identify the causes of prescription drug abuse.

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3. What are the short-term effects of abusing prescription drugs?

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4. What are the long-term effects of abusing prescription drugs?

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5. What is 'doctor shopping'?

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Activity

Using medicine safely

In small groups, brainstorm recommendations individuals should follow to ensure they are using medications safely. Present your ideas to the class and add any additional ideas from other groups to your mind map.

Recommendations
for using
medications
safely

Activity

Overall wellbeing can be improved by seeking drug-free solutions to health issues when appropriate. Examine these common scenarios and propose solutions that could be used before turning to medication.

1. Back pain that occurs after lifting weights during football training.

2. Unable to sleep because of worry about bullying at school.

3. Headache after a fun run on a hot day.

4. Difficulty breathing at night due to blocked sinuses during the early stages of a cold.

Tobacco

Activity	Quick quiz

How much do you know about smoking/tobacco already? Determine if these statements are true or false.

Statement	True	False
1. The percentage of smokers worldwide that will eventually die as a result of their smoking is 25%.	☐	☐
2. When a person smokes a cigarette their heart rate decreases as they relax.	☐	☐
3. If you started smoking from a young age, little benefit can be gained by giving up later in life.	☐	☐
4. More Australians die from smoking-related illnesses each year than deaths from road fatalities.	☐	☐
5. It takes 12 hours for your sense of taste and smell to return to normal after smoking a cigarette.	☐	☐
6. It usually takes up to three attempts for long-term smokers to quit.	☐	☐
7. If people quit smoking, they will gain weight.	☐	☐
8. Lung cancer is more associated with urban pollution than tobacco smoke.	☐	☐
9. Non-smokers who are exposed to second-hand smoke at home and work are 10% more at risk of heart disease.	☐	☐
10. Cigarettes can cause vision problems.	☐	☐

Smoking

Tobacco smoking is one of the largest preventable causes of death and disease in Australia. Smoking is estimated to kill almost 20,500 Australians a year (13% of all deaths) and was responsible for 8.6% of the total burden of disease in Australia in 2018. It is associated with an increased risk of a wide range of health conditions, including heart disease, diabetes, stroke, cancer, renal disease, eye disease and respiratory conditions such as asthma, emphysema and bronchitis.

Who was smoking in Australia in 2020-21?

▪ One in ten adults were current daily smokers (10.7% or 2.1 million adults).

▪ One in twelve (8.3%) adults aged 18–24 years smoked daily – this increased with age until 55–64 years where the rate peaked at 13.7% before dropping to 3.4% at age 75 years and over.

▪ Men were more likely than women to smoke daily (12.6% compared to 8.8%).

▪ The majority (98.0%) of 15–17 year olds reported that they were current non-smokers.

Current daily smokers by age group
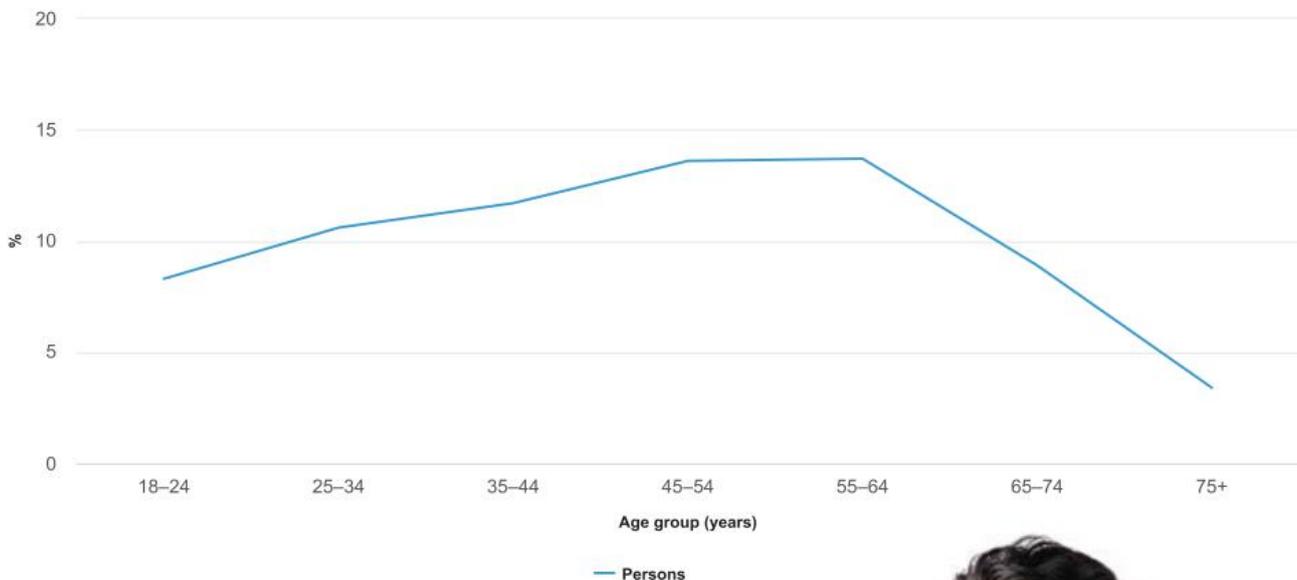
Source: www.abs.gov.au/articles/pandemic-insights-australian-smokers-2020-21

Short- and long-term effects of smoking

Smoking impacts almost all bodily organs, is expensive and plays a significant role in premature illness and death. Over the past 50 years, there has been significant research, education and legislation to combat the incidence of tobacco smoking in the community.

Short-term effects of smoking include smelling of smoke, pale skin, reduced fitness levels, higher chance of illness and greater risk of injury.

Activity Ⓢ ✳

Describe the long-term effects of smoking on each of the the following body parts.

Body part	Long-term effects
Heart	
Lungs	
Eyes	
Skin	
Nose, mouth and throat	
Blood	
Reproductive organs and fertility	

ICT task 🖥

Research YouTube and select an accurate video on the harmful effects of smoking. Discuss with a partner any additional information your video presents.

Media review

Read the news article and answer the questions on the following page.

The Telegraph

Smoking costs tennis prodigy his shot at true greatness

Greg Royle seemed to have it all. He rose to fame quickly as a tennis prodigy, and was at the height of his fame and his game when his smoking habit forced him into early retirement at the age of 25.

It was the late 1980s, and the true effects of smoking were still being denied by major cigarette companies. Royle was their ideal poster boy: good-looking, talented and popular with tennis fans. He had also been smoking for several years, having started as a teenager out to impress his friends on the junior tennis circuit.

Royle is telling us his story from a hospital bed, about to undergo quadruple-bypass surgery after decades of smoking caused his arteries to harden and restrict blood flow to his heart.

"I started smoking when I was 13. Some of the older players smoked, and I wanted to be just like them because they were pretty cool."

At first, when he was smoking less, Royle truly believed the myths that smoking was fine. In fact, he thought it improved his performance.

"I was convinced that smoking improved my game. I had the edge over many of my opponents because smoking made me look tough and intimidating."

My fans loved me because I was the bad boy of tennis; the rebel. Their support pushed me into winning more games," Royle says.

As Royle's smoking habit increased, his health and his tennis game deteriorated. Royle found himself short of breath on the tennis court, eventually being diagnosed with chronic asthma and bronchitis. Eventually, he was unable to maintain his technique during long matches or even short rallies and his tennis career became unsustainable.

Royle went from being #2 in the world as a junior tennis player to #965 in the world when he retired, just two years after a promising start to his professional career.

"When I started smoking, I only smoked socially. Now I smoke 75 cigarettes a day, and have been for almost 30 years.

"I've tried to quit a number of times. I've tried going cold turkey, tried nicotine patches, tried hypnosis, but nothing has worked. Most of my friends don't smoke anymore, and with new laws restricting smoking in most places, I feel like an outcast," Royle says.

"I think I could have been one of the greats, up there in the history books with Agassi and Federer, if I hadn't gotten sick and addicted."

Activity Ⓘ ⚖ ⚤

1. Highlight all the effects smoking had on Greg Royle's health.

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2. What support and advice would you give Greg about quitting smoking?

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3. Calculate how many cigarettes Greg has smoked in his lifetime, assuming he smoked 15 cigarettes a day for five years and 75 cigarettes a day for 30 years.

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4. Using today's price for a packet of cigarettes, calculate how much money Greg has spent on his smoking addiction?

_____

_____

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_____

5. What other costs are associated with Greg's smoking habit?

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_____

6. With all the available information and education regarding the effects of smoking, why do you think a successful sportsman would choose to smoke?

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Activity ✐ ⚖ ⚤

Activity Ⓢ Ⓘ ⚖ 🌐 ✅ 🚹

Other consequences of smoking

Other than the health consequences of smoking, there are also social, economic and environmental consequences. Brainstorm other potential consequences of smoking based on the headings below (an example of each has been provided).

Social consequences

For example, smokers can't smoke in smoke-free zones

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Economic consequences

For example, the cost of cigarettes

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Environmental consequences

For example, toxins from cigarettes are released into the atmosphere

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Electronic cigarettes

Electronic cigarettes (e-cigarettes) simulate the act of smoking, but you don't burn tobacco when you use them. Instead, the e-cigarette is a battery-powered device that works by heating liquid into an aerosol, which you then inhale into your lungs.

That aerosol is often called 'vapour', and inhaling it from an e-cigarette is known as 'vaping'. When smoking an e-cigarette, the user inhales and exhales the vapour, which can look similar to cigarette smoke.

The liquid used in e-cigarettes may or may not contain nicotine. Liquid used in e-cigarettes comes in a range of flavours, such as fruit, chocolate and confectionary flavours.

E-cigarettes are often shaped and coloured to look like cigarettes, cigars or cigarillos. They can also come in other shapes and colours, and can look like other everyday items such as pens or memory sticks.

E-cigarettes are likely to be less harmful to your health than regular cigarettes, but their full health impacts are not yet known. Potential dangers of e-cigarettes include:

- ingestion (swallowing) of e-liquid – which can lead to poisoning and even death when swallowed by children
- faulty parts – there have been some reports of explosions
- lithium batteries – these can be flammable or explosive if used in low-quality devices.

What we do know is that products that involve delivering chemicals to the lung are usually only approved after an extensive safety and efficacy evaluation. As mentioned above, e-cigarettes have not been tested and approved as safe or effective by the Therapeutic Goods Administration (TGA). This means that the safety of e-cigarettes cannot be guaranteed. The Tobacco Amendment Act 2016 amended the Tobacco Act 1987 to regulate all e-cigarettes in the same way as tobacco products.

Source: www.betterhealth.vic.gov.au

Since October 2021, it has been illegal to buy or import nicotine e-cigarettes or nicotine vaping products from overseas websites without a valid doctor's prescription. These changes reinforce the need to have a doctor's prescription before purchasing nicotine e-cigarettes from any source. Child-resistant closures for nicotine vaping products also became mandatory, to reduce the risk to children of accidental ingestion.

These changes made the law applying to importation of nicotine e-cigarettes and nicotine vaping products consistent with existing state and territory laws regarding their sale – specifically that these products cannot be sold anywhere in Australia without a doctor's prescription.

Source: www.tga.gov.au

ICT task

To learn more about e-cigarettes and vaping, visit:

- https://youtu.be/If7YiwgnrNc
- https://adf.org.au/talking-about-drugs/vaping/vaping-youth/talking-about-vaping

Activity Ⓢ ✳ ⑂

E-cigarettes/vaping

1. In some countries, e-cigarettes are used to help people give up smoking – there is no evidence that they work for this. Other people may vape as an alternative to regular smoking. Research e-cigarettes to answer the following questions.

a. What are e-cigarettes?

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b. How do e-cigarettes work?

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_____

c. What financial costs are associated with e-cigarettes?

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d. What are the health benefits/risks associated with e-cigarettes?

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_____

e. What are the laws regarding e-cigarettes?

_____

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2. Watch the YouTube clip on vaping at https://youtu.be/9YSDEGhDlwI and describe three facts about vaping that alarm you.

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_____

_____

3. Complete the table below by comparing e-cigarettes and traditional cigarettes.

	E-cigarettes	Traditional cigarettes
What is it?		
How is it used?		
Cost		
Health risks		
Law		

Activity

Raising awareness of the dangers of vaping

Use the information you learn in the following short videos to determine whether the statements below are 'fact' or 'fiction'. Support your decisions with information from the videos or independent research.

▪ https://youtu.be/9YSDEGhDIwI   ▪ https://youtu.be/8P1AqsnoefQ

1. Fact or fiction? Disposable vapes sold in Australia are generally manufactured in Australia and the process is well regulated by health authorities.

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_____

2. Fact or fiction? You can learn about the ingredients contained in vapes by their packaging.

_____

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3. Fact or fiction? Apart from the different flavours, the liquids contained in vapes generally have the same ingredients.

_____

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_____

4. Fact or fiction? The purchase of e-cigarettes containing nicotine is illegal in Australia unless you have a prescription.

5. Fact or fiction? Many e-cigarettes that are not meant to contain nicotine, actually still have nicotine as an ingredient.

6. Fact or fiction? Teenagers face the same level of risk of addiction to nicotine as adults.

7. Fact or fiction? The amount of nicotine in one pod of e-cigarettes can be as much as a whole packet of cigarettes.

8. Fact or fiction? E-cigarettes and accessories cannot be seen by the public, displayed or advertised anywhere inside or outside a retail shop.

9. Fact or fiction? Vaping will not stain your teeth.

10. Fact or fiction? Teenagers who vape report that they are attracted to e-cigarettes because of the flavours.

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

ICT task 🖥

Digital poster: What exactly is in my vape?

E-liquid flavours like candy, bubble-gum or heavenly clove might sound appealing, but what exactly are vapers consuming when they vape? Is there any accurate information available? Should they trust the manufacturers? Companies market their e-cigarettes as a healthy alternative to smoking cigarettes knowing that it will take decades to gather historical data and research to prove the exact long-term health effects of vaping.

So what exactly is in e-cigarettes and what can we confidently conclude right now? Use the information in the document at www.health.gov.au/topics/smoking-vaping-and-tobacco/about-vaping to create a digital poster, outlining a variety of ingredients commonly found in e-cigarettes and their associated known health risks. Use the following space to take notes and brainstorm ideas for your poster.

ICT task 🖥

Refusal skills and vaping

With the rise in popularity of vaping, it is highly likely that young people will be tempted or pressured to experiment with e-cigarettes/vaping at some stage of their life. This activity gives you a chance to practise several different assertive responses to confidently deal with situations where you are being peer pressured into vaping.

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

Activity

1. Discuss with the class the different ways people exert peer pressure on others and what coping strategies might be effective.

   - Threatening rejection, exclusion from the group, ending friendships.
   - Offering social acceptance and the feeling of belonging to a group.
   - Bullying, intimidation and put downs.
   - Reasoning and argumentative pressure.
   - Unspoken pressure where others give the impression that all the popular or cool kids are doing it.

