School Drug Education and Road Aware

EARLY ADOLESCENCE RESOURCE
for resilience, drug
and road safety education

Licensed for NEALS
TITLE: Challenges & Choices: an early adolescence resource for resilience, drug and road safety education.

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The legislation referred to in this resource was correct at time of publication. School Drug Education and Road Aware acknowledges that legislation may change and strongly advises that teachers review current legislation in relation to road safety and drug education, prior to delivery of these programs.
A major priority for Western Australian schools is to provide students with an understanding of health issues and practices.

Students who are able to identify and develop their own attitudes and values associated with leading a healthy and safer lifestyle are better equipped to make personally and socially responsible decisions. This has the potential to enhance the quality of their lives and other people’s lives.

It is critical that our students develop proficient self-management skills and effective interpersonal skills such as assertive communication, negotiation, cooperation and leadership to help them act responsibly and contribute effectively, for their own benefit and for the benefit of the communities in which they live and work.

The education systems and sectors within Western Australia support the implementation of the Challenges and Choices resource and strongly urge teachers, parents and communities to become involved in this exciting resource for our young people.

Mr Ron Dullard
Director
Catholic Education Office (WA)

Ms Audrey Jackson
Executive Director
Association of Independent Schools of Western Australia

Ms Sharyn O’Neill
Director-General
Department of Education and Training (WA)

School Drug Education and Road Aware (SDERA) acknowledges the contribution of the many teachers, students, academics, curriculum officers, professional associations and other members of the community who have collaborated to develop Challenges and Choices: an early adolescence resource for resilience, drug and road safety education.

The resource was developed for SDERA under the direction of members of the SDERA Management Group.

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Catholic Education Office, Western Australia – Diana Alteri (Chairperson)
Department of Education and Training, Western Australia – Andrew Thompson
Drug and Alcohol Office, Department of Health – Grant Akesson
Office of Road Safety, Department of the Premier and Cabinet – Jon Gibson
School Drug Education and Road Aware – Bruno Faletti

Advice was also received from various learning area and phase of development related working parties and critical readers.

Writers: Kim Chute and Anne Miller

This project was made possible by funding from the Drug and Alcohol Office and Insurance Commission of Western Australia.
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**School Drug Education and Road Aware (SDERA)**

School Drug Education and Road Aware (SDERA) is a combined venture which aims to contribute to the health and well-being of young people in Western Australia by supporting schools and the wider community in the provision of best practice resilience, drug and road safety education for young people.

It is a cross-sectoral initiative of the Association of Independent Schools of WA (AISWA), the Catholic Education Office (CEO) and Department of Education and Training (DET). SDERA is funded by the Drug and Alcohol Office, the Road Safety Council through the Insurance Commission of Western Australia and the Department of Education Science and Training.

SDERA is based upon the Health Promoting Schools framework. The model uses a comprehensive approach to school health education, widely acknowledged as best practice in promoting health and responding to health issues of concern for children and young people.

Building on the principles of the Health Promoting Schools framework, SDERA provides resources, professional development, support and consultation for school staff and agencies seeking to embed drug and road safety education best practice in their school and communities.

**School Drug Education Project**

The School Drug Education Project (SDEP) was developed to implement some recommendations of the report of the WA Task Force on Drug Abuse (1995). SDEP is funded by the Drug and Alcohol Office and the National School Drug Education Strategy as part of the Western Australian Drug and Alcohol Strategy (WADAS) 2005-2009 and the Department of Education Science and Training.

**Road Aware Program**

The Road Aware Program (Road Aware) is an initiative of the Road Safety Council of Western Australia. It forms part of a state-wide strategy which aims to reduce the overall number of road crash fatalities and injuries in Western Australia.

Road Aware commenced in January 2003, following research (Elliott, 2000), consultation and government endorsement of a policy position entitled Road Safety Policy for Infants, Children and Young People (Road Safety Council, 2002). The research identified three strategic ‘windows of opportunity’ for road safety education as developmental stages at which children, young people and their parents and carers are engaged in road safety issues.

This research culminated in the establishment of three Road Aware project areas: Road Aware Parents (0-4 year-olds and their parents), Road Aware Kids (4-14 year-olds and their parents) and Road Aware Drivers (15-20 year-olds and their parents).

**AIM OF CHALLENGES AND CHOICES**

The Challenges and Choices early adolescence resource is a resilience, drug and road safety education resource designed for Year 7 to Year 10 students (12-15 year-olds). The resource assists teachers to plan and implement health and physical education programs in the context of drug and road safety education.

The resource aims to promote healthy safer lifestyles in children by:

- developing an understanding of the importance of health and safety issues and practices
- developing skills necessary to make decisions that may affect their health and safety
- fostering positive health and safety attitudes and behaviours that can inform and enhance the quality of their own and other people’s lives
- involving and supporting parents and community agencies in health and physical education to reinforce the same health and safety messages.
The teacher resource provides a range of learning experiences in the contexts of resilience, drug and road safety.

The DVD includes video footage of trigger videos that focus on the effects of drugs and several road safety campaigns.

The CD includes resource and parent and student information sheets and website links.
Introduction

The resource is designed to assist teachers to plan and implement effective drug and road safety education programs and has been divided into the following sections by tabs.

Introduction (p4-26)
This section describes:
- design of the teacher resource
- the learning outcomes
- Challenges and Choices content
- overview of focus areas
- a rationale for including resilience, drug and road safety education in health programs for young people
- the Health Promoting Schools framework.

It describes links between the resource and the:
- Curriculum Framework
- Curriculum Framework Curriculum Guide – Health and Physical Education
- Outcomes and Standards Framework – Health and Physical Education
- Curriculum Framework Progress Maps – Health and Physical Education

Teaching and learning strategies (p291-332)
This section describes some of a wide range of teaching and learning strategies suitable for early adolescence students.
The strategies are linked to learning experiences described in each of the five focus areas.
Teachers are encouraged to use their professional judgment to review suggested strategies and decide on the most appropriate for their students’ needs.

Background information and Appendix (p333-413)
These sections provide:
- background information that complements the content and is designed to support teachers by developing their understanding of the key issues related to drug and road safety education. It is not to be used as classroom material.
- parent and student information sheets which focus on resilience, and drug and road safety issues. The sheets can be photocopied and sent home to support the classroom based program.
- websites.
- references.

Focus areas for resilience, drug and road safety education (p27-290)
These focus areas describe learning outcomes in a resilience, drug and road safety context and the crucial content to be taught.

There are five focus areas in the resource:
1. Drug use issues
2. Predicting and responding to drug use risks and consequences
3. Road safety issues
4. Predicting and responding to road use risks and consequences
5. Taking action.

Each focus area contains:
- overview of units
- overview of content and links to the Curriculum Guide Health and Physical Education
- teacher notes to support content delivery
- several units with a range of suggested learning experiences
- resource sheets that are found at the end of each unit and are also available on the Challenges and Choices CD
- assessment tasks that are included at the end of most units.

See page 11 for further explanation.
LEARNING OUTCOMES

Participation in a resilience, drug and road safety education program based on the Challenges and Choices resource will provide students with opportunities to progress their achievement of:

• four of the Health and Physical Education Learning Area Outcomes (shaded):

<table>
<thead>
<tr>
<th>Knowledge and Understandings</th>
<th>Attitudes and Values</th>
<th>Skills for Physical Activity</th>
<th>Self-management Skills</th>
<th>Interpersonal Skills</th>
</tr>
</thead>
</table>

• all of the Curriculum Framework core shared values:

<table>
<thead>
<tr>
<th>A pursuit of knowledge and a commitment to achievement of potential</th>
<th>Self acceptance and respect of self</th>
<th>Respect and concern for others and their rights</th>
<th>Social and civic responsibility</th>
<th>Environmental responsibility</th>
</tr>
</thead>
</table>


Learning activities have been linked to the HPE K-10 Syllabus.
### HEALTH AND PHYSICAL EDUCATION LEARNING AREA OUTCOMES

Four of the Curriculum Framework Health and Physical Education Learning Area Outcomes have been reflected in the context of drug and road safety education and describe what students should know understand, value and be able to do in order to develop safer, healthy behaviours.

<table>
<thead>
<tr>
<th>Health and Physical Education Learning Area Outcomes</th>
<th>In pursuing these outcomes in the context of drug education...</th>
<th>In pursuing these outcomes in the context of road safety education...</th>
</tr>
</thead>
</table>
| **Knowledge and Understandings**                    | Students understand drug related concepts that enable informed decisions.  
*In achieving this outcome, students:*  
• identify and understand social, cultural, environmental and political factors that influence drug use behaviour and attitudes towards it  
• identify how skills of resilience (such as helpful and positive thinking, resourcefulness, understanding emotions, relationship skills and self understanding) can be drawn on to manage stressful or drug related situations  
• identify and understand personal and community strategies to reduce the harms to self and others in drug related situations (e.g. using the Five skills of resilience, knowing first aid, public health campaigns)  
• identify and understand laws that have been introduced to promote healthy social environments (e.g. drug-driving laws, laws relating to alcohol and tobacco use by minors, laws relating to cannabis use and possession)  
• identify and evaluate a range of health information, people and agencies available to young people in stressful and drug related situations. | Students understand road safety related concepts that enable informed decisions as a road user.  
*In achieving this outcome, students:*  
• identify and understand actions and behaviours that promote passenger safety (e.g. wearing a restraint), pedestrian safety (e.g. choosing safer places to cross) and cycling safety (e.g. wearing a helmet)  
• identify and understand personal actions to promote the safety of self and others (e.g. responsible passenger behaviours in cars and buses; following road rules as a pedestrian, cyclist and driver)  
• identify and understand the range of consequences as a result unsafe road use as a driver, passenger, pedestrian and cyclist  
• identify and investigate people, products and services that contribute to the safety needs of road users (e.g. emergency services, safety vehicle testing). |

| **Attitudes and Values**                             | Students understand the importance of positive attitudes and how attitudes towards drug use are influenced.  
*In achieving this outcome, students:*  
• understand the importance of valuing their own and others’ safety in drug related situations  
• identify factors that influence attitudes and values towards drug use behaviours  
• identify and describe positive and negative factors influencing their attitudes towards drug use (e.g. peers, family, media and personal experiences)  
• understand the need for harm reduction strategies in a range of drug related situations and environments. | Students understand the importance of positive road user attitudes and how attitudes towards road safety are influenced.  
*In achieving this outcome, students:*  
• understand the importance of valuing their own and others’ safety in the traffic environment  
• understand that they and others contribute to a safer traffic environment  
• identify personal attitudes and values towards safer road user behaviours  
• identify and describe positive and negative factors influencing their attitudes towards road user practices (e.g. peers, family, media and personal experiences)  
• understand the need for safer practices in a range of traffic-related situations and environments. |
## Health and Physical Education Learning Area Outcomes (Curriculum Framework)

<table>
<thead>
<tr>
<th><strong>Health and Physical Education</strong></th>
<th><strong>In pursuing these outcomes in the context of drug education…</strong></th>
<th><strong>In pursuing these outcomes in the context of road safety education…</strong></th>
</tr>
</thead>
</table>
| **Self-management Skills**      | Students use self-management skills to enable informed decisions for a healthy lifestyle. **In achieving this outcome, students:**  
• identify and understand influences on self understanding and identity  
• use decision-making, problem predicting, problem solving, persistence, help seeking, assertive communication and planning skills to cope with stressful or drug related situations  
• identify and use strategies to deal with peer and family influences on unsafe road user behaviours  
• identify and use strategies to cope with unsafe or emergency situations  
• set short and long-term goals and challenges relating to drug related situations  
• regulate emotions through an awareness of the links between thoughts, feelings and behaviour. | Students use self-management skills to enable informed decisions for safer road use. **In achieving this outcome, students:**  
• identify and use decision-making and planning skills to enable safer road use in a range of traffic-related situations as a passenger, pedestrian and cyclist.  
• identify and use strategies to deal with peer and family influences on unsafe road user behaviours.  
• identify and describe strategies to cope with unsafe or emergency situations  
• set short and long-term goals and challenges relating to road user situations  
• regulate emotions through an awareness of the links between thoughts, feelings and behaviour. |
| **Interpersonal Skills**        | Students use interpersonal skills necessary for effective relationships and a healthy lifestyle. **In achieving this outcome, students:**  
• identify and use relationship skills that foster resilience  
• use communication and cooperation skills with peers, family and unfamiliar people  
• develop assertiveness, negotiation, facilitation and conflict resolution skills in order to improve relationships and prevent and manage conflict  
• practise using assertive communication in drug related and stressful situations  
• share concerns about drugs openly and honestly  
• cooperate and collaborate in groups  
• display initiative and leadership in developing school community based harm reduction strategies. | Students use interpersonal skills necessary to enable safer road use. **In achieving this outcome, students:**  
• identify and use communication skills that contribute to safer road use as a passenger, pedestrian and cyclist  
• use communication and cooperation skills with peers, family and unfamiliar people  
• develop assertiveness, negotiation, facilitation and cooperation skills in order to improve relationships and prevent and manage conflict  
• practise using assertive communication in traffic-related and stressful situations  
• share concerns openly and honestly  
• cooperate and collaborate in groups  
• display initiative and leadership in road safety situations. |

**OCS027 | Challenges and Choices - Early Adolescence Resource**
This resource describes the crucial drug and road safety content that students need to learn in order to become safer, healthier young people. The content has been divided into **five focus areas**.

The drug and road safety content of this resource is linked to the content described in the Curriculum Council Curriculum Guide Health and Physical Education. An overview of this link is described at the start of each focus area.

By addressing the content, teachers will provide students with the opportunity to progress towards achievement of four of the Health and Physical Education Learning Area Outcomes.

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### CHALLENGES AND CHOICES CONTENT

<table>
<thead>
<tr>
<th>FOCUS AREA &amp; TITLE</th>
<th>UNITS</th>
<th>YEAR LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Drug use issues</strong></td>
<td>1.1 Getting the big picture on drug use issues</td>
<td>Typically Year 7 and 8</td>
</tr>
<tr>
<td></td>
<td>1.2 Identifying consequences and harm reduction strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Resilience and harm reduction strategies in practice</td>
<td></td>
</tr>
<tr>
<td><strong>2 Predicting and responding to drug use risks and consequences</strong></td>
<td>2.1 Alcohol and other drugs in a social setting</td>
<td>Typically Year 8 and 9</td>
</tr>
<tr>
<td></td>
<td>2.2 Help seeking in drug-related situations</td>
<td></td>
</tr>
<tr>
<td><strong>3 Road safety issues</strong></td>
<td>3.1 Road safety – the facts</td>
<td>Typically Year 7 and 8</td>
</tr>
<tr>
<td></td>
<td>3.2 Why crashes happen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.3 Reducing road user risks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.4 Consequences of crashes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.5 Road users rules and responsibilities</td>
<td></td>
</tr>
<tr>
<td><strong>4 Predicting and responding to road use risks and consequences</strong></td>
<td>4.1 Seeking support and advice</td>
<td>Typically Year 8 and 9</td>
</tr>
<tr>
<td></td>
<td>4.2 Predicting risks and practising strategies to reduce harm</td>
<td></td>
</tr>
<tr>
<td><strong>5 Taking action</strong></td>
<td>5.1 Changing the culture of alcohol and other drug use</td>
<td>Typically Year 9 and 10</td>
</tr>
<tr>
<td></td>
<td>5.2 Safer socialising</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.3 Future drivers</td>
<td></td>
</tr>
</tbody>
</table>
OVERVIEW OF CONTENT IN EACH FOCUS AREA

Focus area 1: Drug use issues (typically Year 7 and 8)
This area focuses on normative education about student drug use highlighting that most students do use tobacco and that, other than cannabis use, illicit drug use is rare. Students will explore a range of myths surrounding drug use that can impact on decisions related to drug use. Students will identify harms and consequences of tobacco, alcohol, cannabis and other illicit drug use and devise and practise strategies to avoid and reduce harm in a range of drug related situations. The Five skills of resilience (helpful and positive thinking; resourcefulness; understanding emotions; relationship skills and self-understanding) will be explored and practised.

Focus area 2: Predicting and responding to drug use risks and consequences (typically Year 8 and 9)
This area focuses on students predicting situations and patterns of use which are likely to be of lower or higher risk in a range of drug related situations. Students will identify and assess responses and actions to minimise harm in drug related or stressful situations and practise harm reduction strategies and the five skills of resilience. Students will evaluate the range of sources of information, people and agencies available to assist in drug related and stressful situations. They will practise first aid procedures in drug related emergencies and other help seeking skills.

Focus area 3: Road safety issues (typically Year 7 and 8)
This area focuses on the issues for young people when travelling as a driver, passenger, pedestrian, cyclist and rider of other wheeled recreational devices such as skateboards and scooters. Students will explore road safety statistics and analyse contributing factors to crashes. Road safety technologies and protective devices such as seat belts, airbags and bicycle helmets will also be investigated and considered in relation to minimising harm for road users.

Focus area 4: Predicting and responding to road use risks and consequences (typically Year 8 and 9)
This area focuses on defining risk factors and behaviours in a range of traffic-related situations for young drivers, passengers, pedestrians, cyclists and riders of other wheeled recreational devices. The impact of crashes and resulting consequences will be investigated along with road rules and responsibilities. Students will identify and assess responses and actions to minimise harm in risk situations and practise skills such as problem-solving, decision-making and assertive communication.

Focus area 5: Taking action (typically Year 9 and 10)
This area focuses on students using the knowledge and skills learnt from previous drug education and road safety focus areas and applying them to their own lives and their own communities. Students examine the range of environmental and cultural factors that promote binge drinking and contribute to a school community plan to change the culture of binge drinking. Marketing strategies of both drug companies and public health campaigns are critically analysed in this focus area. Students will explore the benefits of ‘planning ahead’ and ‘damage control’ when they are socialising and practise implementing these skills.
Each focus area provides:
• an overview of units
• an overview of content (see table below)
• teacher notes
• several units providing learning experiences that focus on the content
• resource sheets
• assessment tasks.