2. For each of the following scenarios, find a different way of dealing with the pressure to try vaping. The most obvious way of dealing with situations of peer pressure is to say a clear and firm 'no thanks' and repeat it as many times as necessary. This activity will enable you to practise other effective ways of dealing with peer pressure.

   a. It's your first week in a new school, and being a bit shy, it was proving difficult to make new friends. Eventually you find a group that accepts you and you feel comfortable with. They are a tight group, having known each other for years and they all seem popular and fun. Walking home one day, the group starts passing around an e-cigarette. They are all laughing and showing off, and it's coming around to your turn.

Write a response using humour about vaping, to show you are willing to be part of the fun, but without vaping.

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b. You've met up with your group at a friend's house and they decide to vape for the first time. When it is your turn, one of your friends says, "He won't try it, he always wimps out". You don't want to try it, but you fear losing face with the group.

Write a response using reasoning and facts to show why vaping is unhealthy and why refusal doesn't mean you're a wimp.

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c. A group of your team mates arrive early at soccer training and start talking about how good vaping is and arguing which flavour is the best. Because you don't have an opinion either way, they suggest you settle the argument by trying both flavours and give an opinion.

Write a response deflecting the situation by providing an alternative activity and reasoning why it is better than vaping.

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d. As you enter the toilets you see some of your friends in a group vaping. They ask if you want to try. Even though you politely say "no thanks", they don't let up, saying, "What's wrong, scared of what Mummy would say?" and "Who are you, the fun police?".

Write a response, listing different phrases you could use to reinforce your message of 'no'. Think of a few comments to point out how your way of having fun is better than vaping in a toilet block.

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e. You arrange to meet a boy you like at a party. When you arrive, you see him in a group of boys and girls, sharing a vaping device. They seem to be having a good time and they look over to you and signal you to join them.

Write a response giving your reasons for refusal. Be clear and firm without seeming to pass judgement on their behaviour.

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Note: Sometimes the easiest and most effective way of dealing with peer pressure is to ignore the suggestion or comments you are not comfortable with. Respectfully showing that the request is not even worth discussing works sometimes. Removing yourself from the situation is also effective and, by showing strength, you might empower others to make healthy decisions about vaping.

Why smoke despite knowing the facts?

Despite education and health promotion, some young people still choose to take up smoking. Some of the factors that affect their decisions include:

- Having parents and other adult role models who smoke
- Being in a peer group that includes smokers
- Having access to cigarettes

- Seeking relief from stress or other negative feelings
- Tobacco promotion
- The desire to look cool or older than they are.

Activity ⓘ ✳ ✓ 👫

Peer pressure – what are you going to say?

Many teenagers will experience pressure from their peers at some stage. Whether it is pressure to experiment with smoking or something else, it's better to have a prepared way to respond. Work with a partner to brainstorm and record different ways you could respond to the following scenarios.

1. Your best friend is 13 years old and you have just turned 14. She has been getting into trouble at school for smoking and it has been causing big trouble at home. Now she is asking you to purchase cigarettes for her and you don't want to get involved.

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_____

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2. You are new to the school and a few of your close friends have started smoking. They started asking you to come with them to have a smoke in the toilets at lunchtime. When you refused, they asked if you would at least stay at the door to the toilets and watch out for the teachers.

_____

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_____

3. You are at a school camp and you know the other students in your room are smokers. Everyone has gone to their rooms for bedtime and your friends light up, filling the room with smoke. You are worried that the teachers will notice and it's also aggravating your asthma.

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_____

Caffeine

Caffeine is a stimulant drug. It is found in a variety of plant species and processed into many foods, drinks and other products such as:

- coffee
- tea
- chocolate
- energy drinks

- soft drinks (cola)
- energy bars
- medication.

The amount of caffeine differs significantly between products:

- chocolate drinks:
  5–10mg per 250ml
- instant coffee:
  80–120mg per 250ml
- espresso coffees, such as cappucino or latte:
  105–110mg per 250ml
- decaffeinated coffee:
  2–6mg per 250ml

- black tea:
  50-65mg per 250ml
- green tea:
  30-40mg per 250ml
- cola drinks:
  40–49mg per 375ml
- energy drink:
  160mg per 250ml

Source: www.betterhealth.vic.gov.au

Activity

Effects of caffeine

In Australia, caffeine is a legal drug and is largely unregulated. It effects the central nervous system of humans. For each of the short- and long-term effects listed below, tick the ones you have experienced as a result of caffeine intake.

Short-term effects:

- ☐ increased energy
- ☐ increased alertness
- ☐ increased body temperature
- ☐ more frequent urinating
- ☐ increased heart rate
- ☐ shaking/trembling
- ☐ headaches
- ☐ sweating
- ☐ restlessness
- ☐ irritability
- ☐ nausea
- ☐ blurred vision
- ☐ dizziness
- ☐ diarrhoea

Long-term effects:

- ☐ restlessness
- ☐ nervousness
- ☐ anxiety
- ☐ changes in sleep patterns (e.g. insomnia)
- ☐ hot flushes
- ☐ more frequent urinating
- ☐ stomach problems
- ☐ muscle twitches
- ☐ irregular or rapid heart rate

Activity ⓘ✅

1. List examples of food or drinks that you have consumed that contain caffeine.

_____

_____

_____

_____

_____

2. Why do you think energy drinks are so popular with younger people?

_____

_____

_____

3. For three foods and drinks you identified in the first activity, explain why you chose to consume them. For each, identify alternative products which contain no caffeine.

a. _____

_____

_____

b. _____

_____

_____

c. _____

_____

_____

ICT task 🖥

Watch the YouTube video *The science of caffeine: the world's most popular drug* by Reactions at https://youtu.be/YuJOhpNS0IY. Record the process caffeine undertakes when consumed.

_____

_____

_____

_____

_____

Energy drinks

Energy drinks have become increasingly popular in recent years. Many people consume them with the belief that they will assist in endurance, concentration and stamina.

In Australia, energy drinks are the fastest growing segment of the soft drink market. As their name implies, energy drinks promise a 'boost' of energy. They are marketed primarily to young adults, athletes, students and people in occupations that require sustained alertness in particular, although a significant proportion of the consumer market are children and adolescents.

ICT task 💻

Use the following websites to research and record important information about energy drinks based on the provided headings.

- https://adf.org.au/insights/energy-drinks
- www.nslhd.health.nsw.gov.au/HealthPromotion/Documents/RethinkEnergyDrinks.pdf
- www.australianbeverages.org/energy-drinks-microsite

1. Energy drink ingredients

_____

_____

_____

_____

_____

_____

_____

3. Caffeine in energy drinks

_____

_____

_____

_____

_____

_____

_____

2. What are energy shots?

_____

_____

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_____

_____

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_____

4. Using energy drinks with other drugs

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_____

Alcohol

Alcohol is a legal drug in Australia and is consumed by many individuals. In Australia, drinking alcohol is often perceived as a socially acceptable behavior, with little regard for the impact on health and the enhanced risks alcohol consumption creates. Alcohol consumption is of particular concern in regards to young people, with risky drinking and drinking binges becoming a significant national social and economic problem.

According to the National Alcohol Strategy 2019–2028, alcohol is the most widely used drug in Australia, with almost 90% of adults reporting having consumed alcohol at some point over their lifetime and 80% consuming at least some alcohol in the previous 12 months. The harms associated with alcohol are equivalent to, or greater than, those for illicit drugs.

Alcohol contributes to Australia's burden of disease, second only to tobacco. Alcohol use is a risk factor for more than 200 chronic diseases (including seven types of cancer). It is one of Australia's leading causes of drug-related death – more than 5,500 deaths estimated to be attributable to alcohol annually. Alcohol can also cause of birth defects and behavioural and neurodevelopmental abnormalities, which have life-long impacts

Alcohol has a big impact on the economy and delivery of community services, including health, policing, justice and local government services. It contributes significantly to violence and assaults – including domestic, family and intimate partner violence – as well as avoidable injury and road accidents. It can also reduce productivity in the workplace.

Source: National Alcohol Strategy 2019–2028

Young people's consumption of alcohol

In 2019, young people aged 18–24 were most likely to drink alcohol monthly, but not as often as weekly. In 2022–2023, the proportion who drank alcohol monthly decreased from 34% to 29%, meaning that young people were most likely to drink alcohol weekly, but not as often as daily, for the first time since 2010.

The long-term increases in the proportion of young people who did not drink any alcohol or did so infrequently continued in 2022–2023: one in five (20%) drank alcohol less often than monthly (up from 13.6% in 2001) and 16.3% had never had a full glass of alcohol (up from 7.5% in 2001).

The proportion of daily drinkers and ex-drinkers among people aged 18–24 has remained stable since 2001 and did not change between 2019 and 2022–2023.

Source: Australian Institute of Health and Welfare

To learn more about Australia's guidelines for the safe consumption of alcohol, watch the video at https://youtu.be/MMC9BeaSn8w. To learn more about alcohol use, visit www.healthdirect.gov.au/managing-your-alcohol-intake or watch the video at https://youtu.be/hzcZd08PqSQ.

<table>
<tr><td>Activity</td><td>Quiz</td></tr>
</table>

How much do you know about alcohol?

1. Which of the following is not a common symptom of a hangover?

☐ Nausea ☐ Regret

☐ Headache ☐ Sore throat

2. Which of the following is not an illicit drug?

☐ Alcohol ☐ Ice

☐ Marijuana ☐ MDA

3. Which drug has the most significant negative impact on the health of Australians?

☐ Nicotine ☐ Ice

☐ Alcohol ☐ Ecstasy

4. What is the legal age for purchasing alcohol?

☐ 16 years if accompanied by a parent ☐ 18 years

☐ 17 years if accompanied by a parent ☐ 21 years

5. What is the blood alcohol content (BAC) limit for fully licensed drivers in NSW?

☐ .05 ☐ 0.5

☐ .08 ☐ 0.8

6. True or false? Alcohol affects people of the same size in the same way.

_____

7. True or false? Drinking caffeine can sober a person up because it is a stimulant.

_____

8. True or false? Alcohol can be used with prescription drugs if consumption is not excessive.

_____

9. True or false? Damage from long-term alcohol abuse mainly occurs in the brain.

_____

10. True or false? The organ most responsible for the processing of alcohol is the kidneys.

_____

11. Explain your opinion of the statement: Drinking spirits will make you more intoxicated than drinking beer.

_____

_____

_____

_____

_____

12. Explain your opinion of the statement: Drinking alcohol is an effective way to relax if you are stressed.

_____

_____

_____

_____

_____

13. Explain your opinion of the statement: Raising the legal age for consuming alcohol would have a positive effect on alcohol-related violence.

_____

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_____

_____

The National Alcohol Strategy 2019–2028

The National Alcohol Strategy 2019–2028 aims to prevent and minimise alcohol-related harms among individuals, families and communities by:

- identifying agreed national priority areas of focus and policy options
- promoting and facilitating collaboration, partnership and commitment from the government and non-government sectors
- targeting a 10% reduction in harmful alcohol consumption:
  - alcohol consumption at levels that puts individuals at risk of injury from a single occasion of drinking, at least monthly
  - alcohol consumption at levels that puts individuals at risk of disease or injury over a lifetime.

Source: Australian Government Department of Health and Aged Care

Activity ① ❋ ✓ 🖩

View the National Alcohol Strategy 2019–2028 online at www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf and answer the questions on the following page.

1. Describe the harms associated with alcohol.

_____

_____

_____

_____

_____

_____

_____

2. Provide a range of statistics on alcohol use and harm in Australia.

_____

_____

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3. Outline the four priority areas of focus from The National Alcohol Strategy 2019–2028 to prevent and minimise alcohol-related harm in Australia.

_____

_____

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_____

_____

4. Analyse the likelihood of The National Alcohol Strategy 2019–2028 achieving its aims. Remember to justify your response.

_____

_____

_____

_____

_____

Cloze passage activity ⟳

Young people and alcohol

Select from the word bank below to complete the passage.

📎 Word bank

☐ inhibitions	☐ violence	☐ impact	☐ injury
☐ research	☐ relaxation	☐ tempted	☐ development
☐ liver	☐ intoxicated	☐ dangerous	☐ brain

Alcohol is defined as a drug in the National Drug Strategy (2017–2026). The term 'drug' also includes tobacco, illegal drugs, pharmaceuticals and other substances that alter _____ function, resulting in changes in perception, mood and behaviour.

Young people can be _____ to consume significant quantities of alcohol as part of a social occasion, believing that it helps them to fit in with others. The desire to belong can sometimes seem stronger than a lack of interest in alcohol.

Perceiving that drinking alcohol aids _____ in a social setting, individuals who consume alcohol quickly become aware of the way that social _____ may be eased and confidence increases. Unfortunately, false confidence can lead to embarrassing or _____ errors in judgement.

According to the National Drug Strategy's Household Survey 2016, drinking alcohol in adolescence can be harmful to young people's physical and psychosocial _____. Of all age groups, drinkers aged 18–24 were the most likely to require medical attention or admission to hospitalisation due to _____ – 5.3% required medical attention and 2.5% were admitted to hospital.

Significant _____ has been conducted regarding the direct and indirect _____ of alcohol on family members. If young people develop heavy drinking habits, this type of behaviour can affect their future families in a negative way.

Excessive alcohol consumption can result in short-term dangers to individuals and others, through alcohol-fuelled _____, crime or the decision to drive while _____. Long-term impacts are also dangerous and can lead to problems with health, affecting areas such as the _____ and brain. Relationships can become strained and problems can also be caused during pregnancy, such as birth defects.

Risky drinking

Alcohol consumption is embedded in Australian culture. According to the National Drug Strategy Household Survey 2019, 34.9% of the population drinks alcohol at least once a week. However, there is a big difference between having 'a quiet drink' and risky drinking (or binge drinking). Risky drinking is a very important issue that has serious health, personal and community consequences.

Binge drinking involves drinking heavily over a short period of time, or drinking continuously over a number of days or weeks. According to the National Health and Medical Research Council (NHMRC) Australian Alcohol Guidelines, there is no level of drinking alcohol that can be guaranteed to be completely 'safe' or 'no risk', however drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Facts

- 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%)
- People aged 18 years and over born in Australia were almost twice as likely as those born overseas to exceed the guideline (30% compared to 17.3%).

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

Positive facts

- Between 2004 and 201
population to 34.9%. O
from 9.1% of the popul

- The National Wastewa
Program (NWDMP) me
presence of substance
treatment plants across
Alcohol is typically one
commonly detected su
monitored by the progr
beginning of the progra
consumption of alcohol
to the lowest levels rec
the program in both ca
cities and regional sites
in 2023.

Source: Australian Institute of Health
and Welfare.

Questions Ⓘ ✳ ⚖ 🎓 🚹 🦘

Use websites such as www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol to help you answer the following questions.

1. What is binge drinking?

_____

_____

2. What is the NHMRC definition of risky drinking?

_____

_____

3. How many people aged 12 or older put themselves at risk of an alcohol-related injury every month?

_____

4. Suggest reasons why people binge drink.

_____

_____

_____

_____

_____

_____

5. Investigate the short- and long-term consequences of risky drinking.

_____

_____

_____

_____

_____

_____

6. List the strategies that have been employed to address the issue of risky drinking in young people.

_____

_____

_____

_____

_____

Case study Ⓢ Ⓘ ⚖ 🌐 ✅ 👥 ✚

Risky drinking in social situations

Tess, 14, grew up in country NSW; Cowra to be precise. Moving to the city for school was tough. She made no secret of the fact that she didn't want to come here. All her friends were back in Cowra. It was okay for her brothers – they seemed to fit in everywhere. At her old high school, Tess was one of the most popular girls in her year. But here, she was back to being no one. It sucked.