### EXPLANATION OF A FOCUS AREA

<table>
<thead>
<tr>
<th>Unit 1.1 Getting the big picture on drug use issues</th>
<th>Unit 1.2 Identifying consequences and harm reduction strategies</th>
<th>Unit 1.3 Resilience and harm reduction strategies in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNOWLEDGE AND UNDERSTANDINGS</strong></td>
<td><strong>SELF-MANAGEMENT SKILLS</strong></td>
<td><strong>INTERPERSONAL SKILLS</strong></td>
</tr>
<tr>
<td>PROMOTING WELLBEING</td>
<td>SELF-UNDERSTANDING</td>
<td>RELATIONSHIP SKILLS</td>
</tr>
<tr>
<td>The meaning and dimensions of health</td>
<td>Understanding emotions</td>
<td>Communicating</td>
</tr>
<tr>
<td>• people enhance their health by developing positive attitudes towards it and taking positive actions such as harm reduction strategies around drug use</td>
<td>• developing a more complex vocabulary for describing and interpreting emotions</td>
<td>• using context appropriate language when discussing health issues with peers</td>
</tr>
<tr>
<td>• social, cultural, environmental and political reasons young people think about using or choose not to use drugs</td>
<td>Managing emotions</td>
<td>• using active listening to enhance relationships</td>
</tr>
<tr>
<td>Growth and development</td>
<td>• modifying actions in response to stressful or unsafe situations</td>
<td>• understanding the emotional states of other people</td>
</tr>
<tr>
<td>• accurate information about the prevalence of drug use among students may affect attitudes and behaviours relating to drug use</td>
<td>• using positive ‘self talk’ and understanding the link between thoughts, feelings and behaviour</td>
<td>• effectively communicating in situations where there may be a conflict of values e.g. refusing a drug offer</td>
</tr>
<tr>
<td>• personal behaviours that influence growth and development such as use of tobacco, alcohol and other drugs</td>
<td>proactive strategies to cope with intense emotions</td>
<td>Building and nurturing relationships</td>
</tr>
<tr>
<td>• factors that affect Blood Alcohol Concentration (BAC)</td>
<td>managing influences on self-understanding and identity</td>
<td>• coping with changes in relationships with friends and family</td>
</tr>
<tr>
<td>• strategies to enhance health and resilience such as harm reduction strategies and the Five skills of resilience</td>
<td><strong>DECISION-MAKING</strong></td>
<td>• coping with unhappy relationships</td>
</tr>
<tr>
<td>Social-emotional wellbeing</td>
<td><strong>Reviewing the situation</strong></td>
<td>Preventing and managing conflict</td>
</tr>
<tr>
<td>• the Five skills of resilience can be drawn on to manage relationships</td>
<td>• identifying potential risks in drug-related situations (e.g. who, where, how much?)</td>
<td>• adapting assertive communication and negotiation in difficult situations</td>
</tr>
<tr>
<td>Ways to keep healthier and safer</td>
<td>• identifying an unsafe situation and determining if a decision needs to be made to reduce the risk</td>
<td>• forward planning in risky situations to minimise the potential for conflict</td>
</tr>
<tr>
<td>• identifying personal attitudes and values towards drug use</td>
<td>• identifying positive and negative consequences of a decision</td>
<td>• supporting others involved in conflict</td>
</tr>
<tr>
<td>• acceptance of personal responsibility for safety in drug-related situations</td>
<td>• ways to manage or avoid risks e.g. use harm reduction strategies</td>
<td><strong>WORKING WITH OTHERS</strong></td>
</tr>
<tr>
<td>• identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours</td>
<td>Planning before deciding</td>
<td>Cooperating and collaborating in groups</td>
</tr>
<tr>
<td>• identifying that drug use harms relate to the drug, the individual and the environment</td>
<td>• identifying more than one option in a drug-related situation</td>
<td>• selecting, applying and adjusting skills when collaborating to achieve group goals</td>
</tr>
<tr>
<td>• rules and laws relating to legal and illegal drugs to promote healthy environments</td>
<td>• assessing feelings when making decisions and planning</td>
<td>• dealing with being left out</td>
</tr>
<tr>
<td>Resources and consumer skills</td>
<td>• appreciating the need to accept differing attitudes and opinions</td>
<td>• appreciating the need to accept differing attitudes and opinions</td>
</tr>
<tr>
<td>• knowledge about standard drinks and the Australian Alcohol guidelines helps people monitor their alcohol consumption</td>
<td>• considering their rights and responsibilities</td>
<td><strong>Leading, initiating and facilitating</strong></td>
</tr>
<tr>
<td>• importance of teachers and parents as sources of information and support relating to drug use</td>
<td>Deciding and acting</td>
<td>showing independence and initiative in group activities</td>
</tr>
<tr>
<td>• there is a wide range of community services and agencies involved in the treatment of drug-related harm</td>
<td>• positive and negative consequences in relation to drug use situations</td>
<td>demonstrating skills to organise and manage group activities and dynamics</td>
</tr>
<tr>
<td></td>
<td>• using strategies to manage influences on drug use behaviour from peers and family</td>
<td>•convincing others to share a particular view</td>
</tr>
<tr>
<td></td>
<td>• using assertive communication when well being is threatened or adult support is not available</td>
<td>demonstrating leadership skills when supporting others who are coping with pressure or challenges</td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluating</td>
<td><strong>Outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>• as a decision maker, being responsible for actions and consequences of their drug-related decisions</td>
<td></td>
</tr>
</tbody>
</table>
UNIT FORMAT

Each unit provides a range of learning experiences that reflect the content of the focus area. The format of each unit is shown below.

The title of the unit.

The key understandings and key skills describe what students need to know, understand and be able to do.

The activity title indicates the nature of the learning experience.

Teachers should check the list of resources required before commencing an activity.

Learning strategies are used to engage students in the content. These are shown in bold and are further explained in the Teaching and learning strategies section. Some strategies have resource sheets that can be photocopied. They are included in the Teaching and learning strategies section.

Icons have been included to alert teachers of a learning experience that should be chosen in preference to others or as a prerequisite for following learning experiences or units that it is necessary to collect or make teaching aids; have students bring in materials; and/or photocopy resource or parent and student information sheets of learning experiences that may be appropriate assessment tasks that the resource sheet; parent and student information sheet; or website link is available on the Challenges and Choices CD that relevant viewing material is available on the Challenges and Choices DVD.

Some units provide resource sheets that can be photocopied.

Parent and students information sheets for some units are located in the Appendix. Teachers can photocopy and send the sheets home to encourage families to discuss information and strategies aimed at reducing risks for young people in drug and traffic-related situations.
An approach to planning

**Evaluating student learning and the processes**
- Review the effectiveness of the program.
- Communicate and report on the judgements made in relation to student achievement of outcomes.
  These questions may guide you:
  ➤ Are students demonstrating progress towards achievement of the outcomes?
  ➤ What do I need to review, modify or incorporate to ensure student progress?
  ➤ What further learning experiences are needed?
  ➤ Have I consulted students for feedback on the program?
  ➤ How will I share this information with students, parents and others?
  ➤ Where to from here?

**Identifying students’ needs and outcomes**
- Gain an understanding of the outcomes to be achieved (i.e. what students need to know, understand, value and be able to do).
- Identify students’ current levels of achievement and learning needs.
- Consider students’ achievement, interests and the needs of the school and community.
  These questions may guide you:
  ➤ What are the learning outcomes I need to address?
  ➤ What do they already know, understand, value and do?
  ➤ What do they need to know, understand, value and be able to do?
  ➤ What are my students’ needs, interests, backgrounds, values and abilities?
  ➤ What are the different rates and styles of student learning?
  ➤ What are the socio-cultural issues in the community?
  ➤ What are the health issues for the community?
  ➤ What are my school’s priorities, policies and strategic plans?
  ➤ What do my students and their parents consider the most important learning requirements?

**Teaching and monitoring student needs and outcomes**
- Engage students in learning experiences from the Teaching and learning strategies section.
- Monitor student progress and modify learning experiences.
- Teacher and students use evidence gathered to reflect on student performance.
- Communicate and report on student progress made in relation to outcomes.
  These questions may guide you:
  ➤ Are the learning strategies and experiences appropriate?
  ➤ Are the students engaged?
  ➤ Have I modified the learning experiences to meet students’ needs and assist them to progress towards achievement of the outcomes?
  ➤ What do the students have to do to demonstrate their learning?
  ➤ How will I gather evidence of student learning?
  ➤ Am I using a range of appropriate monitoring strategies?

**Planning learning experiences and identifying resources**
- Draw together knowledge of the outcomes, content, environments and students’ levels of achievement to determine the overall intent and direction of the program.
- Identify or develop teaching, learning and assessment strategies to enable students’ progress.
- Gather resources to support these strategies.
  These questions may guide you:
  ➤ What do my students already know?
  ➤ Are there any areas of content that I do not need to cover?
  ➤ What learning strategies will suit my students’ learning styles?
  ➤ How will I ensure the program has a balance of classroom, simulated and real-world learning experiences?
  ➤ How will I ensure that students’ knowledge, skills and attitudes are developed?
  ➤ How will I sequence the learning experiences?
  ➤ Is there a variety of negotiable and non-negotiable tasks?
  ➤ What resources do I need?
  ➤ How will I communicate with parents, school administrators and the wider community to inform them of the planned program and identify opportunities for them to become involved?
  ➤ What assessment opportunities exist?

Use the:
- **HPE Learning Area Outcomes**
- **Curriculum Framework Progress Maps - HPE**
- **Outcomes and Standards Framework - HPE**
MONITORING AND ASSESSMENT

Monitoring

Teachers make judgments about how well each student is achieving the relevant outcomes. Judgments are made from monitoring students’ progress and accumulating evidence of learning.

When monitoring student progress in an early adolescence setting, teachers should:
- use a wide variety of approaches
- observe and interact with students
- collect a range of evidence
- value the evidence of their own observations and professional judgment
- discuss evidence with other teachers, parents and caregivers
- allow students to engage in self and peer-assessment
- be mindful that students develop from different starting points and at different rates.

Assessment

Assessment is the process of describing performance in relation to learning outcomes. The Curriculum Framework (p. 37-39) describes the assessment principles that teachers need to consider to make informed and accurate decisions about students’ progress. Teachers using these guiding principles will ensure that assessment practices enhance students’ achievement of the outcomes.

By assessing and giving students feedback, they are given the necessary information required to move onto the next stage of their learning. Assessment can also be used to make decisions on a student’s level of performance for reporting.

Assessment also makes a positive contribution to future learning when students are:
- provided with useful feedback from peers, teachers and parents
- recognise gaps in their learning
- assume responsibility for their own learning
- reflect on and monitor their own learning.

Assessing students

When assessing students, teachers refer to the Outcomes and Standards Framework Health and Physical Education (DET schools) and Curriculum Council Progress Maps Health and Physical Education (AISWA and CEO schools).

Gathering evidence of student achievement

Evidence of student achievement can be gathered in a number of ways including:
- direct observation and anecdotal records when students are actively engaged in a range of interactive learning experiences in the classroom and responding to different individuals (e.g. peers, teachers and parents)
- reflection portfolios and student journals that show how students’ knowledge and ability to apply skills in a range of situations and reflect their attitudes and beliefs. They also actively involve students in assessment and are more comprehensive
- self-assessment where students make decisions about their own performance based on explicit criteria
- student-teacher conferences, involving discussion about current performance and future action between the teacher and student
- parent observations where parents/caregivers provides information about their child’s interpersonal or self management skills either on an informal level or as a checklist
- assessment tasks in which students’ understanding, skills and attitudes can be determined at a particular point in time.

Assessment opportunities in Challenges and Choices

Assessment should be integrated into teaching and learning strategies. Many activities in this resource have the potential to be used for assessment opportunities. Some of these have been identified with the ‘assessment icon’.

Opportunities for assessment happen in every teaching and learning activity. Within these activities questions are asked that can draw out student response which allows them to demonstrate what they know and what they can do. Other activities might draw out even more. Students may display rich, holistic responses that indicate how they are working towards achievement of the outcomes.

Assessment tasks

Assessment tasks have been included in the focus area units. These require students to draw on information and skills covered within a focus area unit and to complete a task for a drug or road safety concept. Teachers should note that these are a suggestion only. These assessment tasks can be found at the end of most focus area units, following the resource sheets.
SCHOOL DRUG EDUCATION IN EARLY ADOLESCENCE

Why a resilience approach to school drug education?

➤ Traditional approaches to school drug education often focused simply on providing information about drugs on the assumption that somehow this will guard against experimentation and use. This resource encourages students to also look at the pressures and influences that can affect people’s choices and gives them opportunities to plan and develop the skills they need to handle these pressures.

While most young people do not smoke, use cannabis or other illicit drugs, the frequency and amount of alcohol consumed by 12–17 year-old students is of concern. Delaying the onset of experimentation of all drugs is a protective factor against future problematic drug use.

➤ Problematic drug use derives from a complex range of factors associated with the individual’s temperament, family, peers, school, community and broader social and economic environment. The more risks a young person experiences the more likely that drug problems and related issues may occur. These risks interplay with the protective factors a person has available. An understanding of the risk and protective factors impacting on patterns of youth drug use can assist schools to work effectively at both prevention and intervention levels.

➤ The following tables provide further information about risk and protective factors for substance use:

### Peer and school risk and protective factors for substance use

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic failure</td>
<td>Opportunities and rewards for positive social involvement</td>
</tr>
<tr>
<td>Low commitment to school</td>
<td>Realistic expectations by teachers</td>
</tr>
<tr>
<td>Friends use of drugs</td>
<td></td>
</tr>
</tbody>
</table>

### Family risk and protective factors for substance use

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor family management</td>
<td>Family attachment</td>
</tr>
<tr>
<td>Negative communication patterns</td>
<td>Opportunities and rewards for positive social involvement</td>
</tr>
<tr>
<td>Parental attitudes favourable to drug use and antisocial behaviour</td>
<td>High but realistic family expectations</td>
</tr>
<tr>
<td>Harsh or inconsistent discipline</td>
<td>Extended family support</td>
</tr>
</tbody>
</table>

### Individual risk and protective factors for substance use

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebelliousness</td>
<td>Social skills and competence</td>
</tr>
<tr>
<td>Early initiation of drug use</td>
<td>Conflict resolution and negotiation skills</td>
</tr>
<tr>
<td>Impulsiveness</td>
<td>Capacity for humour and empathy</td>
</tr>
<tr>
<td>Interactions with antisocial peers</td>
<td>Having an interest/hobby</td>
</tr>
<tr>
<td>Sensation seeking</td>
<td>Positive attachments</td>
</tr>
</tbody>
</table>

Training Frontline workers: Young people, alcohol and other drugs Young people at risk learners workbook, 2004, Department of Health and Ageing, Canberra
Introduction

➤ The development of resilience in young people has been linked to the prevention of substance abuse, violence, bullying and suicide, as well as academic and life successes. Focussing on the protective factors that foster stronger connectedness to family and school fosters resilience which gives young people more resources to support them in ‘bouncing back’ from stress and adversity.

➤ Three key protective factors that contribute to resilience in young people are (Howard and Johnson 2000):
  • a sense of belonging and connectedness
  • meaningful participation and contribution
  • high but achievable expectations.

Teachers can enhance students’ resilience by providing a class environment that promotes these factors.

➤ There is little evidence that resilience-based prevention programs reduce the rate of experimentation with alcohol and other drugs. However, research does suggest that they are effective in reducing the number of young people who will become involved in long-term problematic alcohol and other drug use. The school environment is an ideal setting to develop these protective factors.

What does drug education in early adolescence look like?

➤ The research on resilience suggests that at various stages in life, individuals go through particular types of transitions that they may negotiate more or less successfully depending on their resilience skills and support.

Early adolescence can be a particularly vulnerable time when making the transition from primary to secondary school. It is time that is associated with lowered self-esteem, especially among girls; lowered academic achievement; poor body image and poor peer relationships; lack of family connectedness and lack of positive or clear expectations about school.

With this research in mind, schools needs to provide opportunities for early adolescent students to:
  • establish and consolidate friendships with peers
  • develop meaningful connectedness with a smaller number of teachers
  • develop a sense of identity
  • engage in experiential, interactive and inclusive strategies
  • engage in programs that encourage family and community involvement.

➤ Challenges and Choices addresses the above issues by providing opportunities for students to practise five key skills that have been identified to promote resilience:
  • helpful and positive thinking skills – by providing students opportunities to normalise instead of personalise stressful events; use humour; and practise positive self talk
  • resourcefulness – by providing students opportunities to practise persistence; decision making; goal setting; problem predicting; problem solving and organisational skills
  • understanding emotions – by providing students opportunities to recognise and manage their own emotions and develop skills for reading and responding empathetically to others’ emotions
  • relationship skills – by providing students opportunities to practise group social skills; manage challenges with friendships, peers and others; and practise help seeking and self disclosure skills
  • self-understanding – by providing students opportunities to self-reflect; know what they value; manage impulses; develop confidence and courage.

➤ Classroom strategies should encourage a harm reduction approach to drug education. This approach does not encourage or condone drug use by students. It promotes non-use and delayed use of all drugs and support of young people who have drug use issues. Challenges and Choices aims to include all students in classroom activities by suggesting strategies and developing their skills to reduce the harm they may experience as a result of their own or other people’s drug use.

➤ To make informed decisions, students in early adolescence need reliable information and scenarios about analgesics, tobacco, alcohol, cannabis and other illegal drugs. While many of the learning experiences of effective school drug education do not focus explicitly on drugs, it is important for students to practise the skills outlined above within drug related scenarios, as this is how these skills can be applied beyond the classroom.
**Introduction**

- The most important normative education message for students is, that apart from analgesics and alcohol, most young people do not use drugs. The assumption that everyone is ‘doing it’ can put pressure on students to take up such activities in order to fit into a perceived norm. For instance, 68% of 12–17 year-old WA students in 2005 had never smoked tobacco; 77% had never used cannabis, 96% had never used ecstasy. See p339 for more detailed statistics on WA student drug use.

- Another traditional approach to drug education has been to educate particular Year groups about particular drugs (e.g. Year 8 students ‘do’ tobacco, Year 9 students ‘do’ alcohol, Year 10 students ‘do’ cannabis). Programs that are not placed alongside other related health issues or those that are conducted as ‘one off’ programs, have limited scope to create a change in student drug use behaviour. *Challenges and Choices* encourages students to consider drugs as they may be experienced in a social setting, rather than in isolation. Students are also encouraged to consider drugs in a sex education and road safety context.

- Students in early adolescence may be in one of two critical phases when drug education is likely to be optimized. The inoculation phase is prior to students being first exposed to certain drugs. The early relevancy phase is when information and skills may have practical application. The scenarios developed in *Challenges and Choices* cater for students in both of these optimal phases for a range of drugs.

- Recent research suggests that drug education booster sessions over a number of years, that develop and reinforce knowledge and skills, can lead to greatest behaviour change. It is for this reason that the activities relating to tobacco, alcohol and cannabis use have been included for all year groups.

The following texts were used in the preparation of this section:

**PRINCIPLES FOR SCHOOL DRUG EDUCATION**

The following principles reflect best practice in drug education and should be considered when planning whole school drug education strategies.