Tess was grateful to be invited to the so-called 'party of the year'. She knew she was only invited because of her brothers, but she didn't care – this was a good chance to make friends and show them how much fun she could be.

Growing up with three older brothers – Alex, 17, Nick, 19, and Tim, 21 – Tess was no stranger to alcohol. She'd tasted it, been to parties where it was available and even had a beer or two when she'd felt like it. But she had never been out of control.

On arrival at the party, a beer was pressed into her hand and she nervously took a swig, looking around for the girls from her year. She could see them sitting on the far side of the yard, playing what looked to be a complicated drinking game. One of the nicer girls, Belinda, smiled and gestured for her to come over. Quickly downing the rest of her beer, she made her way across the yard and sat on the grass where the girls had shuffled over to make room.

Another girl, Jess, handed her a plastic cup full of bright blue liquid and stared at her with a look that just dared her to drink it. From the smell, she could tell it was a potent mix of spirits and soft drink. Tess took the cup and, without taking her eyes off Jess, downed the drink in one go. The other girls raised their cups and cheered as a loud toast to Tess. She drank cup after cup of blue booze, stopping only to refill her cup. Finally, she felt like she was being accepted and she was having a really good time.

Tess was confused when she opened her eyes and saw her three brothers standing over her. Alex was shaking her to wake up. She could see the girls from her year sniggering behind him. She was mortified to see (and smell) that she was covered in vomit. The fluorescent blue colour of the vomit told her immediately that it was hers. She didn't understand. She had no idea what happened between drinking with the girls and now. She vaguely recalled attempting a head stand against the wall (in a skirt, no less). She may have completed a dare to kiss Chris O'Malley, a guy from her brother's year. And she possibly remembers shoving Belinda against a wall after she suggested Tess should have a glass of water. But she really couldn't remember for sure.

Questions

1. Why was Tess grateful to be invited to the party?

_____

_____

_____

_____

2. Why was Tess so quick to accept alcohol from people at the party?

_____

_____

_____

_____

3. Outline the risk behaviours that Tess engaged in while under the influence of alcohol.

_____

_____

_____

_____

4. List the consequences of Tess's binge drinking at the party.

_____

_____

_____

_____

5. Identify the long-term implications of risky drinking of the health and wellbeing of young people.

_____

_____

_____

_____

_____

_____

_____

_____

To watch a clip on binge drinking, visit https://youtu.be/ajlei_JxPoE.

Short-term effects of alcohol abuse

Individuals vary greatly in their ability to absorb and eliminate alcohol. There are a range factors which affect alcohol absorption and intoxication. These include:

▪ **Food:** Alcohol is absorbed from the stomach. The presence of food in the stomach delays the absorption process.

▪ **Gender:** Men have more of an enzyme in the stomach that metabolises alcohol (alcohol dehydrogenase), meaning they may digest more alcohol than women and prevent it entering the blood stream.

▪ **Mood:** Alcohol is a depressant – it can have greater effects on emotions, particularly for individuals suffering from depression or under stress.

Brain

Oesophagus

Blood

Liver

Lungs

Stomach

Heart

Nervous System

Joints/Muscles

Reproductive system

Small intestine and pancreas

Kidneys
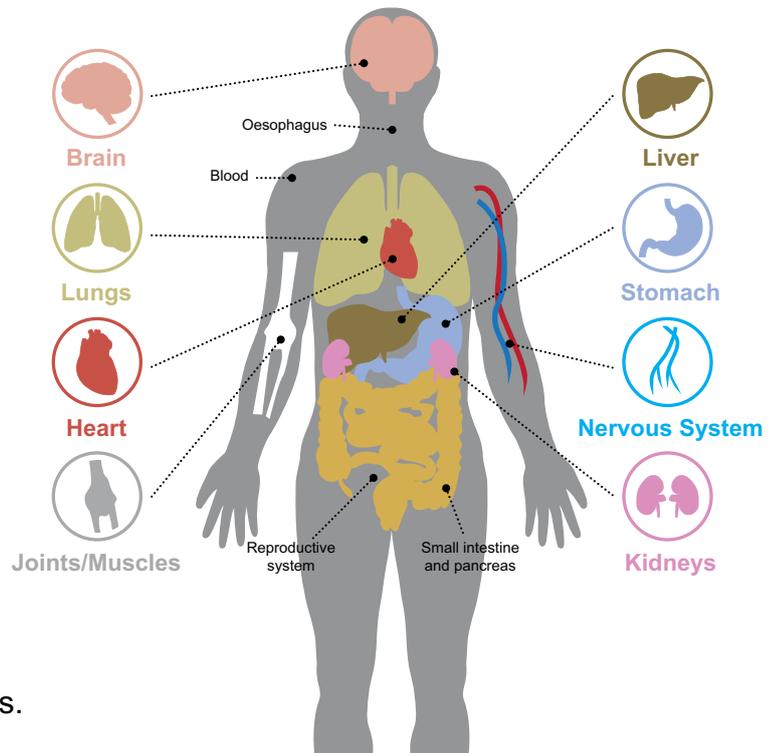
Activity

While not everyone has the same reaction to alcohol, there are some common effects. Consider the number of drinks and general effects listed below. Identify the possible harms at each level of drinking.

General effects	Possible harms
After a drink or two: Feel happy, relaxed, slow reflexes	
After a few more: Fewer inhibitions, more confidence, slurred speech, intense moods	
After a few more again: Confusion, blurred vision, poor muscle control	
After more still: Nausea, vomiting, sleep	
After even more alcohol: Unconsciousness	

Titan Education

Activity Ⓢ Ⓘ ⚖ 🌐 ✅ 👥

Protective strategies

It is important to recognise the risks associated with alcohol consumption and develop skills to protect yourself. Identify the risks in each of the following scenarios. Consider your own personal strengths and describe protective strategies that you could use in these situations.

1. Your close friend has drunk too much and is unsteady on their feet. They look like they are about to vomit.

a. Risks:

_____

_____

_____

_____

b. Protective strategies:

_____

_____

_____

_____

_____

_____

2. You are a non-drinker, but your team is celebrating a grand final win and you are getting pressure from your friends to share a bottle of vodka they have taken from their parents' house.

a. Risks:

_____

_____

_____

_____

b. Protective strategies:

_____

_____

_____

_____

_____

_____

3. You have had a few drinks for the first time. You are not feeling well but you don't want to go home because you know your parents will find out.

a. Risks:

_____

_____

_____

_____

b. Protective strategies:

_____

_____

_____

_____

_____

4. The person who was meant to give you a lift home from the party seems to be affected by alcohol, even though he insists he is okay. It's too far to walk home and your parents are out.

a. Risks:

_____

_____

_____

_____

b. Protective strategies:

_____

_____

_____

_____

_____

_____

ICT task 📖

Watch the YouTube video at https://youtu.be/_-skVpmoaGI and discuss the issues that arise in the clip.

Cannabis

Cannabis is an illegal drug used extensively throughout Australia, particularly among young people. It is often wrongly perceived as a 'safe' drug, possibly because the drug comes from the leaf matter of the cannabis plant. Cannabis has a range of long-term effects and various risks are heightened when under the influence of cannabis, leading to preventable accidents and misfortune.

Facts

- Cannabis decreases coordination and balance – individuals under the influence of cannabis put themselves at higher risk of injury when driving or operating machinery.
- Cannabis has a range of long-term effects – it can affect concentration, memory, depress sperm production and in some cases cause psychotic episodes. It can cause various cancers (of the mouth, throat and lungs) and mental health disorders (anxiety and depression). Physical addiction to cannabis is not common, although psychological dependence is prevalent.
- In Australia, it is illegal to use, possess, grow or sell cannabis but penalties for cannabis offences are different in each state and territory. If individuals are charged with possession of cannabis, they may receive substantial fines or even be sent to jail.
- There are a variety of medical uses for cannabis. For example, it can assist with the side effects of chemotherapy for cancer and assist with pain relief.

Figures

- Cannabis continues to be the world's most widely used illicit drug; 4% of the global population aged 15–64 years (or approximately 200 million people) reported using cannabis at least once in 2019. The reported consumption of cannabis in the past year in Australia and New Zealand by the adult population in 2020 was 12.1%.
- The 2019 National Drug Strategy Household Survey (NDSHS) showed that cannabis continues to have the highest reported prevalence of lifetime and recent consumption among the general population, compared with other illicit drugs. Note: for the first time in 2019, people who had used cannabis only for medicinal purposes and always had it prescribed by a doctor were identified and excluded from data relating to the recent use of cannabis, which focuses on illicit use.
- For people aged 14 and over in Australia in 2019, 36% had used cannabis in their lifetime and 11.6% had used cannabis in the prior 12 months.
- The lifetime use of cannabis has increased from 33% in 2001 while recent use of cannabis has decreased from 12.9%. Lifetime and recent use of cannabis increased significantly between 2016 and 2019 (up from 35% and 10.4% in 2016, respectively).

Source: Australian Institute of Health and Welfare

For more information on the eff ects of cannabis on the brain, watch the YouTube video at https://youtu.be/1Luw2tiMuLk.

Short- and long-term effects of cannabis

The effects of cannabis vary depending on:

- the individual (for example, experience, size, weight and health)
- its quantity and quality
- how it is taken (for example, smoked or eaten)
- your mood
- poly drug use (for example, whether other drugs were taken with the cannabis)
- the environment (for example, whether you are alone, at home or at a party).

To learn more about the effects of cannabis, watch the YouTube clip at https://youtu.be/gg5j52Xp_Qw.

Activity

Classify the following as either a short-term or long-term effect of cannabis use. Some may be classified as both.

- Talking and laughing more than usual
- Reduced balance and coordination
- Difficulty concentrating
- Addiction
- Respiratory diseases
- Extreme hunger
- Reduced fertility
- Poor memory
- Dependence
- Reduced motivation
- Decreased heart rate
- Tolerance
- Red eyes
- Confusion
- Depression
- Decreased sex drive
- Restlessness
- Anxiety and panic
- Risk of mental illness

Short-term effects	Long-term effects

Cloze passage activity

Select from the word bank below to complete the passage.

Word bank

☐ 20–29	☐ decline	☐ non-medicinal	☐ short
☐ age	☐ heart	☐ peak	☐ three
☐ anxiety	☐ illegal	☐ reduced	
☐ appetite	☐ increases	☐ relationship	
☐ confusion	☐ memory	☐ relaxed	

After alcohol and tobacco, cannabis is the most often use drug for _____

purposes. Cannabis use tends to _____ in the _____

age group and then _____. This trend tends to coincide with life changes

such as employment, home purchases and _____ security. Cannabis is

the most widely used _____ substance. Nearly _____

out of every ten secondary school students reported using cannabis at some stage in

their lives. Cannabis use _____ with _____ during

secondary school years.

The immediate or _____-term effects of cannabis use include feeling

_____, loss of inhibitions, increased _____, altered

perceptions, _____ motor skills, reduced _____ and

thinking, as well as _____ and blood pressure problems. Long-term

effects of cannabis can produce effects such as _____, restlessness,

hallucinations, _____ or panic attacks and paranoia.

ICT task 💻

Your teacher will allocate you and a partner two of the following questions to research. You will then share your findings with the class.

- Does cannabis use affect driving ability?
- Does long-term, heavy cannabis use affect motivation?
- Can a person become dependent on cannabis?
- Does cannabis use lead to the use of other drugs?
- How do the effects of cannabis and tobacco compare?

- How do the effects of cannabis and alcohol compare?
- Is it dangerous to combine cannabis with other drugs?
- Does cannabis cause mental illness?
- Does cannabis have medical uses?
- What are the laws about cannabis?

Case study

Cannabis – not for me!

She watches her friends at parties smoking pot and just laughs. Cassie has never been interested in drugs or alcohol, never even been tempted to try it. "Nope," she thinks, "not for me".

No one even offers it to her anymore, they know where she stands. Cassie knows there is nothing she can do to stop her friends from doing it; they know the risks. As far as she's concerned, it's their choice. "Each to their own," she shrugs to herself.

She always has a great time at the parties. And everyone loves having her around because she is so much fun.

Cassie doesn't need drugs or alcohol to have a good time and she always thought that anyone who does is pretty sad.

Most of the people in her year who have tried cannabis smoked it at parties. Some try it once, just so they can say they have. Those are the people that Cassie doesn't worry about. But she is noticing more and more people in her year are smoking a lot. They smoke in the toilets at lunch and she has seen them smoking in the park after school. She is always hearing stories about how many cones they had on the weekend or how many bongs they smoked. Rather than being impressed, Cassie just feels sad for them. "Fancy that being your claim to fame," she thinks.

While she doesn't really care, she does notice. She notices them withdrawing. She notices them missing class. She notices them doing badly at school. She notices them as they leave school.

While she doesn't say anything, she wonders. She wonders why they started smoking. She wonders why they kept smoking. She wonders if or when they'll ever quit. She wonders how it will affect their health.

Most of all, she wonders what they want to do with their lives and wonders how the smoking will affect it.

Questions ✺ ⚇

1. Why do people choose to smoke cannabis?

_____

_____

_____

_____

_____

_____

2. Why do people choose not to smoke cannabis?

_____

_____

_____

_____

_____

_____

3. Outline the short-term effects of cannabis.

_____

_____

_____

_____

4. Outline the long-term implications of cannabis on health.

_____

_____

_____

_____

5. Cassie chooses to be a silent onlooker. Should she try to discourage her peers from smoking cannabis? Discuss.

_____

_____

_____

_____

_____

_____

Questions ✺ ⚇

Questions ⓘ✳

Considering cannabis?

Despite drug education and greater knowledge of short- and long-term effects, cannabis use continues to be the most commonly used illicit drug in Australia. Research and/or express your opinion on the following questions.

1. How could smoking cannabis affect a student's academic performance?

_____

_____

_____

_____

2. How would you feel if you were a parent and found out your child was smoking cannabis?

_____

_____

_____

3. What are the legal issues associated with purchase, possession and use of cannabis?

_____

_____

_____

4. What is the link between accidents, injury and cannabis use?

_____

_____

_____

_____

5. What is the law regarding driving a car and using cannabis? How do police enforce this law?

_____

_____

_____

_____

6. What is the link between cannabis and mental health issues?

_____

_____

_____

_____

Drug and alcohol first aid

Drug and alcohol misuse, either accidental or deliberate, may lead to intoxication or poisoning. Knowing when a person affected by drugs or alcohol has reached a point that they require medical assistance can be difficult sometimes. If in any doubt, call 000 – even if the intoxicated person is underage or has consumed an illegal substance. Ambulance officers don't have to involve the police and, in many situations, it can be a case of life or death. Drugs and alcohol are implicated in a significant number of hospital admissions, suicides, injuries and road accidents every week. It is important that first aid and medical assistance are provided promptly in order to save lives.

For more information on how to help a friend who has misused alcohol, visit http://au.reachout.com/articles/helping-a-drunk-friend.