<table>
<thead>
<tr>
<th>Comprehensive and evidence-based practice</th>
<th>Principle 1</th>
<th>Principle 2</th>
<th>Principle 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>School practice based in evidence</td>
<td>Base drug education on sound theory and current research and use evaluation to inform decisions. This resource presents drug education information consistent with research, legislation, and the state drug and alcohol strategy.</td>
<td>Embed drug education within a comprehensive whole-school approach to promoting health and well-being. This resource is based on the Health Promoting School Framework and supports a collaborative approach involving schools, parents and the community.</td>
<td>Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm. This resource provides a wide variety of scenarios based on the harm reduction approach to drug education.</td>
</tr>
<tr>
<td>Clear educational outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A whole-school approach</td>
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</tbody>
</table>
# Positive school climate and relationships

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe and supportive environment</strong></td>
<td>Principle 4</td>
</tr>
<tr>
<td><strong>Positive and collaborative relationships</strong></td>
<td>Principle 5</td>
</tr>
</tbody>
</table>

## Targeted to needs and context

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Culturally appropriate and targeted drug education</strong></td>
<td>Principle 6</td>
</tr>
<tr>
<td><strong>Recognition of risk and protective factors</strong></td>
<td>Principle 7</td>
</tr>
<tr>
<td><strong>Consistent policy and practice</strong></td>
<td>Principle 8</td>
</tr>
</tbody>
</table>

## Effective pedagogy

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timely programs within a curriculum framework</strong></td>
<td>Principle 9</td>
</tr>
<tr>
<td><strong>Programs delivered by teachers</strong></td>
<td>Principle 10</td>
</tr>
<tr>
<td><strong>Interactive strategies and skills development</strong></td>
<td>Principle 11</td>
</tr>
<tr>
<td><strong>Credible and meaningful learning activities</strong></td>
<td>Principle 12</td>
</tr>
</tbody>
</table>
ROAD SAFETY EDUCATION IN EARLY ADOLESCENCE

While the majority of young people are not involved in road crashes, transport-related crashes remain the leading cause of death and serious injury for young people in Western Australia.

Road crashes are the leading cause of injury-related death for young people aged between 0 and 16 years. Young people involved in road crashes are more likely to be:

- injured than killed
- killed when not wearing a restraint
- killed as a passenger or pedestrian
- seriously injured or hospitalised as a cyclist or rider of wheeled recreational devices such as skateboards, scooters and rollerblades.

The road crash statistics over a ten year period (1995 to 2004) for young road users aged 0-16 years show there were 198 fatalities and 2,822 hospitalisations. Of the 198 fatalities – 103 were passengers, 50 pedestrians, 16 drivers, 10 motorcycle riders and 19 cyclists. Males were over-represented in most road user groups with 127 fatalities and 1,669 hospitalisations. The injuries for each road user group were 1,628 passengers, 584 pedestrian, 380 cyclists, 106 drivers, 86 motorcyclist riders and 29 motorcycle pillion passengers.

The learning experiences in Challenges and Choices have been developed to focus on the major ways in which 12-15 year-olds interact with traffic as passengers, pedestrians, bicycle and riders of other wheeled recreational devices, and as future drivers, and as a result may be fatally injured or hospitalised.

➤ Passengers
- In 2005:
  - the majority of child road users that were killed or hospitalised were passengers (59%)
  - the percentage of child motor vehicle occupants in Police attended crashes that were killed or hospitalised while not wearing a seatbelt (15%) was almost double the percentage for all persons (8%)
  - of the child motor vehicle occupants fatalities and hospitalised casualties, those aged 12-16 years exhibited the highest percentage that were not wearing a seatbelt (18%).
- Wearing a seat belt is the major protective behaviour that can reduce the risk of passenger injuries and fatalities. Rear seat passengers need to be restrained for their own safety as well as the safety of others.
- Drivers and passengers travelling unrestrained in a car are eighteen times more likely to be killed in a road crash than those wearing a seat belt.

➤ Pedestrians
- In 2004, 50 pedestrians (under 17 years) were fatally injured or hospitalised in road crashes on WA roads. Of these 19 were 12-16 years of age.
- Being hit by a car is a significant issue for this age group when they are pedestrians.

➤ Bicycles and other wheeled recreational devices
- In 2004:
  - there were 26 cyclists (aged up to 17 years) fatally injured or hospitalised as a result of a road crash on WA roads. 31% of these fatalities and hospitalised casualties did not wear helmets.
  - there were 14 motorcycle fatalities and hospitalised casualties in the 12-16 year age group.
- The most common serious casualties result from collisions with motor vehicles and usually occur on week days rather than weekends.
- The time with the highest number of fatalities is in the period straight after school (3pm - 6pm) which coincides with young people riding home from school and to sporting and after school activities.
- Research on skateboard injuries suggest that head injuries are more common among younger children (under 12 years) and extremity injuries are more common among young people (over 12 years).
- Males are both more likely to be injured skating than females and to have more serious injuries, possibly because they do more skating and they skate in more dangerous locations and wear less protective gear than females.

➤ Young drivers
- Speed was a factor in 27% of fatally injured and hospitalised 12-16 year-old casualties.
- Research has shown that the underlying causes of road crashes and fatalities for young people include:
  - inexperience
  - overconfidence
  - risk-taking behaviour
  - carrying of passengers / passenger behaviour
  - unlicensed driving
  - alcohol and other drugs
  - location – notably rural areas
  - poor hazard perception.
These factors reduce young people’s ability to manoeuvre a vehicle while managing the varied conditions and hazards encountered in the traffic environment.

- There are four major modifiable behaviours that young people tend to engage in at greater levels than other road users. These are the behaviours of:
  - speeding;
  - the non use of seat belts and helmets; and
  - driving while fatigued or driving after consuming alcohol.

- These behaviours are strongly influenced by the personal, social, cultural and environmental factors identified above. There are a number of ways to address these factors including:
  - strategies targeting general risk taking;
  - supervised on-road driving experience;
  - responsible passenger behaviour and raising awareness of safer alternatives.

➤ Adolescents and traffic

- Overall, young males are at a much greater risk of fatality and injury as a result of road trauma than females.
- Here are a number of factors that may contribute to the over-representation of young people in road crashes, with all of these factors being accentuated in males:
  - increase in personal independence with young people less likely to be driven or accompanied to school by parents and generally allowed much greater freedom on the streets
  - more opportunities to socialise than younger or older people
  - often travel with inexperienced drivers
  - assert their individuality in various ways
  - are highly influenced by their peers, at times in a negative way
  - have a fearless attitude and tend to take more risks
  - are easily distracted when they are travelling with friends
  - are over-confident in their ability to drive
  - believe that it won’t happen to them.

- Although adolescents are generally healthy they experience certain health risks and are more likely to be injured in motor vehicle crashes, misuse alcohol and other substances, have inadequate diets and require mental health support or interventions (Seifert et al, 2000).
- Shapiro et al (1998) quote Furby and Beyth-Marom (1992) who suggest that all decisions involve a degree of risk and the difference between adults and adolescents is not that adolescents take risk and adults do not, but rather the types of choices made by each.

- Adolescents become more capable of examining their own thoughts, other’s thoughts and what others are thinking about them and more likely to interpret and monitor the social world (Santrock 1999). They develop a personal morality or sensitivity to and knowledge of what is right and wrong, which could involve making decisions about using the roads and vehicles in an unsafe or illegal way or in a conforming and conservative way.

- Adolescents tend to overestimate their competence relative to what measure of skill they show and their real competence (Tolmie et al, 2000).

- Adolescents do not usually exhibit positive attitudes towards road safety or show particular approval of traffic behaviours that are dangerous. They do, however, express a negative attitude towards what they consider over-caution in traffic, but will not necessarily approve of deliberately dangerous behaviour (Tolmie et al, 2000).

- Adolescent’s sense of their own group identity as standing in opposition to that of drivers, may lead to risky behaviours in certain traffic situations such as deliberately walking very slowly across the road or forcing vehicles to slow down. These behaviours are not so much impulsive or risky behaviours, as aggressive and pre-emptive or retaliatory actions, and are more common in males than females (Lupton & Bailey, 2001).

- Adolescents may be strongly affected by what they perceive the attitudes and values of their peers to be. Therefore those who believe that their peers consider risky behaviour more desirable may make more risky decisions (Tolmie et al, 2000).

- Late maturing boys may partake in higher risk behaviours to keep up with their more developed peers (Walker et al, 2000). In terms of road use and risk taking behaviours Sarigiani et al (1999) report late maturing boys are more likely to be caught up in the ‘car culture’ and ultimately participate in risky behaviours. They see it as one domain in their life where they feel they can dominate their peers and become recognised for their skills.
Early maturing girls tend to be more represented in road crash statistics as they socialise with older friends (Muth & Alvermann 1999, Santrock 1999).

• Early adolescence may be an opportune time to **commence tasks that will ultimately automate some of the cognitive and perceptual driving tasks** that are slow in developing such as risk assessment, hazard perception and management and decision-making.

• While in early and middle childhood, a child is vulnerable as a **pedestrian** due to their limited skills and traffic experience. It may be that attitudinal and other social psychological factors play a significantly greater role in adolescence. This should not be taken to imply that pedestrian skills require no further enhancement. In fact, **young people are now required to deploy these skills in a more complex and demanding traffic environment** which can be expected to push their existing skill levels to the limit. Moreover they have to take full responsibility for these more difficult crossing decisions most of the time (Di Pietro, 2004).

• **An inherent belief in the safety of self and others** contributes towards a young person becoming a safer road user. Developing attitudes of respect and tolerance towards other road users and a commitment to personal safety and the safety of others, while travelling as a passenger, pedestrian or cyclist, are key aspects of being a safer road user. By valuing safety for all, a young person is more likely to participate in road safety practices, avoid risk and comply with road rules.

How road safety education is taught is as important as what is taught

Adolescence is a time when young people exert their individuality and independence, and risk-taking is a normal part of this stage of development. Risk and risk-taking have a significant impact on the health and well-being of young people. Within the traffic environment, young people of secondary school age and young drivers are among the highest risk groups.

Many lower secondary students will already have experienced high-risk traffic situations as a passenger, pedestrian and rider of a bicycle or wheeled recreational device. They may feel that safety is a lower priority than thrills and peer demands. If young people are to make informed decisions about road safety and act responsibly they need to be aware of the effects of unsafe road-user behaviour and of peer and social influences on their decisions. Practising assertiveness, decision-making and communication skills may minimise risk in traffic-related situations.