Activity

List some general guidelines for administering drug and alcohol first aid.

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

Revision

1. What impact does alcohol abuse have on fertility in males?

_____

_____

_____

_____

2. Outline the physical harm to the individual that results from long-term alcohol abuse.

_____

_____

_____

_____

_____

_____

_____

3. Outline the economic harm to the community if individuals abuse alcohol long-term.

_____

_____

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_____

_____

_____

_____

4. Describe the difference between physical and psychological addiction to marijuana.

_____

_____

_____

_____

_____

_____

5. Explain the approved use for medicinal cannabis as recently defined by legislation in Australia.

_____

_____

_____

_____

_____

6. Describe the similarities between the short-term effects of alcohol abuse and short-term effects of cannabis use.

_____

_____

_____

_____

_____

_____

7. Describe the differences between the short-term effects of alcohol abuse and short-term effects of cannabis use.

_____

_____

_____

_____

_____

_____

8. The alcohol consumption of young people has been changing in recent years. Describe the trend and state your opinion on the reasons underpinning the change.

_____

_____

_____

_____

_____

_____

Additional notes

Additional notes

Additional notes

Health and wellbeing

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
Resilience		
Stress		
Mental illness		
Body image		
Support		
Depression		
Anxiety		
Negative self-talk		
Positive self-talk		
Counsellor		
Stigma		
Mindfulness		

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

- Review the following YouTube videos, assessing the information and messages surrounding issues of mental health:
  - www.youtube.com/@NIMHgov
  - https://youtu.be/cLFyRPS3qM4
  - https://youtu.be/B_R2n_tlTTA

Collaborating

- Work in small groups to discuss the information found at https://headspace.org.au. Each member of the group should research a different section of the site and report their information back to the group. Different sections of the site include:
  - Getting help from a general practitioner.
  - Helping a friend.
  - Tips for a healthy headspace.
  - How headspace can help?
  - What is mental health?

Presenting

- Create an digital presentation (using PowerPoint or similar software) to classmates on three mental health issues affecting young people. Peer review each other's work.

Desktop publishing

- Use a word processor (such as Microsoft Word or similar software) to present a 500-word essay on the incidence and side effects of anxiety. Graphically design your essay for effect. Include hyperlinks to other relevant resources and cite your references.

Creating

- Design a 'stress less' health promotion campaign for senior students studying for their final exams. Your promotion must include a poster with a slogan and tips for addressing how to cope under stressful situations. Provide a list of support organisations that can assist people who are not coping with stress or mental illness.

My relationship circle

Based on your concept map, classify the different relationships you have as either close friends or acquaintances in the relationship circle below…

Acquaintances
A person you know slightly,
but who is not a close friend.

Friends

Close friends
People you know well and
have emotional ties with.
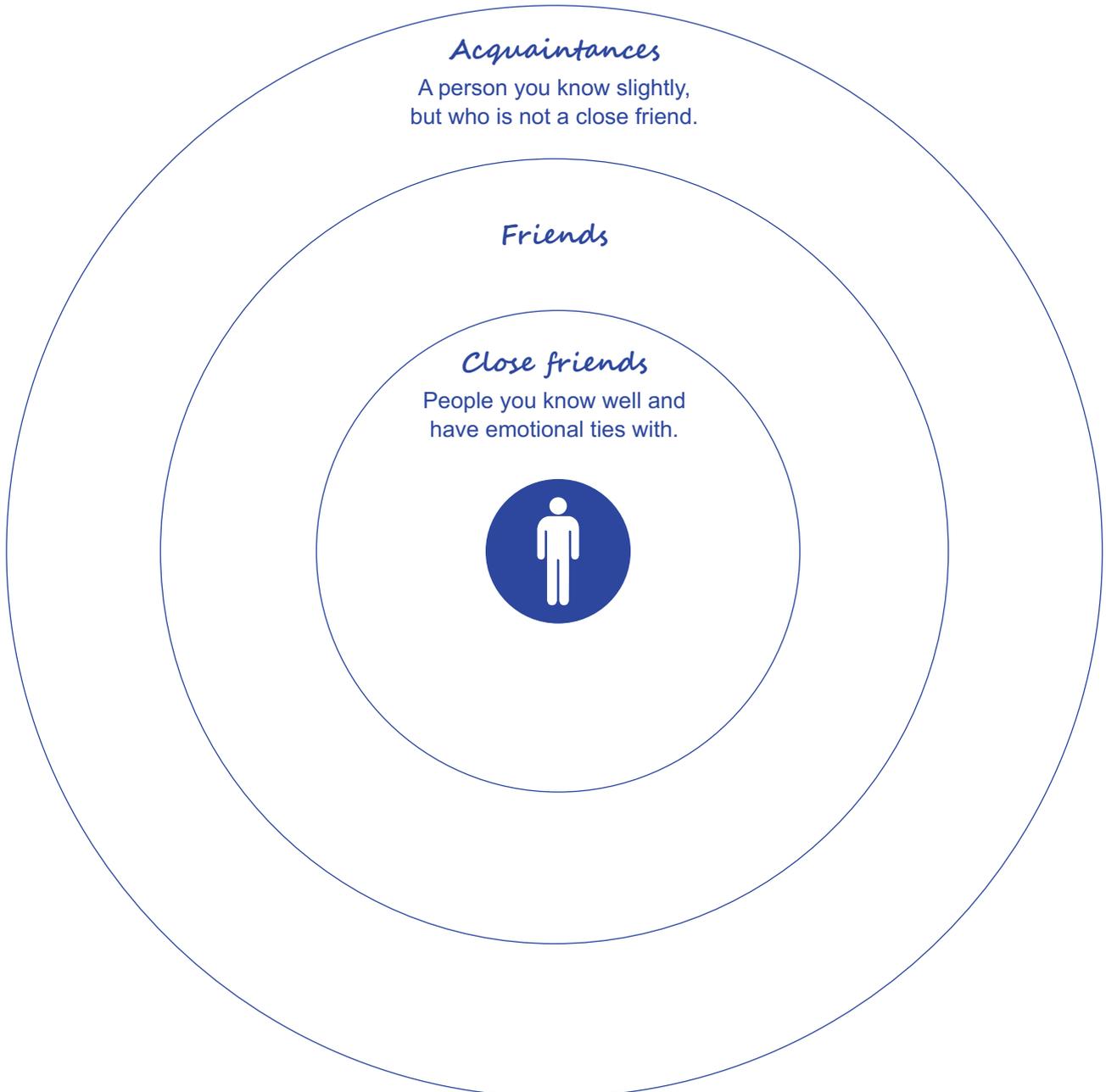
Activity

Give and take

You are not always in touch with exactly what your family provides and what you can do to assist your family. It is easy to get caught up in your own issues and lose sight of the 'big picture'.

1. In the space provided, list all the things your family provides or tasks family members perform for you, and, the things you do to help your family.

Things your family provides or tasks they perform for you	Things you do to help your family
▪ *For example,* driving me to soccer training.	▪ *For example,* taking the garbage out after dinner.
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

2. Weigh up the items you have listed. Is your 'Give and Take' scale balanced? Explain the reasons for this. (If your scale isn't balanced, what could you do to help balance the scale?)

_____

_____

_____

_____

_____

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_____

_____

_____

Activity 🖌

Relationship conflicts

Brainstorm the range of conflicts that arise in the relationships listed.
List your answers in the space provided.

Parents	
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

Peers	
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

Friends	
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

Siblings	
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

Teachers	
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

Questions ✏️🗓️

1. Why do young people seek independence?

_____

_____

_____

_____

2. Why do young people rebel?

_____

_____

_____

_____

3. What is peer pressure? Provide an example.

_____

_____

_____

_____

4. Suggest strategies for addressing peer pressure.

_____

_____

_____

_____

5. Why is it important to maintain good relationships with your family and friends?

_____

_____

_____

_____

6. How can you do this?

_____

_____

_____

_____

Questions ✏️🗓️

Popular modes of communication

As society progresses, lives become busier and technology advances and young people are increasingly using modern modes of technology to communicate and interact with each other. Interpersonal communication is important in establishing and maintaining relationships. For communication to be effective, it must be clear. Modern society has seen a communication evolution and the developments have shown, more than ever, that the world is a global village. Whilst technology has seen landline phones, letters and faxes replaced mobile phones, SMS, emails and social networking, it is still important to use words which are sufficient to convey your idea and avoid misunderstandings.

Activity 🖊

Brainstorm the modes of communication you use to communicate with your friends.

- _____
- _____

- _____
- _____

Literacy activity ✏   **Persuasive writing: formulating paragraphs**

A useful acronym to use when forming paragraphs within a persuasive text is 'PEEL'.
- **P** ▶ Point: make your main point in the first sentence.
- **E** ▶ Expand: explain your main point in further detail.
- **E** ▶ Evidence: provide evidence to support your statement.
- **L** ▶ Link: link main point back to the focus statement.

Formulate 2-3 paragraphs based on the advantages and disadvantages of two modes of communication identified above. Use the 'PEEL' acronym when formulating your paragraphs.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Questions

1. Compare the way you communicate with your friends to the way your parents communicated with their friends when they were your age. Account for the differences.

_____

_____

_____

_____

_____

_____

_____

2. Predict how modes of communication will change in the future.

_____

_____

_____

_____

_____

_____

_____

ICT task 🖳   **Extension activity**

Write a survey aimed at determining how frequently young people use some of the more popular forms of communication.

Survey a sample population, of at least 10-15 people, and determine:

▪ Demographic (for example, age and sex)

▪ How many have:
– a mobile phone   – Facebook
– Instagram   – Twitter

▪ How many hours a day/week they use each of them

Summarise the results, outline the trends and determine whether the statistics are indicative of the wider population.

Present your report as a PowerPoint presentation.

Communication styles

Effective communication is important in establishing and maintaining positive relationships. It is also important to understand how your communication style can lead to miscommunication and misunderstandings. You should aim to communicate assertively and avoid an aggressive, passive-aggressive or passive style of communication. To build healthy relationships, it is important to be clear, direct, and respectful in how you communicate. Assertiveness is important for good mental health and healthy relationships.

Literacy activity ⟳   Main ideas

Develop a sentence which supports the main idea of each passage of text…

Passive communication is a style in which individuals avoid expressing their opinions or feelings. They fail to protect their rights or identify and meet their needs. Passive communication is usually caused by low self-esteem. Passive individuals allow grievances and annoyances to mount and are prone to outbursts and blowing events out of proportion. After the outburst they feel shame, guilt, and confusion, and return to being passive.

_____
_____
_____
_____
_____

Passive-aggressive communication is a style in which individuals appear passive on the surface but act out anger in a subtle, indirect, way. Passive-aggressive communicators feel incapable of dealing directly with the object of their resentments. They often manipulate others to get their own way and often appear honest but make underlying snide comments or sulk when things don't go their way.

_____
_____
_____
_____

Aggressive communication is a style in which individuals express their feelings and opinions and advocate for their needs in a way that violates the rights of others. Aggressive communicators are verbally and/or physically abusive.

This form of communication is usually caused by low self-esteem and feelings of powerlessness.

_____
_____
_____
_____

Assertive communication is a style in which individuals clearly state their opinions and feelings, and firmly advocate for their rights and needs without violating the rights of others. Assertive communicators tend to have high self-esteem. They value themselves, their time, and their needs. They advocate for themselves while being very respectful of the rights of others.

_____
_____
_____
_____

Activity ✏️

Provide examples of behaviour of passive, passive-aggressive, aggressive and assertive communicators. Some examples have been provided for you.

Passive

Behaviours may include:
- Speaking softly
- Apologising often
- Avoiding eye contact
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Passive-aggressive

Behaviours may include:
- Using sarcasm
- Denying there is a problem
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Aggressive

Behaviours may include:
- Interrupting frequently
- Speaking in a loud, demanding and overbearing voice
- Criticising, blaming, or attacking others
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Assertive

Behaviours may include:
- Maintaining good eye contact
- Listening well without interrupting
- Not allowing others to verbally abuse or manipulate them
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Activity 🏋

1. Classify each of the following statements as passive, aggressive or assertive.

Statement	Passive	Aggressive	Assertive
1. "No one ever listens to me."	☒	☐	☐
2. "I can't control others but I can control myself."	☐	☐	☐
3. "I place a high priority on having my rights respected."	☐	☐	☐
4. "I don't mind. It's up to you."	☐	☐	☐
5. "It's all your fault."	☐	☐	☐
6. "You owe me."	☐	☐	☐
7. "I get stepped on by everyone."	☐	☐	☐
8. "People never consider my feelings."	☐	☐	☐
9. "You're an idiot"	☐	☐	☐
10. "I'm right and you're wrong."	☐	☐	☐
11. "I am confident about who I am."	☐	☐	☐
12. "I speak clearly, honestly, and to the point."	☐	☐	☐
13. "I respect that."	☐	☐	☐
14. "I'll get my way no matter what."	☐	☐	☐
15. "You're not worth anything."	☐	☐	☐

2. Select three passive or aggressive statements listed above. For each one, write an assertive alternative.

Chosen statement	Assertive alternative
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____

Consent

What it looks like and sounds like:

- Consent is mutual – everyone has to agree
- Consent must be continuous – anyone can stop at any time, and can change their mind
- Consent is definite – it isn't a 'maybe' or an 'I think so'
- Consent can only be given voluntarily. Using persuasive language such as 'everyone else does this' is not appropriate
- Consent can not be given through pressuring someone, or any bargaining or threats

Why is consent important?

According to criminal law in Australia, the age of consent refers to the age a person is considered to be capable of legally giving informed consent to sexual acts with another person.

It is important that you are 100% sure that the person you're with is happy and willing because non-consensual sexual activity (even kissing and touching) is actually against the law.

Not only is sex without consent a crime, but being pressured or forced into a sexual situation you are not ready for (also known as rape and sexual assault) can do lasting emotional damage. It's not enough to just assume someone wants sex as much as you, you really have to ask.

http://au.reachout.com/what-is-sexual-consent

Why are there age of consent laws?

Age of consent laws are designed to protect children and young people from sexual exploitation and abuse. Such laws effectively determine that children and young people below the age of consent do not have the emotional maturity to consent to sexual activities. In relation to sexual abuse charges in each state and territory, the key difference between child sexual assault and adult sexual assault is that adult sexual assault is based on the absence of sexual consent, whereas in child sexual assault, the issue of consent is superseded by age of consent laws. An important distinction should be made between "willingness" and "consent". A child may be willing to engage in sexual behaviour; however, as they do not have the psychological capacity to give consent according to law, all sexual interactions between an adult and a person under the age of consent are considered abusive).

https://aifs.gov.au/cfca/publications/age-consent-laws

Sexual interactions with 16 and 17 year olds under special care

Legislation in New South Wales makes it an offence for a person in a supervisory role to sexually engage with a person under their special care. A person in a supervisory role providing "special care" may include: a teacher, foster parent, religious official or spiritual leader, a medical practitioner, an employer of the child or a custodial official.

What if both parties are under the age of consent?

Appropriate sexual exploration is when there is mutual agreement between same or similar aged peers, it is non-coercive and all participants have the control to participate, continue or stop the behaviour. State jurisdictions that provide a legal defence when the sexual interaction is between two young people close in age are attempting to find a balance that protects children and young people from adult sexual exploitation in a way that does not criminalise them for having sexual relationships with their peers.

The key elements of consent include:

- understanding what is being proposed without confusion (not being tricked or fooled)
- knowing the standard for the behaviour in the family, the peer group and the culture (both parties have similar knowledge)
- having an awareness of possible consequences, such as punishment, pain, pregnancy or disease (both parties similarly aware)
- having the competence to consent (being intellectually able and unaffected by intoxication)

How do you know if the person you are with has given their consent?

Ways of finding out whether someone has given their consent include asking questions such as:

- Are you happy with this?
- Do you want to stop?
- Do you want to go further?

Ways of identifying that a person is not feeling sure about sex include non-verbal cues such as:

- Not responding to your touch
- Pushing you away
- Holding their arms tightly around their bodies
- Turning away from you or hiding their face

Stress

Everyone has some form of stress in their lives. Stress is your body's response to an event or situation. It can be positive (motivates you to achieve things) or negative (inability to relax). Stress is common in daily life and may be associated with personal or family relationships, school and work.

Activity

What causes stress?

1. Everyone is different and people respond to stressful situations in different ways. List common causes of stress (often called stressors).

_____

_____

_____

_____

_____

2. People that are over-stressed must deal with the situation or if ignored they may become quite ill. Your body will normally send you signs that you are over-stressed. List some of these signs.

_____

_____

_____

_____

_____

Reducing stress

3. Whatever the cause there are some simple things you can do to reduce stress. List the ways that you can reduce stress.

_____

_____

_____

_____

_____

Contingency plans

It can be extremely helpful to have a contingency or back-up plan in place for those situations in life that arise and are stressful. These contingency plans should include practising strategies one knows works successfully. The strategies in the contingency plan should be designed specifically to the individual who the plan is for, in order for it to be most effective. Contingency plans should be designed to cater to an individual's personal needs.

Activity

Create a self-help video detailing what to do when feelings of stress start to arise…

Plan your script below, then record and upload to the computer using appropriate technology.

_____

_____

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Activity

Making informed choices

1. Having the ability to make informed choices is an essential tool in managing our mental health. In the columns below, create two lists – one of behaviours that support individuals making informed health choices and one that does not.

Positive behaviours	Negative behaviours
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____
▪ _____	▪ _____

2. We live in an age of information overload. This is a time where it is important to be mindful of where we are accessing our health information from.

    a. Attain a current copy of a men's or women's health magazine.

    b. Flick through the pages and record all the health tips advocated throughout the magazine.

    c. Comment on each of the tips, discussing where they are accurate or not.

_____

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Case study

Accessing and assessing health information

There is no denying that the Internet has made it so much easier to access information. Most of us can't even imagine (or can't be bothered imagining) how much effort it would have taken in the dark ages (when our parents were growing up… don't tell Dad I said that) to get information on anything. Apparently there was something called a library and you had to use a dewy-decimal system to find the topic you were interested in and then you had to actually walk to a shelf and FIND the corresponding number? It's much easier to Google it. Mr Google has made my life so much easier!

Okay, so it's much quicker to find the information you're looking for, so then it must be much more accurate too. Right? Well… that's what I thought until recently.

My mate James is a football player. He's big and bulky, but very fit, strong and lean. Just what you would imagine for a footy boy. He was interested in finding out his BMI. So he found a BMI calculator on the net and it told him he was not just overweight, but obese!! James had a good laugh because he knows he's not and because our PE teacher taught us that BMI doesn't take into consideration muscle mass. So this didn't faze James. But what about other people?

Another friend of mine, Leslie, has been concerned about her weight for as long as I can remember. I'm not sure why. She is a great girl and is in no way overweight. But she used the internet find out about a new diet that all the celebrities are apparently on. It told her to cut out all carbs (bread, cereal, rice, pasta) and basically halved her current diet! Leslie, being Leslie, followed the diet to the letter until the day she fainted in English class.

Even worse though was Clara. In primary school, she was the 'fat kid'. I feel terrible admitting it, but we all used to tease her. She's told Leslie that she feels so much pressure to lose weight and to be skinny. She joined a group on a social networking site for people who want to share weight loss tips. One afternoon, Leslie logged on to look at the page and was shocked to read some of the messages. The group that Clara had joined was one that promotes anorexia as a healthy idea! I mean seriously! Surely that has to be illegal?

With access to virtually unlimited information with the click of a button, we really need to know how to figure out which sites to use. And, more importantly, which ones to ignore.

Activity 🎨

1. Develop criteria to assess the accuracy and reliability of a website.

_____

_____

_____

_____

_____

_____

_____

_____

2. By applying your criteria, create a list of nutrition websites that you consider to be accurate and reliable.

_____

_____

_____

_____

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_____

Men's and women's health

Health is dynamic – it is constantly changing and responding to various stressors and demands. Health is in a constant state of either improving or deteriorating. Individuals are faced with a range of decisions and internal and external factors which can work towards improving or deteriorating their health. The decisions an individual makes in one day that can affect their health include what to eat, what to drink, what to think, what type of exercise to perform and how much sleep to get.

The health of Australians

Australians are living longer, with more of those years lived in good health and generally rate their health well. Australia also performs as well as or better than many other comparable countries on selected measures of health such as life expectancy. However, there are some areas where improvement can be made.

Nearly half of Australians had at least one chronic condition (46.6% or 11.6 million) in 2020–21. Common chronic conditions include cancer, cardiovascular diseases, arthritis, asthma, diabetes, chronic kidney disease and mental and behavioural conditions.

Many factors can affect the health of individuals and communities, and some serious health issues are related to lifestyle factors, for example tobacco use, overweight and obesity and dietary risks.

Australia has a diverse population who experience varying health outcomes across population characteristics like Indigenous status, remoteness, socioeconomic disadvantage and age.

Statistics

- 54% of Australian women and 50% of Aus_ _ men aged 18–64 don't get enough exerci_
- 70% of Australian men and 56% of Austra_ women are overweight or obese.
- 26% of men and 10% of women are lifeti_ risky drinkers.
- 50% of Australian men and 41% of Austra_ have experienced violence since they tur_
- 18% of Australian males and 13% of Aust_ aged 14 years and over have used an illic_ previous 12 months.
- 48% of women have experienced sexual _ during their lifetime. 19% have experienc_ sexual violence.
- 48% of males aged 16–85 have experien_ health disorder in their lifetime.

Source: www.aihw.gov.au

Stereotypes and expectations

Stereotypes develop over time as a means to categorise or group individuals. Often stereotypes aren't always true and while individuals are so unique, it's impossible to accurate group every person into one stereotype. A major stereotype that inevitably influences individuals is gender stereotypes.

Activity

1. Define the following terms:

a. Gender

_____
_____
_____
_____
_____

b. Stereotype

_____
_____
_____
_____
_____

2. List traits which you consider to be:

a. Masculine

_____
_____
_____
_____
_____

b. Feminine

_____
_____
_____
_____
_____

3. What is meant by the term 'gender role stereotypes'?

_____
_____
_____
_____
_____
_____
_____
_____

Media messages

The media is a powerful influence on an individual's sense of self. Certain types of behaviour, body types, fashion, language, etc., are promoted as desirable by many people in the media. Individuals who do not match the stereotype can feel tremendous pressure to conform.

Activity ⓲⓰

1. Collect images from the internet and describe the stereotypical 'ideal' body type for males and females.

_____

_____

_____

_____

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_____

2. Report on television programs that are popular with young people and describe how they reinforce or challenge stereotypical body images.

_____

_____

_____

_____

_____

_____

3. Investigate advertising in the electronic media giving specific examples of how companies promote their product by establishing a link with pop culture, stereotypical body images or sexuality.

_____

_____

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Sexualisation of females in the media

Sexualisation is the process of portraying someone as a sexual object and communicating a sense of value based completely on sexual appeal or behaviour. A large percentage of females in the media are presented as sexual objects, where an emphasis is placed on their sexual image rather than on skills, talent or other admirable qualities.

Another term that is closely associated with this is sexploitation. Sexploitation has been of particular concern to many female athletes, who are aware that a desirable image and one that communicates sex appeal can often attract sponsorship. Companies sponsor athletes to promote their brands, which are often evident in advertisements.

Advertisements achieve more than sales of products and services. They sell images and concepts that represent success. They tell us about the 'ideal' way to look and to live. For advertisers, energy, money and time are invested to create the ideal look of flawlessness. Computerised retouching is necessary for this.

Presenting a female as an object or merging an image of the female body with an object, such as a car, directs attention to particular body parts. The major strategy behind most advertisements is to capture the attention of people and to evoke emotions that will encourage them to purchase a particular product or service.

From a young age, girls are receiving the message that they must be perfect to be successful. Eating disorders and low self-esteem problems are often an outcome. Sending the message that the value of a female is bas[ ] make women feel degraded.

Sexualisation of women in sport can take plac[ ] they are photographed inappropriately in diffe[ ] positions or in skimpy costumes. Many sports[ ] women to compete in tight figure-hugging lyc[ ] (for example, basketball and beach volleyball[ ] question needs to be asked – are the uniform[ ] designed to improve performance or are they [ ] attention on the athletes' bodies?

By sexualising female athletes in the media, [ ] girls – who hold athletes as role models – ma[ ] discouraged from participating in certain spor[ ] do not fit the stereotypes being promoted. Fe[ ] athletes are placed at risk of being harassed [ ] of the way that they are portrayed in the medi[ ] Similarly, any female who is presented in a se[ ] way in the media is at an increased risk of ha[ ]

Overall, whether it is through sport media cov[ ] magazine advertisements, it is important for g[ ] natural, healthy females in a variety of shapes[ ] being praised for their participation, talents, a[ ] behaviour, unique qualities and skills, in order[ ] realistic and positive role models.

Activity Ⓢ ✳ ✅ ⚕

Visit https://www.clearinghouseforsport.gov.au/kb/sexuality-and-gender-perspectives-on-sports-ethics#sexploitation_in_sport and answer the following questions.

1. Analyse the reasons why Australian girls and women are generally under-represented in sport participation when compared to their male cohort group.

_____

_____

_____

_____

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2. Describe what is meant by the term 'sexploitation in sport'.

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Mental health of young Australians

Adolescence and young adulthood is a significant period of transition in a person's life. Many modifiable behavioural risk factors that can affect current and future health and wellbeing either emerge or accelerate during this time. Addressing health concerns and choices early can improve the immediate quality of life for young people and is socially and economically more effective than dealing with enduring problems in adulthood.

Mental health disorders that emerge during the formative years of childhood can have a lasting impact on the health and wellbeing of an individual and on the lives of those around them. The development of programs and initiatives for young people who need mental health care and support requires a sound understanding of the scope of the problem, which is best achieved through population-based prevalence studies.

Prevalence, impact and burden

- Almost half (45%) of the population aged 16–85 will experience a mental illness at some time in their life, with one in five (20%) having experienced a common mental illness in the previous 12 months.

- Anxiety disorders (such as social phobia) are the most prevalent type of illness, afflicting one in seven (14%) of the population, followed by affective disorders (such as depression) (6%), and substance use disorders (such as alcohol dependence) (5%).

- Almost one in seven (14%) children and adolescents aged 4–17 years experienced a mental illness in the previous 12 months.

- 800,000 (5%) people have a severe mental illness, of which 500,000 people have episodic mental illness and 300,000 have persistent mental illness.

- Mental and substance use disorders were the second largest contributor (24%) of the non-fatal burden of disease in Australia

Source: AIHW 2022

Use of mental health services

3.4 million Australians saw a health professional for their mental health

13% of Australians saw a GP for their mental health, while 8% saw a psychologist

612,000 Australians accessed other services for their mental health via phone or digital technologies

Source: Australian Bureau of Statistics

For more information on mental health, watch the YouTube video called *Hamish Blake: If Only I Knew...* at https://youtu.be/zzKsiQUlH1U.

Resilience

Resilience is a word used to describe a person's ability to deal with a difficult situation effectively rather than letting it get them down for extended periods of time. Life has its ups and downs and there will inevitably be times where one feels hurt, scared and/or unstable – being resilient does not mean an individual is exempt from these feelings. Rather than letting it get to them and affect their health, resilient people have coping mechanisms in place that help them deal with these issues or negative events.

Building resilience

Resilience is an ideal skill to develop from a young age, as it will dramatically assist an individual when they face challenges in adult life. There are many things that young people can do to work on improving their resilience, including:

- positive thinking
- practise working in a team
- deal with stress
- learn from the past
- make meaningful connections
- set goals and have a back-up plan
- be flexible
- eat healthy and stay active

To learn more about resilience, watch the YouTube video at https://youtu.be/OWMXq7inaP8.
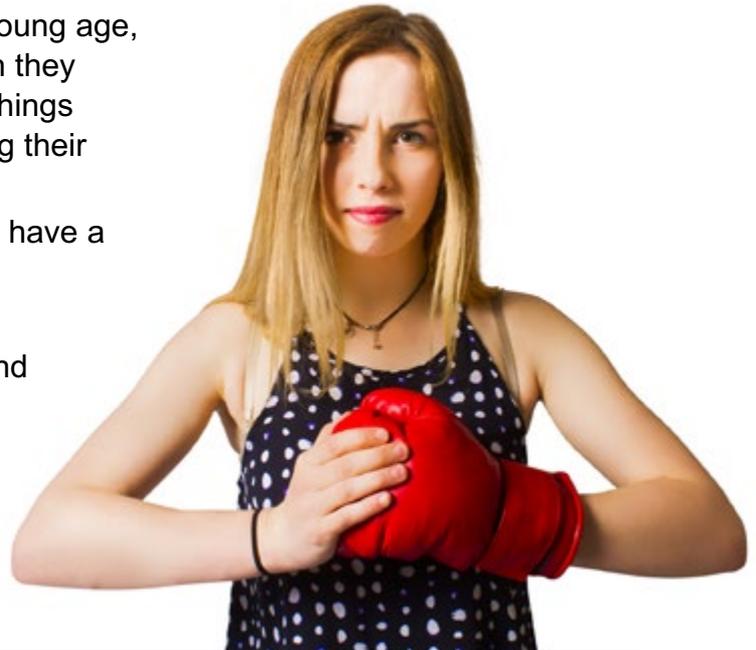
Activity Ⓢ ❄ 👥

Research practical ways that young people can improve their resilience using the following examples.

Positive thinking

_____

_____

_____

_____

Practise working in a team

_____

_____

_____

_____

Deal with stress

_____

_____

_____

Learn from the past

_____

_____

_____

Make meaningful connections

_____

_____

_____

Set goals and have a back-up plan

_____

_____

_____

Be flexible

_____

_____

_____

Eat healthy and stay active

_____

_____

_____

Loss and grief

The changes experienced in life may result in loss. Loss occurs when you lose someone or something, either temporarily or permanently, that you love or value. What you feel, how you react and cope with loss is a grief reaction. The examples of loss people may experience include:

- death of a loved one
- changing relationships, such as divorce
- moving from family and friends
- the death of a family pet
- a serious illness of a friend or family member.