The behaviour of young people in the traffic environment may be influenced by other issues that affect the well-being of young people. These include mental health, physical activity, personal safety, drug use and gender roles. Road safety education should not be treated in isolation and the interrelationships of these areas should not be ignored.

Road safety education is an important strategy for changing the behaviour of young people in traffic-related situations and reducing the extent of casualties.

Students need time and many opportunities to:

• explore their own beliefs and values
• engage in learning experiences that develop self-management and interpersonal skills
• rehearse possible responses to challenges and risks in a supportive environment
• consider appropriate sources of help both in and beyond the school community
• consider strategies for coping in difficult situations.

This resource presents challenging tasks that will provoke debate, questions, explanation, justification and elaboration. These tasks are the basis for developing important skills necessary for modifying risk behaviours.

The use of fear or shock tactics to influence behaviour

There is evidence to suggest that approaches using graphic images of road crash scenes and victims can be ineffective or even harmful for young people. Students may want to discuss a serious road crash example in the context of a lesson. Shock/horror road crash examples probably won’t change road user behaviour. In fact, graphic examples may cause students to become:

• uncomfortable and ‘tune out’ and not accept the road safety message
• distressed because the stories bring back bad memories
• too fearful to drive.
GUIDELINES FOR ROAD SAFETY EDUCATION

When working to assist young people to become safer road users, there is a need to consult the evidence for what works and what doesn't work. It is important to go beyond doing things simply because they feel right or because young people enjoy them or find them interesting.

Evidence exists of the effectiveness of some common approaches to road safety for young people. The following table presents this evidence for what works and is based on a review of contemporary education and road safety education research (including Catchpole, J. et al, 2000, Elkington, J., 2003, Elliott, B., 2000 and Newman, S. et al 2001.) The Challenges and Choices resource is underpinned by this research.

| 1 Emphasis on practising road-user skills (or empowering young people to make safer choices). | Road safety education should focus on practising road user skills.
This resource highlights the importance of practising road user skills in helping to keep children safer and provides strategies for involving parents and carers. |
| --- | --- |
| 2 Relevant and interactive teaching and learning strategies. | Road safety education learning strategies and experiences that are student-centred, interactive, collaborative, locally relevant and where young people can relate to activities that are relevant to their life experiences are recognised as best practice.

Young people need to be involved in activities where they personally discuss, debate or role-play the issues around safer driving, passenger, pedestrian and riding choices.

This resource supports teachers to plan road safety education programs that meet students’ developmental needs, learning styles and local area needs. To enable this, a selection of strategies that enhance learning for all students is provided in the Teaching and learning section. |
| 3 Development of knowledge, skills and attitudes and values. | Road safety education should provide opportunities for students to develop knowledge, skills, attitudes and behaviours. To do this effectively, road safety education needs to be conducted in frequent regular sessions over an extended period of time.

It is important to focus on activities that aim to help young people assess their attitudes and behaviour in traffic. Road safety education should seek to prepare young people to make responsible decisions in the traffic environment.

The learning outcomes in this resource describe the knowledge, skills and attitudes to be developed in order to assist students to become safer passengers, pedestrians, cyclists, and drivers of the future. |
| 4 Classroom, simulated and real-world learning. | Road safety education should be presented through a balance of classroom, simulated and real-world learning experiences. This combination can be more effective in achieving behaviour change than a classroom-based strategy.

This resource is designed to help teachers plan a balanced road safety education program which incorporates classroom, simulated and real-world learning experiences. |
Introduction

Road safety education can be most effective when reinforced and supported by parents, community programs, policy and legislation. One-off activities, performances, events, presentations or activities that are not linked to the learning experiences of school or community programs may not assist young people to develop a deeper understanding of road safety issues.

This resource is based on the Health Promoting School Framework and supports a collaborative approach involving schools, parents and the community.

The content of road safety education programs must be consistent with contemporary research findings and broader state and community road safety messages.

Activities that complement or support existing road safety laws and are delivered in the context of a school or community road safety education program have been shown to be much more effective in achieving lasting behaviour change than those delivered in isolation of other initiatives.

This resource presents road safety information that is consistent with research, policy, legislation, the state road safety strategy and community-based road safety programs.

Road safety terminology

➤ Safety, safe and safer
The concept of safety is somewhat ambiguous in relation to the concept of road safety. While the usual meaning of ‘safe’ is ‘free from harm’, in the context of road safety, safety belts, safety helmets and safety procedures, is more variable, and includes meanings such as ‘avoiding harm’, ‘making harm less likely’, or ‘lessening the degree of harm’. It is recommended that the word ‘safer’ be used, as there are few traffic-related situations that could be regarded as completely safe and free from possible harm.

➤ Crash and accident
The word ‘crash’ should be used instead of accident. An accident could be due to a chance happening but more often in the case of a road accident it is an incident that is not intentionally caused but where there has not been enough care exercised by one or more of the people involved.

➤ Risky versus unsafe
It is recommended that ‘unsafe’ is used as the term ‘risky’ may encourage students to become involved in a behaviour that has possible harm.

➤ Restraints
As the selection of restraints is determined by weight and size, not age, the use of the term ‘restraint’ in this resource can refer to a:
• rearward facing child restraint
• forward facing car seat
• booster seat
• safety harness
• lap-sash belt
• seat belt.
HEALTH PROMOTING SCHOOLS FRAMEWORK

The Health Promoting Schools framework or whole-school approach offers a practical framework within which schools can design or review policy, practices and curriculum for fostering resilience, promoting health and safety and managing drug related issues.

The three main domains of:
• safe, supportive and inclusive school ethos and environment
• engagement with parents and community
• meaningful and student centred interactive curriculum

help strengthen a student’s sense of connectedness and belonging, not only to the school, but to family and the community.

The role of parents*

The role of parents in influencing young people’s behaviour through experience and observation is increasingly documented. As role models, parents’ behaviour and actions can influence and build foundations for adult behaviours, attitudes and beliefs, so the modelling of healthy and safer behaviours by parents, is critical to long term health outcomes.

To optimise these outcomes for young people, parents need to be effectively involved in the delivery of health education both informally and formally, and also need to be well informed about and use effective strategies that can contribute to the health and safety of their teenager. In addition, research shows that young people view parents as an important part of any drug prevention strategy and open communication between parents and their teenagers has been shown to influence the extent of adolescent drug use.

Information for parents

This resource includes information sheets that focus on resilience, drug and road safety issues for young people. The sheets provide parents and students with relevant information and strategies that can be discussed and put in place to help teenagers manage stressful, drug and traffic-related situations where their health and safety may be at risk.

* Note: The use of the term ‘parent’ refers to parents, carers and other significant adults in the young person’s life.
Other ideas to involve parents in a health program include:

• promoting ongoing awareness of drug and road safety issues in the school through newsletters, meetings, school notice board and social activities
• ensuring parents are aware of school drug policies or school road safety rules
• conducting health forums focusing on a drug or road safety issue
• inviting guest speakers to provide insight into the issues facing young people and effective strategies to reduce their risk in drug-related and traffic-related situations.

Involving the wider school community

To encourage the whole school to be involved in health activities and to reinforce classroom programs, the following ideas may be used to promote parent and community involvement:

• establish links with local drug and road safety agencies such as the Community Drug Service Team, Local Drug Action Groups, Western Australian Local Government Association’s RoadWise Program and the Western Australian Police
• establish or link into the school health committee to encourage parents and other community members to take active roles in reducing traffic hazards and keeping young people safer in the local community
• invite the local newspaper to take a photograph of health activities happening in the school
• incorporate drug and road safety into school-based health policies
• invite community representatives to participate in a school assembly or information evening.

Handling sensitive issues

It is important for teachers to recognise that there may be students within any group that have been directly or indirectly involved in drug or road-related trauma and its consequences. Talking about drug and road trauma with young people can raise a range of issues, concerns and/or emotions. Students may disclose information about:

• personal problems or experiences with drugs and road trauma
• the need for trauma counselling and support services
• dangerous or harmful situations they have been exposed to or involved in.

When dealing with sensitive issues, teachers need to be proactive and know their students’ backgrounds and experiences and also reactive and protectively interrupt students who are about to disclose this information and divert attention from the student by using redirecting statements. If issues arise that are beyond the teacher’s knowledge or level of expertise, they should refer students to appropriate professionals.
Focus Area 1

Drug use issues

(For typical Year 7 and 8 students)
Focus Area 1

Drug use issues

The activities in this focus area are designed for typical Year 7 and 8 students.

Overview of Focus Area 1

This section provides an overview of the units included in the Drug use issues focus area and the content related to young people and utility knowledge about drug use. It includes student drug use statistics, myths associated with drug use, harms and consequences of tobacco, alcohol, cannabis and other illicit drug use, harm reduction strategies and the Five skills of resilience.

There are three units that allow all students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer drug-related behaviours.

Unit 1.1 Getting the big picture on drug use issues

This unit focuses on normative education about student drug use highlighting that most students do not use tobacco and that other than cannabis use, illicit drug use is uncommon. Students explore a range of myths surrounding drug use that can impact on decisions related to drug use. Students identify reasons to think about using and reasons not to use drugs; harms and consequences of tobacco, alcohol, cannabis and other illicit drug use and devise and practise strategies to avoid and reduce harm in a range of drug-related situations.

Unit 1.2 Identifying consequences and harm reduction strategies

This unit focuses on harms and consequences of tobacco, alcohol, cannabis and other illicit drug use. Students devise strategies to avoid and reduce harm in a range of drug-related situations. Harms are considered in terms of the Four Ls model (physical and mental health; relationship; livelihood or financial; and legal harms) and the Interaction Model or Drug Triangle. Factors that affect Blood Alcohol Concentration (BAC) and the affect of illicit drug use on long term goals are explored.