Grieving is the process of coming to terms with the loss that has occurred. It will vary from person to person and is dependent on the type of loss. Generally, people will experience a range of emotions, including:

- sadness
- anger
- confusion

- depression
- guilt
- fear.

Support from family, friends and/or professionals (such as counsellors) is a very important part of the grieving process.

ICT task 💻

Visit YouTube and search for the phrase 'TED loss and grief'. Select one of the videos and watch with a partner. Discuss and reflect on how the talker handled their grief.

Activity Ⓢ ✳ 🖥 👥

Summarise the information from www.beyondblue.org.au/mental-health/grief-and-loss under the following headings.

The five stages of grief

_____

_____

_____

_____

_____

_____

Factors that can affect how you grieve

_____

_____

_____

_____

_____

_____

What grief might feel like

_____

_____

_____

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Case study

Coping with loss and grief

Alex

It hit the school community hard when my brother, Michael, passed away. It was certainly not a surprise – he was diagnosed with an inoperable brain tumour three years ago – but I don't think anyone ever really believed he wouldn't be here anymore. If you didn't know any better, you'd have thought there was nothing wrong. He was always so much fun, forever laughing and always surrounded by people. He was like a magnet.

In some ways I think it was easier for us, my family, to cope with the loss. We had time to say our goodbyes to him. But in most ways, it's definitely more difficult for us. While people from school will likely forget about him over time or think of him occasionally, remembering 'that kid from school who died', he will always be my brother. And I will always be without him.

Most people at school cried. Some took time off school, like me, while others just got on with it. At the time, I remember being angry at his girlfriend, Sandra. They had been together for over a year and the only day she took off school was the day of Michael's funeral. She appeared to be the same happy, funny, bubbly girl she'd always been. It was only a few months after that I realised that she was a mess in private, breaking down in tears at the smallest things. It was a small miracle that she was able to pull herself together for school every day.

Then there was Henry, Michael's best friend – a pillar of strength. They had known each other since pre-school. I know my parents think of him as a son – not a replacement for Michael, but someone they can watch fondly as he grows up. Henry could always make us laugh and even though he must have been hurting, he covered with jokes and stories and anecdotes about Michael. I doubt my parents would have made it through the funeral, or the weeks that followed, without him.

My parents cried a lot. Sometimes they fought. Dad had started drinking a lot more and Mum was prescribed anti-depressants. For a while I felt like I'd lost my whole family, not just my brother. Sometimes I wished it had been me. It just didn't seem fair.

My friends tried to drag me out of the house, or tell me to 'get on with life' and that 'Michael would have wanted me to be happy'. I knew all of that and I knew they meant well, but it didn't make it hurt any less. I didn't want people to give me advice or tell me that everything was going to be okay. Sometimes I wanted to be alone and sometimes I just wanted someone to listen.

The teachers at school were amazing. They called a special assembly to hold a memorial service for Michael, and even had a memorial plaque placed in the quadrangle in his honour. They also organised grief counsellors to come to the school for any students who needed help. They even gave me really long extensions on my assessments and provided extra help for the work I had missed. I can't imagine how anyone could go through something like this alone.

Questions (S) (✳) (👥)

1. Identify the different ways that the people in this case study coped with their grief.

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2. Suggest reasons why people cope differently with loss and grief.

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3. What strategies did the school employ to help the students cope with their grief?

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4. How did Alex's friends try to assist her with her grief? What did Alex want her friends to do for her?

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5. Identify the risky behaviours that people who are grieving may exhibit. Suggest reasons why people engage in risky behaviours when they are grieving.

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6. Describe the long-term implications of failing to effectively cope with loss and grief.

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Cloze passage activity

Mental health issues

Select from the word bank below to complete the passage.

Word bank

☐ perspective	☐ meditation	☐ illness	☐ exercise
☐ counsellor	☐ likelihood	☐ support	☐ management
☐ recurring	☐ disorders	☐ organised	☐ friends
☐ preventative	☐ emotions	☐ medical	☐ advice
☐ talk	☐ care	☐ journal	☐ tension

Depression and anxiety _____ are just like any other _____.

People who suffer from asthma, for example, might need _____ medicines or

strategies to reduce the _____ of an asthma attack. They know the symptoms

and _____ techniques. It is the same with depression and anxiety – along

with _____ treatment and the support of family and _____, there

are strategies that can be used to get through a problem and stop the mental illness

_____. Ways to deal with mental health issues include:

- _____ about it. If someone is feeling depressed or anxious, they shouldn't keep

  it in. Discussing it with someone, such as a friend or a _____, can help.

- Join a _____ group. There are many groups available for people going through

  mental health problems. Others in the group can offer _____ and may help put

  things in _____.

- Stay healthy. Sometimes when a person is depressed or overly anxious, they stop taking

  _____ of themselves. Healthy eating is important and regular _____

  is a great way to alleviate stress and _____.

- Write it down. Keeping a _____ or diary is a great way to help you sort through

  _____, feelings and problems. Writing things down helps some people work out

  their problems.

- Take time out. Make a list of the things you like doing, such as listening to music, going

  to the movies or reading. Ensure you make time to do these things.

- Try not to stress. If you know something coming up may cause stress, such as exams,

  ensure you are _____, take time out to exercise and try _____ or

  breathing exercises.

Anxiety

Anxiety disorders are a group of mental health problems. They include generalised anxiety disorders, social phobias, specific phobias (for example, agoraphobia or claustrophobia), panic disorders, obsessive compulsive disorder (OCD) and post-traumatic stress disorder. Untreated, anxiety disorders can lead to depression. In 2020–21, 16.8% of people aged 16–85 years (3.3 million people) had a 12-month anxiety disorder:

- Females were more likely than males to have had a 12-month anxiety disorder (21.0% compared to 12.4%).
- Almost one third (31.5%) of people aged 16–24 years had a 12-month anxiety disorder, with 41.3% of females this age having a 12-month anxiety disorder.
- 44.7% of people who identified as gay, lesbian, bisexual or who used a different term (such as asexual, pansexual or queer) had a 12-month anxiety disorder.

- Over one quarter (28.7%) of people living in one parent family households with dependent children had a 12-month anxiety disorder.
- 7.0% of people had a 12-month social phobia disorder, while 5.7% had a 12-month post-traumatic stress disorder.
- Females experienced higher rates of social phobia (9.8% compared with 4.3%) and post-traumatic stress disorder (7.6% compared with 3.6%) than males.

Source: www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21

Everyone experiences anxiety and fear at times – they are normal and helpful human emotions that help us deal with danger. However, some people experience excessive and irrational anxiety – worries that become ongoing and distressing that interfere with their daily lives. This may indicate an anxiety disorder. Often there appears to be no obvious or logical reason for the way the person feels. This may make an anxiety disorder even more worrying to the sufferer. To learn more about anxiety, watch the YouTube video at https://youtu.be/B_R2n_tITTA.

Activity Ⓢ Ⓘ ✳ ⚖ ✅ 👤

Research anxiety and describe its causes, symptoms, diagnosis and treatment. Use the following websites to assist your research:

- www.healthdirect.gov.au
- www.beyondblue.org.au/the-facts/anxiety

Causes of anxiety

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Symptoms of anxiety

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Diagnosis and treatment of anxiety

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Depression

A person who is feeling sad for weeks on end, who no longer enjoys doing things that used to interest them and/ or who finds themselves low on energy or motivation might be experiencing depression. It's not necessarily about feeling sad. Depression is often a numb feeling rather than sadness. Often it's not something you can control or just get over. Depression can be a serious issue, but there's treatment available that can help you feel better.

Causes of depression can include factors such as personality, family history, drug and alcohol abuse as well as life events or traumatic experiences. There are a number of different types of depression, with distinct symptoms and causes. This means that there are different treatments for different types of depression.

Recent statistics:

- One in seven Australians will experience depression in their lifetime.
- One in 16 Australians is currently experiencing depression.
- One in six Australians is currently experiencing depression or anxiety or both.

- Support-seeking appears to be growing at a rapid rate, with around half of all people with a condition now getting treatment.
- Females are more likely than males to experience depression. One in six females will experience depression in their lifetime, compared to one in eight men.

Source: www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21

To learn more about depression, watch the YouTube video at https://youtu.be/Oh_SSc492Ac.

Activity Ⓢ Ⓘ ✳ ⚖ ✅ 👤

Research depression and describe its causes, symptoms, diagnosis and treatment. Use the following websites to assist your research:

- www.beyondblue.org.au/the-facts/depression
- www.blackdoginstitute.org.au/resources-support/depression

Causes of depression

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Symptoms of depression

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Diagnosis and treatment of depression

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Positive language and attitudes about mental health

Stigma occurs whenever there are negative opinions, judgments or stereotypes about anyone with any form of mental illness. It shows when someone with a mental illness is called 'dangerous', 'crazy' or 'incompetent' rather than unwell. Stigma can lead people with mental illness to be discriminated against and miss out on work or housing, bullied or to become a victim of violence.

Stigma exists mainly because some people don't understand mental illness, and also because some people have negative attitudes or beliefs towards it. The media can also play a part in reinforcing a stigma against mental illness by:

- portraying mentally-ill people with inaccurate stereotypes
- sensationalising situations through unwarranted references to mental illness
- using demeaning or hostile language.

For example, if a part of the media associates mental illness with violence, this could promote the myth that all people with a mental illness are dangerous. In fact, research shows people with mental illness are more likely to be victims than perpetrators of violence.

A person who is stigmatised may be treated differently and excluded from many things the rest of society takes for granted. People with mental illness may also take on board the prejudiced views held by others, which can affect their self-esteem. This can lead them to not seek treatment, to withdraw from society, to alcohol and drug abuse or even to suicide.

Source: www.healthdirect.gov.au

Activity (S)(I)(✳)(⚖)(✔)(👤)

Write a factual statement for each myth about mental health.

1. Myth: You have to be careful around people with a mental illness, because they are violent.

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2. Myth: People with a mental illness should be in a hospital (institutionalised).

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3. Myth: People with a mental illness have some form of brain damage.

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4. Myth: People with a mental illness are weak-willed.

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Activity (S)(I)(✳)(⚖)(✔)(👤)

Positive mental health

Positive mental health is fundamental for the wellbeing of individuals, families and society as a whole. It is a sense of wellbeing, confidence, peace and high self-esteem. When people are in a state of positive mental health, life's challenges become more manageable, personal goals may seem to become more achievable and healthy relationships are nurtured. Providing support for individuals who are experiencing mental health problems is essential to their recovery and return to a positive sense of wellbeing.

Mental illnesses, such as anxiety and depression, are common. Mental health disorders, such as schizophrenia and bipolar disorder, are less common but more severe. They require the support of mental health specialists to provide guidance regarding medication and effective treatment.

There is no reason for anyone with a mental health concern to miss out on the opportunity to experience a full and happy life. The right medical treatment and support can make all the difference when trying to achieve positive mental health. In the same way, people who are not experiencing a mental illness need to continue taking care of their own positive mental health.

Activity Ⓢ ⓐ 🌐

Continue the list below, identifying actions which enhance positive mental health.

1. Communicate regularly with supportive family members and friends.
2. Find opportunities to develop your unique skills and abilities.
3. Be kind and forgive quickly, rather than holding long-term grudges or bitterness.
4. Eat healthy food daily and exercise – as a lifestyle choice.
5. Take time to manage stress by making small goals to complete tasks and reflect on your positive accomplishments.

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Mindfulness

One popular method of coping with stress is mindfulness. Mindfulness focuses on training oneself to pay attention to everyday aspects of life. A mindful person:

- focuses on the present
- doesn't dwell on the past (especially if something didn't go as planned)
- doesn't think about what might be going to happen in the future
- focuses their attention on their surroundings and what's happening around them
- is not judgemental about themselves or others.

Mindfulness encourages people to appreciate and experience life as it occurs. Many people spend too much time thinking about things that have happened previously, or worrying about something that may happen in the future. This causes an individual to overlook and appreciate or enjoy the present. When an individual is mindful, it allows them to:

- clear their head
- be more aware of themselves, their body and the environment
- slow down their thoughts
- slow down their nervous system
- concentrate
- relax.

To learn more about practicing mindfulness, try a five-minute mindfulness session with assistance from the YouTube video at https://youtu.be/LPg28FhVOqA.

Activity Ⓢ ⓐ 🌐

1. Research a current app that will help you practise mindful breathing, such as the ReachOut Breathe app or ACT Coach app. Describe how the app works.

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2. Download the app and practise mindful breathing. Describe how you felt at the end of the session.

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Questions

1. How can friends/family encourage someone to seek help?

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2. Identify barriers to seeking support.

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3. Propose strategies to overcome the barriers.

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Revision

1. Define connectedness and provide examples.

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2. How do Indigenous Australians define good health?

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3. Describe how an individual can build resilience.

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4. Identify the emotions a person will go through when grieving.

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5. Describe how stress affects people.

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6. What is self-talk?

7. Explain the traits of a mindful person.

8. Outline the symptoms of anxiety.

Additional notes

Additional notes

Diversity

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
Diversity		
Empower		
Assertive		
Disability		
Advocate		
Health promotion		
Discrimination		
Culture		
Ethnicity		
Uniqueness		
Resilience		
Inequity		

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

- Report on your observations of your local community which indicate the presence of a diverse range of cultures. Prepare your report using word processing software (such as Microsoft Word) and include a comparison with another region of Australia with a significantly different mix of cultures.
- Research an Australian organisation that provides support to people who may be victims of discrimination or harassment.
- Visit https://humanrights.gov.au/our-work/education/face-facts-cultural-diversity and read the content on diversity in Australia. Summarise the main points.

Collaborating

- Working in pairs, select one marginalised group in society to research. Record your information and share with the class.

Presenting

- Research one group that is disadvantaged in Australia. Compile your research into a digital presentation outlining the disadvantages for this group, the strategies that are currently in place to address the inequities and other possible ideas that you think may help the situation. Present your research to the class or small group.

Creating

- Create a podcast discussing the value of diversity within any given community.
- Select three specific rights recognised in the Convention on the Rights of the Child (UNICEF) and discuss in a short video why you think these three are the most important.
- Create a video for young people to watch and get tips on how to deal with negative or judgemental people.

Desktop publishing

- Create a collage of digital images depicting the diversity present in Australian society.

Visual representation

- Create a poster using ICT software to be displayed in the classroom that promotes inclusion and explains the importance of making everyone feel a sense of belonging.

Diversity in Australia

What does diversity look like?

Australia's population is diverse in many ways. Individual differences can be viewed in terms of gender, socioeconomic status, ethnicity, religion, disability, personality, sexual orientation or age group. Statistics about certain aspects of cultural diversity are gathered by the Australian Bureau of Statistics (ABS) through the Census of Population and Housing every four years. Information gathered includes country of birth, ancestry, languages spoken, religious affiliation and Aboriginal or Torres Strait Islander descent.

Key statistics

- 27.6 per cent of the population were born overseas.
- 61,860 international visitors were in Australia during the Census collection period.
- Top five languages used at home, other than English, were Mandarin (2.7%), Arabic (1.4%), Vietnamese (1.3%), Cantonese (1.2%) and Punjabi (0.9%).
- Top five ancestries were English (33.0%), Australian (29.9%), Irish (9.5%), Scottish (8.6%) and Chinese (5.5%).
- Top five religious affiliations were no religion (38.9%), Catholic (20%), Anglican (9.8%), Islam (3.2%) and Hinduism (2.7%).
- Top five countries of birth (excluding Australia) were England, India, China, New Zealand and the Phillipines.

Religious affiliation in 2021

In 2021, more people opted to answer the Census religion question than in 2016. In 2021, the number of people who answered the religion question was 93.1 per cent of the population, an increase from 90.9 per cent in 2016. In 2021, the most common religions were:

- Christianity (43.9%)
- No religion (38.9%)
- Islam (3.2%)
- Hinduism (2.7%)
- Buddhism (2.4%).

Aboriginal and Torres Strait Islander Peoples

In Australia, 812,000 people identified as Aboriginal and/or Torres Strait Islander in the 2021 Census of Population and Housing. Aboriginal and Torres Strait Islander people represented 3.2 per cent of the population. This was up from 2.8 per cent in 2016, and 2.5 per cent in 2011. Of the 812,000 people who identified as being of Aboriginal and/ or Torres Strait Islander origin:

- 91.4% identified as Aboriginal
- 4.2% identified as Torres Strait Islander
- 4.4% identified as both Aboriginal and Torres Strait Islander.

Source: Australian Census 2021

ICT task 🕸️ 💻

Using a spreadsheet and data from the bar graph below, produce three pie graphs illustrating the proportions of migration for years 2010, 2015 and 2020.

Overseas-born top 10 countries of birth, Australia – at 30 June 2010, 2015 and 2020

Source: Australian Bureau of Statistics

Critical inquiry

Develop your understanding around the benefits and challenges of growing the population through migration, including the impact that refugees have on migration numbers. Analyse valid sources of information and consider the questions from different viewpoints. Discuss your findings in small groups.

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Affirming diversity

Just as developing your own sense of self is important, so is the sense of self and wellbeing of others. This is determined by the way you treat them, the language you use and support you provide. Everyone deserves to be treated with fairness, dignity and respect.

Activity Ⓢ Ⓘ ✳ ⚖ 🌐 ✅ 👫 ✚

1. Discuss what you think Australia would be like if everyone had the same beliefs and looked, thought and behaved the same way.

2. Identify the things you would miss if Australia was not a diverse nation.

3. Describe inclusive strategies you could use to increase your acceptance of others.

4. Analyse the ways you are diverse from others in your class (what makes you unique).

5. Visit https://kidshelpline.com.au/parents/issues/cultural-differences-and-conflict and outline how cultural discrimination can harm young people.

Case study

Embracing diversity

We have a bit of everything at our school. No one could ever accuse us of being clones, that's for sure. I mean, yes, we have to wear a uniform, but aside from that everyone is so different. That's definitely not a bad thing. Imagine how boring the world would be if everyone was the same.

Our school could only be described as culturally diverse but, like most schools, groups naturally form. Some people from the same cultural groups stick together, but most people hang out with the people they have the most in common with. We have the footy boys, the nerds, the surfies, the skaters, the dancers, the slackers, the library geeks, the band crew and the popular people. It would be great if we could have just one big group that all got along, but that will never happen. Not in my opinion anyway. Not everyone is going to like everyone else. I mean, even if you had a whole group of surfer boys and girls, there would naturally be surfers who didn't like the other surfers. Eventually other sub-groups would form anyway. What can you do?

Not everyone has to get along. But we do all need to learn to co-exist. I mean, really, school's just a microcosm of society anyway. If we can't learn to get along and live with each other, accept each other and learn from each other at school, we're going to have the same problems when we leave school. It has to start here.

When we first started high school, there were quite a few clashes between the groups. Mostly because people were trying to establish where they fit in and which group would hold power. Yeah, there some fights, mostly verbal but occasionally physical. Mostly there was just a bit of cattiness, gossiping and excluding people. None of it was nice, but over time, once people figured out where they fit in, everything settled down.

It's sad that sometimes in society these cultural clashes end in violence, injury and death. I can understand that people get passionate about what they believe in, but can't they see that other groups are just as passionate about their beliefs? If people aren't prepared to compromise, then I think they should agree to disagree. It's not good enough to just tolerate differences, we need to accept them.

Now that we're in Year 10, the groups are less defined and we now sit with or are in teams with people who we once ignored or avoided. We've started to look at people individually and not for the groups they are affiliated with. A nerd can also be a surfer, a band geek can also be a skater and a library geek can be popular. We shouldn't pigeon hole people or limit ourselves to labels. People very rarely fit neatly into a little box.

It sucks that it has taken so long to get to this, but acceptance and cohesion sometimes takes time. Everyone at our school is so different and that's definitely a good thing.

Activity Ⓢ Ⓘ ❋ ⚖ 🌐 🏛 ♯

1. In your opinion, is the description of stereotypical groups realistic? Does it represent your experiences?

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2. Using the case study as a guide, identify the advantages and disadvantages of forming groups.

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3. How do views of prejudice change as people mature?

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4. How would attending the school described in the case study differ from attending a school where students came from one cultural group only?

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5. Explain how diversity has added to Australian culture.

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6. To learn more about multiculturalism in Australia, watch the YouTube video called _My experience growing up multicultural in Australia_ at https://youtu.be/A0Yck9j2N3o. With a partner, discuss the main points from the video clip.

Challenging inequities

Equity means being fair or impartial – treating everyone as equals. There are many factors within Australia that create health inequities. Regrettably, many Australians suffer from multiple factors causing health inequities.

The following factors can create health inequities in Australia:

- **Living conditions –** Poor living conditions, through things such as housing standards, sanitation and population density, may contribute to health inequities.

- **Socioeconomic status –** A person's socioeconomic status, wealth and access to resources creates health inequities. People with lower socioeconomic status die at a younger age and are more likely to suffer from lifestyle diseases such as heart disease, cancer and stroke.

- **Occupation –** A person's occupation may also be a contributing factor to socioeconomic status. People that work in offices are more likely to suffer from stress and diseases associated with a sedentary lifestyle. People that do manual work are more likely to smoke and drink and suffer from diseases associated with these two drugs.

- **Access to and level of education –** People with access to a higher level of education tend to have a higher health status. Education levels and socioeconomic status are closely linked.

- **Access to health care –** The greater the access to health care, the greater the health status. Rural and isolated populations are generally disadvantaged by access to health services.

- **Geographic location –** People who live in cities tend to have greater access to health care, higher socioeconomic status and level of education. These factors play an important role in the health inequities existing between rural and urban living.

- **Government economic and social policies –** The Australian Government's economic and social policies are supposed to reduce health inequities, however the gap between the health status of individuals affected by factors already mentioned appears to be widening.

- **Racism –** Racism permeates through Australian society. This can create health inequities due to conflict, loss of self esteem and a sense of self, access to health services, access to education and

- **Discrimination –** Health inequities people, or groups of people (usuall are discriminated against. This also self-esteem and a sense of self.

- **Gender –** Health inequities exist be females. Males are more likely to d disease, cancer, suicide and traffic A contributing factor is males acce services less than females, engage taking behaviour and are more likel involved in work-related injury.

Literacy activity ⓢ✺☯♙

When reading, we generate a range of thoughts based on the information we read along with information we already know. The 'I read / I think / therefore' table helps organise thinking to promote understanding and draw conclusions. Use the 'I read / I think / therefore' table to organise your thoughts on three factors presented on the previous page.

I read
Summary of key information

I think
Thoughts/opinions of information

Therefore
Conclusions and overall opinion

Case study

Health inequities faced by Indigenous Australians

Adrian changed radio stations as he waited in his car for his friend Jason. He'd driven his best friend to see the local doctor. Jason couldn't shake his cold and it was beginning to really bother him and those around him, as he had been coughing and sneezing incessantly.

Adrian couldn't find a song that interested him, so he continued to swap between the stations until a female voice captured his attention. He paused to listen and wondered if she was taking part in an interview. Her tone held a sense of urgency.

"Why should people die due to disadvantage?"

A man's voice could be heard reassuring her. "I understand that your grief and loss are extremely hard to process, but it makes it that much worse when disease, injury and death can be preventable."

Adrian realised he'd caught the end of a listener's call to the radio station which was being aired live. The radio announcer seemed compassionate and gave the lady a chance to express herself.

She continued. "I want to be a voice for people experiencing health inequities, particularly if they have limited resources or minimal access to health services. Their life could be unnecessarily cut short. This is the case with many Indigenous Australians, as it was also for my friend who passed away."

The radio announcer seemed short of words momentarily and then voiced his support. "It is true that limited access to medical and health-related services can leave people in a seriously disadvantaged position. It can become a cycle of disadvantage. Risk factors that are not addressed can lead to diseases and injuries which could have been avoided. Sadly, lives can end sooner than they should. There is a significant difference in mortality rates between Aboriginal and Torres Strait Islanders in comparison with non-Indigenous Australians. People's lives are precious and every effort should be made to ensure health services are accessible."

The caller sighed in agreement. "I've been researching lately and according to the Australia's health 2022 report – released by the Australian Institute of Health and Welfare – the gap in life expectancy between Indigenous and non-Indigenous Australians is 9.6 years for males and 9.7 years for females. Indigenous infants are three times as likely as non-Indigenous infants to die before six months of age. These statistics need to change."

The radio announcer offered his thoughts. "I agree entirely. Indigenous children and adolescents are also far more likely than their non-Indigenous peers to be affected by ear infections and hearing loss. The rate of long-term ear/hearing problems in Indigenous kids is still almost three times that for non-Indigenous kids. For many Indigenous kids, hearing loss and the associated aftermaths further compound many of the disadvantages they already face."

His caller responded, "It's sad to hear. Did you know that in recent National Surveys, higher levels of distress were expressed by Indigenous people than other Australians? And Indigenous Australians are six times more likely to die from diabetes than non-Indigenous Australians. This also reflects the fact that for many people, there is poor quality of life being experienced".

The radio announcer paused a moment and then expressed his opinion. "For those who are caught in a cycle of disadvantage, support is absolutely necessary. Providing resources to equip people to make healthy choices can make such a positive difference. Empowering people with health knowledge can also help to bridge the gap for those who are most vulnerable to experiencing further health inequities. This is a challenge for our society – at all levels. The cycle of disadvantage needs to be broken".

His caller voiced her agreement. "Yes, it's all about empowering and equipping".

Adrian nodded his head in silent agreement as music followed the conversation. He wondered about the types of positive changes that could be made to reduce health inequities.

Source: *Australia's health 2022*

Activity Ⓢ ✋ ✳ ⚖ 👤

Research the roles and responsibilities that individuals, communities and governments have to minimise health inequities for Indigenous Australians. Recommend strategies that could be used to improve health outcomes.

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Discrimination, harassment, vilification and victimisation

Discrimination occurs when someone is treated unfairly because they happen to belong to a particular group of people or have a particular characteristic. Many people have fixed ideas about groups of people who are different from themselves, which can lead to discrimination against people who belong to those groups.

Types of discrimination and harassment

There are a variety of federal laws concerning discrimination and harassment, including:

- **Australian Human Rights Commission Act 1986**: Discrimination on the basis of race, colour, sex, religion, political opinion, national extraction, social origin, age, medical record, criminal record, marital or relationship status, impairment, mental, intellectual or psychiatric disability, physical disability, nationality, sexual orientation, and trade union activity. Also covers discrimination on the basis of the imputation of one of the above grounds

- **Age Discrimination Act 2004**: Discrimination on the basis of age – protects both younger and older Australians. Also includes discrimination on the basis of age-specific characteristics or characteristics that are generally imputed to a person of a particular age.

- **Disability Discrimination Act 1992**: Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g., HIV virus). Also covers discrimination involving harassment in employment, education or the provision of goods and services.

- **Racial Discrimination Act 1975**: Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status. Racial hatred, defined as a public act/s likely to offend, insult, humiliate or intimidate on the basis of race, is also prohibited under this Act unless an exemption applies.

- **Sex Discrimination Act 1984**: Discrimination on the basis of sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity, and intersex status. Sexual harassment is also prohibited under this Act.

Source: Australian Human Rights Commission

Literacy activity (S)(I)(⚖)(✓)(👥)

Read the information on the types of discrimination on the previous page, identify the main ideas presented and provide a brief summary in your own words.

Tips for summarising information

- A summary should be no longer than 10% of the length of the presented content.
- Notes should be made in point form using keywords.
- Include a sentence which states the central idea of the original text.
- Ensure the summary is written in your own words – this helps make sense of the information in a way you will easily remember.

Your summary:

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Direct and indirect discrimination

Discrimination can be classified in two ways – direct discrimination and indirect discrimination. Both direct and indirect discrimination are against the law.

▪ **Direct discrimination** is when someone is treated unfairly because of their age, sex, race, carer's responsibility, disability, homosexuality, marital status, HIV/AIDS or transgender status compared to someone else who does not have those characteristic, in the same or similar circumstances. For example, if a real estate agent tells an Aboriginal person they have no properties for rent but tells a Caucasian person that they do, this may be direct race discrimination.

▪ **Indirect discrimination** is when there is a requirement or rule that is the same for everyone but in effect disadvantages people from a particular group more than people from other groups – unless the requirement is reasonable in the circumstances. For example, a qualifying body excludes everyone with diabetes from registration on safety grounds, which could indirectly discriminate against individuals whose diabetes is controlled and would not impede them from doing the job safely (disability discrimination).

Source: https://antidiscrimination.nsw.gov.au

Activity Ⓘ ✳ ⚖ ✍ 👫 ✚

1. Describe how you could advocate for the rights of a person that was a victim of race discrimination.

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2. Discuss how discrimination can affect a person's sense of self?

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3. Explain how the use of inclusive language can advocate for the rights of others.

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Vilification and victimisation

In Australia, it is against the law to vilify people because of their race, homosexuality or transgender status, or because they have HIV/AIDS. The vilification law does not cover acts that are not public, such as abuse over a back fence that no-one else can hear.

It is also against the law for anyone to victimise you or treat you unfairly because:

▪ you have complained to your employer or another person about discrimination or harassment

▪ you have complained to the Anti-Discrimination Board authority in your state or territory

▪ you have supported someone with a discrimination or harassment complaint, or acted as a witness in a discrimination or harassment case

Individuals can lodge a complaint of victimisation with the Anti-Discrimination authorities of the state if they have been victimised because of a discrimination or harassment complaint. In some cases, a victimisation complaint has been upheld in court even when the original complaint of discrimination or harassment was not.

Source: https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/australias-anti-discrimination-law

Literacy activity ✍   **Word wall**

Complete the word wall below which lists different types of vilification. For each term or concept, provide a definition and use it in a contextual sentence. This will help you to understand the meaning of unfamiliar words and concepts.

Term/concept	Definition	Contextual sentence
Racial vilification		
Homosexual vilification		
HIV/AIDS vilification		
Transgender vilification		

Activity Ⓢ①⚖⬆

Research a community-based agency and a government organisation that support people with specific needs. Include information on:

- the service(s) they provide
- contact details
- costs involved
- group they assist.