Unit 1.3 Resilience and harm reduction strategies in practice

This unit focuses on students practising strategies to avoid or reduce harm in a range of drug-related situations. It identifies the link between resilience and the prevention of drug abuse. The Five skills of resilience (helpful and positive thinking; resourcefulness; understanding emotions; relationship skills and self-understanding) are explored and practised.
### Overview of content: Drug use issues

The table below describes the content addressed in this focus area that will contribute to the achievement of the *Curriculum Framework Health and Physical Education Learning Outcomes* in the context of drug education. The content has been listed under the organisers from the Early Adolescence Phase of the *Curriculum Framework Curriculum Guide-Health and Physical Education*. The content for Attitudes and Values is incorporated in the outcomes (shown in italics).

<table>
<thead>
<tr>
<th>KNOWLEDGE AND UNDERSTANDINGS</th>
<th>SELF-MANAGEMENT SKILLS</th>
<th>INTERPERSONAL SKILLS</th>
</tr>
</thead>
</table>
| **Unit 1.1** Getting the big picture on drug use issues | **SELF-UNDERSTANDING** Understanding emotions  
- developing a more complex vocabulary for describing and interpreting emotions  
Managing emotions  
- modifying actions in response to stressful or unsafe situations  
- using positive ‘self talk’ and understanding the link between thoughts, feelings and behaviour  
- proactive strategies to cope with intense emotions  
- managing influences on self-understanding and identity | **RELATIONSHIP SKILLS** Communicating  
- using context appropriate language when discussing health issues with peers  
- using active listening to enhance relationships  
- understanding the emotional states of other people  
- effectively communicating in situations where there may be a conflict of values e.g. refusing a drug offer | **DECISION-MAKING** Reviewing the situation  
- identifying potential risks in drug-related situations (e.g. who, where, how much?)  
- identifying an unsafe situation and determining if a decision needs to be made to reduce the risk  
- identifying positive and negative consequences of a decision  
- ways to manage or avoid risks e.g. use harm reduction strategies | **Building and nurturing relationships**  
- coping with changes in relationships with friends and family  
- coping with unhappy relationships | **Planning before deciding**  
- identifying more than one option in a drug-related situation  
- assessing feelings when making decisions and planning  
- appreciating the need for safer practices in a range of situations  
- considering their rights and responsibilities | **Preventing and managing conflict**  
- adapting assertive communication and negotiation in difficult situations  
- forward planning in risky situations to minimise the potential for conflict  
- supporting others involved in conflict | **Deciding and acting**  
- positive and negative consequences in relation to drug use situations  
- using strategies to manage influences on drug use behaviour from peers and family  
- using assertive communication when well being is threatened or adult support is not available | **WORKING WITH OTHERS** Cooperating and collaborating in groups  
- selecting, applying and adjusting skills when collaborating to achieve group goals  
- dealing with being left out  
- appreciating the need to accept differing attitudes and opinions | **Monitoring and evaluating**  
- as a decision maker, being responsible for actions and consequences of their drug-related decisions  
- identifying the effectiveness of strategies to cope with peer influence | **Leading, initiating and facilitating**  
- showing independence and initiative in group activities  
- demonstrating skills to organise and manage group activities and dynamics  
- convincing others to share a particular view  
- demonstrating leadership skills when supporting others who are coping with pressure or challenges |

**Unit 1.2** Identifying consequences and harm reduction strategies

**Unit 1.3** Resilience and harm reduction strategies in practice

**Focus Area 1: Drug use issues**

**Promoting wellbeing**

- The meaning and dimensions of health
  - people enhance their health by developing positive attitudes towards it and taking positive actions such as harm reduction strategies around drug use
  - social, cultural, environmental and political reasons young people think about using or choose not to use drugs

**Growth and development**

- accurate information about the prevalence of drug use among students may affect attitudes and behaviours relating to drug use
  - personal behaviours that influence growth and development such as use of tobacco, alcohol and other drugs
  - factors that affect Blood Alcohol Concentration (BAC)
  - strategies to enhance health and resilience such as harm reduction strategies and the *Five skills of resilience*

**Social-emotional wellbeing**

- the *Five skills of resilience* can be drawn on to manage relationships

**Ways to keep healthier and safer**

- identifying personal attitudes and values towards drug use
  - acceptance of personal responsibility for safety in drug-related situations
  - identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours
  - identifying that drug use harms relate to the drug, the individual and the environment
  - rules and laws relating to legal and illegal drugs to promote healthy environments

**Resources and consumer skills**

- knowledge about standard drinks and the Australian Alcohol guidelines helps people monitor their alcohol consumption
  - importance of teachers and parents as sources of information and support relating to drug use
  - there is a wide range of community services and agencies involved in the treatment of drug-related harm

**Self-understanding**

- identifying that drug use harms relate to the drug, the individual and the environment

**Decision-making**

- using context appropriate language when discussing health issues with peers
  - using active listening to enhance relationships
  - understanding the emotional states of other people
  - effectively communicating in situations where there may be a conflict of values e.g. refusing a drug offer

**Planning before deciding**

- identifying more than one option in a drug-related situation
  - assessing feelings when making decisions and planning
  - appreciating the need for safer practices in a range of situations
  - considering their rights and responsibilities

**Deciding and acting**

- positive and negative consequences in relation to drug use situations
  - using strategies to manage influences on drug use behaviour from peers and family
  - using assertive communication when well being is threatened or adult support is not available

**Monitoring and evaluating**

- as a decision maker, being responsible for actions and consequences of their drug-related decisions
  - identifying the effectiveness of strategies to cope with peer influence

**Leading, initiating and facilitating**

- showing independence and initiative in group activities
  - demonstrating skills to organise and manage group activities and dynamics
  - convincing others to share a particular view
  - demonstrating leadership skills when supporting others who are coping with pressure or challenges
Teacher notes

➤ It is important to be familiar with the prevalence of student drug use (see Background Information p339). After analgesics, alcohol is the most commonly used drug by 12-17 year-old WA students. Most students do not smoke cigarettes and although cannabis is the most commonly used of the illicit drugs, most young people do not use cannabis. Regular use of illicit drugs is uncommon (19% of 12-17 year-olds WA students had used an illicit drug in the last month – ASSAD 2005) among WA students. Students often over estimate peer drug usage and research indicates that this misconception can encourage individual drug usage.

➤ Students in Years 7 to 10 are at greatest risk of smoking experimentation and uptake (12% of 12 year-old students reported having tried smoking rising to 42% of 15 year-olds). The sharp falls in smoking prevalence recorded between 1999 and 2005 should not mean that secondary teachers no longer consider tobacco education. Regular ‘top up’ lessons are necessary to continue to promote the predominantly negative attitudes that students hold towards tobacco and to bring about decreases in the number of cigarettes smoked by current smokers, which has not shown a significant fall since 2002.

➤ Years 7 and 8 have been identified as a critical early relevancy period in students’ development when intervention effects of alcohol education is most likely to be optimised. At this age students are able to apply some of the skills learnt in the classroom to their own lives. Alcohol education in these years needs to promote negative attitudes towards regular intoxication. A positive attitude towards drug use is a known risk factor towards future drug use (35% of 12-year-old students expected to have a positive experience with alcohol while 86% of 17 year-olds had this expectation).

➤ Young people who use alcohol and tobacco have a greater chance of being offered cannabis and other illegal drugs. Cannabis education is therefore important for Year 7 and 8 students who may have already experimented with tobacco or alcohol. Delaying the onset of cannabis use has also been identified as a protective factor for later heavy or regular use.

➤ Harms that may affect students as a result of other people’s drug use should always be considered in conjunction with harms from their own drug use.

➤ When creating scenarios for students to practise problem predicting, decision making and coping strategies, keep in mind that research has identified that home is the most common drinking place for students and parents are the most common providers of alcohol; and ‘at a friend’s place with a bong or pipe’ is the most common context for student cannabis use.

➤ Give students many opportunities to consider when, where, how and by whom they may feel pressured to use or be harmed by others’ alcohol or other drug use. Consider situations that involve both overt pressure from peers or family and also covert pressures where students put pressure on themselves to use drugs, perhaps to please or be like friends or family.

➤ Students should engage in a range of resilience building learning experiences in this focus area before they commence the drug-related learning experiences in other focus areas. If students have had no prior resilience building learning experiences, teachers may also find relevant learning experiences in Challenges and Choices: Middle childhood resource.

➤ The drug-related learning experiences in Unit 1 and 2 of this focus area are a prerequisite for Focus Areas 2 and 5. Students should not complete learning experiences from the following focus areas unless this introductory focus area has been completed.

➤ Send the appropriate Parent and Student Information Sheets in the Appendix home to promote greater family discussion about drugs and to inform parents of the purpose and content of classroom activities.

➤ Please consult the more detailed Background Information section of this resource before teaching this focus area.

USEFUL WEBSITES

To order alcohol and other drug fact sheets www.dao.health.wa.gov
www.enoughisenough.com.au

For illicit drug information www.drugaware.com.au
For tobacco information www.OxyGen.org.au and www.quitnow.info.au

Youth friendly help sites:
Reach Out www.reachout.com.au
Kids Help Line www.kidshelpline.com.au
Somazone www.somazone.com.au

The following texts were used to prepare this information:
2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
The activities in this focus area are designed for typical Year 7 and 8 students.