Community-based agency

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Government organisation

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Activity (S) (I) (⚖) (👬) (⚕)

Research and write a one-page report on a person who has overcome discrimination, racism or harassment, such as Eddie Mabo, Nelson Mandela or Martin Luther King.
Be sure to include the following sections in your report:

▪ Introduction: identify the topic and introduce the information.

▪ Body: include a series of paragraphs (they can include headings and sub-headings). Paragraphs should be linked to the topic.

▪ Conclusion: state the major findings/conclusion to the report.

▪ Reference list: list the relevant material used to write the report.

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Race discrimination in sport

Despite the wide range of players, clubs, officials and media that publicly condemn it, racism still occurs at all levels of sport. The nature of racism in sport, as it is in the general community, is complex. It may be subtle or obvious. It may be shouted comments by a spectator. It may be discriminatory behaviour by officials. It may be a sledge between players. It may be an ill-directed comment among team mates. Nevertheless, sport remains as an ideal vehicle to foster cultural and racial acceptance, working as a model for change and progress in the wider community.

Activity Ⓢ Ⓘ ✳ ⚖ 🌐 ✅ 🎋 ✴

1. Visit https://humanrights.gov.au/our-work/race-discrimination/publications/guide-addressing-spectator-racism-sports-2021 and summarise the information on a 'Guide to addressing spectator racism in sports'.

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2. Research the story of Jesse Owens and his performance in the 1936 Olympics. Describe how this prominent athlete disrupted Hitler's vision of Aryan racial supremacy with his success on the track.

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ICT task ⓘ ⚖ 🖥 🌐 ⬍

Examples of racism in sport

Racism in sport is common across the world, not just in Australia. Watch the following YouTube clips as a class and discuss the issue of racism in sport. Record the underlying message in each of the videos.

1. *NRL boss slams 'inconceivable' racism against Latrell Mitchell –* https://youtu.be/jXLZAlo9ykE

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2. *European Soccer Players Face Series Of Racist Incidents Caused By Fans –* https://youtu.be/39Q0oRJvhHM

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3. *Jimmy the Greek Comments that got him fired –* https://youtu.be/xKtIqXMpHcY

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4. *Dean Jones calls Hashim Amla Terrorist –* https://youtu.be/VAJHouz-Bsg

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Marginalised groups

Look around the classroom – peers will have different skin types, hair colour, eye colour and face shapes. They will be of different cultural backgrounds, have different living arrangements and have varying likes, dislikes and interests. Australia's social and cultural landscape is a mixture of foods, cultures, religions and beliefs. Many people from around the world move to Australia for a change in lifestyle, access to opportunities or to raise children and have a family.

Essentially, the vast majority of us have the same general structure (legs, arms, eyes, lungs, heart, and brain) but there are still groups in our communities that are marginalised. If a group is marginalised, they may be perceived different and less important than other groups. Poverty, unemployment, education, crime, abuse, family violence, lack of self-esteem and identity are some of the main effects to groups that are marginalised in Australia.

Aboriginal and Torres Strait Islander people are an example of a group within Australia who struggle with the consequences of marginalisation, especially a lack of self-identity. The effects of colonisation and cultural dispossession greatly impacted upon Indigenous people's connection with the land and their culture. Today, Australia is trying to 'close the gap' between negative perceptions, discrimination and difference between Indigenous people and non-Indigenous people. A major step towards reconciliation was Kevin Rudd's apology to Australia's Indigenous peoples in 2008.

Activity Ⓢ Ⓘ ㊫ ⚇

In pairs, choose a marginalised group in your community and create an awareness poster that identifies the consequences of marginalisation for that group. In your poster, include:

- Consequences of marginalisation
- Strategies to promote acceptance
- Ways to celebrate difference and diversity of your group in the community
- Pictures to represent your groups culture, beliefs and interests

Use this space to help you draft points for your poster.

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People with disability

Disability is an umbrella term for impairments of body function or structure, activity limitations or participation restrictions. People experience different degrees of impairment, activity limitation and participation restriction. Disability can be related to genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors. Importantly, how people experience disability is affected by environmental factors – including community attitudes and the opportunities, services and assistance they can access – as well as by personal factors.

Source: www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/about-this-report/defining-disability

Prevalence of each group within the community

According to the 2021 Census, there were 1.46 million people (5.8% of the Australian population) who reported a core activity need for assistance. That is, they needed assistance with at least one of the core activities of self-care, communication, and mobility. This was an increase from 1.20 million people (5.1%) in 2016. When comparing those with a need for assistance to those without a need for assistance, it is important to note the differing age distributions given the strong relationship between age and disability. Australia is an ageing population and the proportion of people aged 65 years and over has increased from 15.7% in 2016 to 17.2% in 2021.

Reflecting the strong relationship between age and disability, the proportion of people needing assistance increased significantly across age from 1.4% of those aged less than four years to 49.2% of those aged 85 years and over.

Need for assistance by age, 2016 and 2021
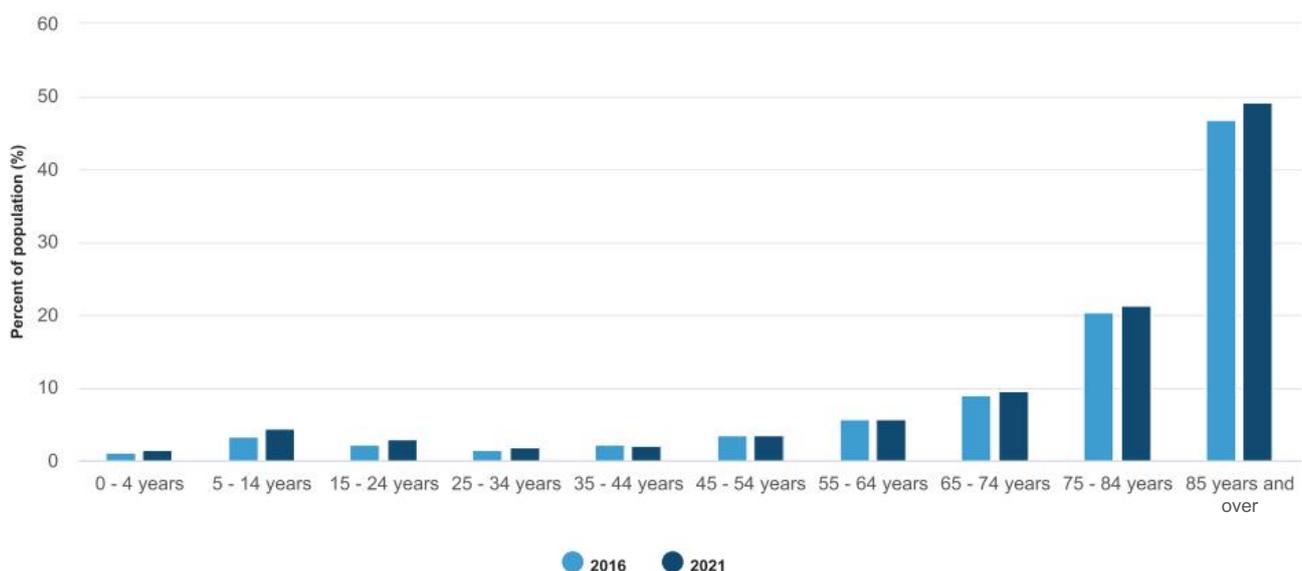
Source: Australian Bureau of Statistics

Specific needs of people with disabilities

The specific needs of people who have a disability are dependent on what type of disability the people have. The factors in relation to humans' specific needs are our standard of living, health issues, access to education, employment opportunities, safety and security and sense of identity.

Activity Ⓢ Ⓘ ⚖ 👥

Describe the specific needs of people with disabilities under the heading below.

Adequate standard of living

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Health

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Education

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Employment

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Safety and security

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Sense of identity

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Access to services

There are a range of services for individuals with a disability, ranging from income support to the provision of pharmaceutical products. Various government services and organisations exist to provide support and assistance for those suffering from a disability. In some instances, access to services by disabled individuals is limited as they may not be aware of the available services or, due to the level of their disability, they may be unable to physically access services.

Depending on the nature of their disability, individuals can access services specific to their condition. For example, CP Australia provides services for people suffering from cerebral palsy. They develop initiatives and programs for disabled individuals and promote awareness and the need for provisions among the community. Another example is MDA, who provide support for individuals suffering from muscular dystrophy. They have established a range of community support programs and respite programs to assist disabled individuals.

Activity Ⓢ ✻ ⚖ 👥

Research Deaf Australia by visiting their website www.deafaustralia.org.au. Describe the support services they offer to help people with hearing impairment. Outline how these services enable inclusive strategies to promote health and wellbeing to connect with their communities.

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Activity ⓢ ⓐ ⓔ ⓕ ⓖ

1. Research three of the organisations listed below. Outline the services they provide for people with disabilities.
   - Blind Citizens Australia: www.bca.org.au
   - Epilepsy Action Australia: www.epilepsy.org.au
   - National Association for Autism: https://nationalautismassociation.org
   - Health Equity Matters: https://healthequitymatters.org.au
   - Spinal Cord Injuries Australia: http://scia.org.au
   - MS Australia (Multiple Sclerosis): www.msaustralia.org.au
   - Seeing Eye Dogs Australia: http://seda.visionaustralia.org

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2. To learn about the impact that seeing eye dogs have on the life of vision-impaired people, watch the YouTube video by Seeing Eye Dogs (Vision Australia) at https://youtu.be/BfD3WmjOSWM.

Immigrants and refugees

Migration is a large contributor to Australia's population growth. However, due to the COVID-19 pandemic, overseas migration in 2020–21 recorded a net loss of 88,800 people – the first loss since 1946 and second lowest on record. Immigration fell 71% to 145,800 from the previous year's 506,900 arrivals. In the year ending 30 June 2023, overseas migration contributed a net gain of 518,000 people to Australia's population. This was the largest net overseas migration estimate since records began.

Australia has a long history of accepting refugees for resettlement and over 800,000 refugees and displaced persons have settled in Australia since 1945. The Australian Government usually allocates around 13,750 places per year to refugees and others with humanitarian needs under its planned Humanitarian Program. Australia's cultural diversity is largely due to policies of immigration and acceptance of refugees. Across the world, the issues surrounding acceptance of refugees from war-torn countries has become a controversial political and social issue.

Sources: www.abs.gov.au and www.aph.gov.au

Activity

Put yourself in the place of a refugee. Imagine the challenges and heartbreak you would face in the following fictional scenario and answer the questions on the following page.

There has been a war raging on Australian soil for one year and the country has been invaded. Infrastructure has been destroyed. Most businesses are closed and the government has been overthrown. People have been thrown out of their homes, schools no longer open and there are no government services. Many of the adult males have been killed in the conflict and the young men have been taken for slave labour on the farms. Your family has decided to flee the country you love, travelling a dangerous journey by boat to a nearby country that offers some hope of refuge.

TIP: You can use the comment or mark-up function of your PDF viewer to complete Question 2.

1. Write down the ten most important things in your life prior to the war, other than your family.

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2. Cross off the items from your list that you will not be able to take on your crowded journey to freedom. Discuss with a partner or the class, the items you retained and the types of things you had to forfeit.

3. Make a new list of the immediate things that will be most important to you in your life in a new country.

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4. With a partner, discuss the impact on your life as a result of being a refugee in a new country. In your discussion, include your understanding of issues such as:

- sense of belonging
- national pride
- basic needs
- acceptance by your new community
- ability to communicate
- help from the government for a fresh start.

Advocacy in Australia

Advocacy is standing up or speaking for people in society who are the most vulnerable. This ensures the most disadvantaged in society have their rights safeguarded and defended. There are countless community organisations throughout Australia which operate to promote public advocacy. There are national organisations which promote particular causes, service organisations which provide welfare support for particular classes of people and small organisations which operate on a local level.

Such organisations advocate based on a number of topics such as culture, health, the environment, education, emergency services, human rights and sport and recreation. Some examples of Australian advocacy groups include:

- Able Australia – advocates on behalf of people living with multiple disabilities
- Black Dog Institute – advocates for mental health issues, particularly raising clinical, research, education and training associated with mental health
- Amnesty International Australia – advocates for freedom, justice and equality based on human rights
- Equality Rights Alliance – advocates for women's equality, women's leadership and recognition of women's diversity.

Activity Ⓢ①⚖♄

Form pairs and complete the following peer teaching exercise:

1. You and your partner will each spend 20 minutes researching an Australian-based advocacy group of your choice. Summarise important information associated with the group, such as the services they provide, events they are involved in and plans for the future.

2. You will both then spend 10 minutes verbally teaching each other about your research.

3. Upon completion, spend approximately 5–10 minutes summarising what you learnt about the advocacy group presented by your partner.

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Literacy activity ✍ — Persuasive writing: expressing strong opinion

Design an advocacy strategy that affirms difference and diversity for a specific group. Use applicable persuasive words from the lists below to show support for their rights, needs and concerns.

Remember your terminology: Persuasive texts often feature words that express strong opinion, either in support of or against a particular idea. Persuasive words strengthen a point of view on an issue.

Persuasive words – in support of		Persuasive words – against	
▪ Accurate	▪ Effective	▪ Confusing	▪ Inferior
▪ Advantage	▪ Interesting	▪ Damaging	▪ Offensive
▪ Always	▪ Most important	▪ Disadvantage	▪ Provoke
▪ Certain	▪ Recommended	▪ Harmful	▪ Severe
▪ Confident	▪ Should	▪ Harsh	▪ Terrible
▪ Definitely	▪ Superior	▪ Inconsiderable	▪ Unreliable

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Overcoming adversity

Adversity refers to hardship or misfortune – everyone experiences adversity at some point in their lives. Difficulties both large and small frequently occur, often without warning. Individuals need to learn to deal with and overcome adversity, in order to strengthen their resilience and face future obstacles.

Examples of types of adversity include:

- a disability
- impoverished family life
- lack of formal education
- violence and abuse
- drug addiction
- loss of family.

There are countless stories of individuals who have overcame significant adversity in their lives. Examples include:

- Trisha Broadbridge – eight days following her wedding, her husband died in the 2004 Boxing Day tsunami. She now operates a foundation to honour her husband. She was chosen for the Young Australian of the Year Award in 2006.
- Louise Sauvage – born with a severe spinal condition, she had 21 surgical procedures before she was 10 years old. She went on to win gold in a number of events at four consecutive Paralympic Games.
- Anh Do – fled to Australia as a refugee in 1980, survived pirate attacks and spent months in a Malaysian refugee camp. He has since become a well-respected comedian.

Activity Ⓢ ✳ ✐

Identify adversity you have to faced in the past, or that of someone you know. Discuss how you/they overcame that adversity.

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Revision

1. Outline three types of discrimination.

2. Define advocacy and explain how individuals can advocate for marginalised groups in the community.

3. Describe the benefits that can flow from diversity.

4. What skills enable people to be resilient in the face of discrimination and racism?

5. Describe examples of discrimination that people with disability commonly face.

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6. Describe the effect that racism can have on the health and wellbeing of a community.

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7. Provide examples of how communities can celebrate and promote the benefits of diversity.

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8. Describe the health inequities experienced by Aboriginal and Torres Strait Islander Peoples.

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Additional notes

Additional notes