For students:

**Key understandings**
- Other than analgesics, alcohol is the most commonly used drug by 12-17 year-old students.
- Most students do not smoke tobacco.
- Other than cannabis use, regular use of illicit drugs is uncommon among 12-17 year-old students as well as the general adult population.
- Experimental use of drugs increases during adolescence but decreases with adulthood.
- Experimentation is different from regular, ongoing or problematic drug use.
- A number of myths surrounding drug use that can impact on decisions related to drug use.
- A range of reasons exist as to why people choose to use or not use drugs.
- A range of factors which affect a choice about drug use.

**Key skills**
- Evaluate own and others' beliefs about drug use norms.
- Share attitudes and values about drug use behaviours.
- Predict which reasons for drug use are most likely to lead to harmful consequences.

Activity 1: How much do you know about student drug use?

**RESOURCES:**
- Photocopy and cut up Resource Sheet 1: Swap stats – student drug use – one card per student.

**HOW:**
Photocopy all of the cards on Resource Sheet 1: Swap stats - student drug use or just those cards that are considered relevant to the students in the class. The cards are grouped under statistics relating to:
- analgesics
- tobacco
- alcohol
- cannabis
- tranquillisers
- ecstasy and amphetamines.

Explain to students that these drug education activities will not be talking about what is ‘right’ and ‘wrong’ in terms of drug use but instead about:
- what drug use is more or less harmful
- some of the pressures and risks they may find themselves under
- some skills to help them make informed decisions in drug-related situations.

By giving students reliable information about drugs and developing skills to help reduce harms around drug use, it is anticipated that students can make their own ‘right’ decisions in drug-related situations when they arise. Remind students that even though they choose not to use drugs they still need to consider the harms that may result from other people’s drug use.

**Normative education**
Explain that while most students their age do not use drugs, often students over estimate the number of people who do. This may make students believe that ‘everyone is doing it, so drug use must be OK’ or make them feel pressured to experiment with drugs to be part of a ‘cool’ subculture. Delaying the age of
experimentation of drug use decreases the likelihood of later problematic drug use.

If using all the cards, divide the class into six even groups (to correspond with the number of different drug types represented in the swap stats) and allocate the swap stats from Resource Sheet 1: Swap Stats for one drug type to each group. Also give each student a copy of Resource Sheet 2: School student drug use in WA-2005 to record findings. Conduct the swap stats quiz (see p296) in small groups. Students record the findings from their swap stats in the appropriate box on Resource Sheet 2. When each group has finished guessing and hearing the statistics relating to their specific drug, rotate the swap stats so they are exposed to a new set of swap stats cards. Continue this process until groups have completed all drug type cards.

The Prevalence of drug use among WA secondary school students graphs on p339 may be a useful summary for students.

**Australian Alcohol Guidelines**

Explain that the Australian Alcohol Guidelines (National Health and Medical Research Council of Australia 2004) provides recommendations for levels of alcohol use for adults that aim to reduce the chance of short and long term harm occurring. The guidelines recommend that young people under 18 years should not drink beyond the levels set for ‘low risk’ drinking to minimise long term harm in adults (which is less than 4 standard drinks per day for males, less than 2 standard drinks for females per day and 2 alcohol free days per week.)

Discuss

- **Were there any surprises with any of the swap stats? Why/why not?**

- **Why do you think you over estimated (or underestimated) the number of young people who used each drug?** For instance, students who have already engaged in experimental use of tobacco or alcohol may over estimate these percentages. Teenage drug use is often in public places such as parks and shopping centres. Some students may under estimate analgesic use, particularly boys. Students' perceptions of drug use norms are influenced by the media, their attitudes, family and peer attitudes and beliefs, religion and age.

- **Why do you think that apart from analgesics, alcohol is the most commonly used drug by 12-17 year-old students?** Alcohol is easily available to young people even though it is illegal for them to purchase, obtain or consume in a public place. It is socially acceptable and considered by many to be a harmless drug or not a ‘real’ drug.

- **Why do you think most young people do not use cannabis?** Legal implications; risks to mental and physical health; risks to friendships and family relationships; financial costs. Ten percent of 12-17 year-old students used cannabis in the last month.

- **Why do you think most young people do not use other illicit drugs such as amphetamines, ecstasy, hallucinogens, opiates, cocaine and steroids?** Fourteen percent of 12-17 year-old students used these drugs in the last month for similar reasons to those listed above.

- **Why do you think student drug use increases with age?** More peer and internal pressure to use drugs; less parental supervision; more access to drugs like alcohol, tobacco and cannabis; older students perceive drug use to be less risky than younger students; more pressures on older students.

- **What can you conclude from the fact that the number of students who have experimented (ever used) is higher than the number of students who have recently used (regular or frequent use)?** Drug use among young people is often experimental, short lived and does not result in regular or problematic use.

- **Where do most young people get their information about drugs from?** Their peers, the media, their family. Sometimes these are not always reliable sources. For reliable sources see next activity.

**Activity 2: Myths about drug use**

**RESOURCES:**

- Photocopy Resource Sheet 3: Myth busters – one set of relevant cards per group.

**HOW:**

Photocopy all of the cards on Resource Sheet 3: Myth busters or just those cards that are considered relevant to the students in the class. The cards are grouped under myths relating to:

- analgesics
- tobacco
- alcohol
- cannabis
- other illegal drugs.

Explain to students that there are many myths surrounding drugs and drug use and that these can impact on decisions related to drug use. It is important therefore to know the facts about drugs and their effects.

Students form groups. Distribute a set of myth buster cards for one drug to each group. Explain that each
student in turn reads out a myth and the following explanation on their card.

After each card is read out, students discuss what effect believing this myth may have on someone’s decisions in a drug-related situation. For example: Alcohol Myth 4: Sobering up can be speeded up by drinking coffee - if some one believed this myth, they may think that even though they were over the legal Blood Alcohol Concentration of 0.05, drinking coffee would lower this level and allow them to drive home safely.

Rotate the myth buster cards so students can consider all of the statements. Ask students to choose the three myths they consider would have the most harmful consequences on someone who was uninformed. Groups share their decisions with the class.

Discuss

- Where do we get reliable information about drugs? Public health department campaigns and websites, teachers, police, doctors and telephone advice services such as Kids Help Line (1800 55 1800) and the Alcohol and Drug Information Service (ADIS – 1800 198 024) are often more reliable sources of information about drugs than friends, the media and even some parents.
- Why is reliable information about drugs important? Reliable information affects our decisions and helps reduce harm in drug-related situations.
- What sources of information about drugs may not be reliable? Friends, the media, parents, some websites.
- What other things about drugs have you heard that you are not sure is a fact or a myth?

Activity 3: Why people choose to use

RESOURCES:

HOW:
Reasons to use/not use drugs
Distribute Resource Sheet 4: Why try? Why not try? to each pair of students. Explain that they will be considering some of the reasons why young people choose to try or not try different drugs.

Discuss

- the person’s attitude to a drug
- their accurate knowledge of the drug
- their beliefs about what is safe or right or wrong
- their family’s and peers’ attitudes and behaviour towards drugs
- their religion
- their age
- the time, place, and occasion.

Explain that some young people may experiment with drugs and others may use drugs to cope with trouble and difficulties. If this is the case it may be more difficult to stop. Drug use is not an effective long term solution to dealing with problems.

Tobacco

Ask students to consider tobacco and the list of reasons on the resource sheet. With their partner, students discuss each reason and decide whether it would be a reason to use, not use or both and write the letter T on the appropriate side of the list of reasons. Model this process first so students understand the activity.

With their partner, students identify:
- two reasons they consider would potentially lead to the most harmful outcomes
- two reasons they consider would potentially lead to the least harmful outcomes.

It is important to debrief this activity with the following discussions. If students have more reasons ‘to use’ than ‘not to use’, ensure the discussion focuses on the potential harms.

Discuss

- Which reasons are most likely to be behind a young person’s choice to smoke or not to smoke?
- Do you think these are all valid reasons? Why/why not?
- Which reasons do you think are most likely to result in harm to young people?
- Which reasons are least likely to result in harm to young people?
- What reasons fall into both columns? Why?

Alcohol

Ask students to consider alcohol with their partner or a new partner. Using the same resource sheet students now write the letter A on the appropriate side of the list of reasons or on both sides. Then identify the two reasons they consider would potentially lead...
to the most harmful and least harmful outcomes, as before. Debrief.

Discuss

- Which reasons are most likely to be behind a young person’s choice to drink or not to drink alcohol?
- Do you think these are all valid reasons? Why/why not?
- Which reasons do you think are most likely to result in harm to young people?
- Which reasons are least likely to result in harm to young people?
- What reasons fall into both columns? Why?
- What reasons appear to be common for use/non-use for both tobacco and alcohol?

Cannabis

Ask students to consider cannabis with their partner or a new partner. Using the same resource sheet, students now write the letter C on the appropriate side of the list of reasons or on both sides. Then identify the two reasons they consider would potentially lead to the most harmful and least harmful outcomes, as before. Debrief.

Discuss

- Which reasons are most likely to be behind a young person’s choice to use cannabis?
- Do you think these are all valid reasons? Why/why not?
- Which reasons do you think are most likely to result in harm to young people?
- Which reasons are least likely to result in harm to young people?
- What reasons fall into both columns? Why?
- What reasons appear to be common for use/non-use for all the drugs they have considered?

Explain that the reasons they have been considering can form part of a decision to use or not use a particular drug but also part of a decision about how much, where and with whom to use or not use this drug.

Work through several examples for each drug before asking students to:

Choose two reasons ‘to use’ for each drug and explain how this reason could also affect a decision about how much, where and with whom a drug may be used.

This exercise should illustrate that decisions relating to drugs are complex and that reasons for use and non-use do not remain clear cut from person to person or from situation to situation.

For example: Cannabis

The decision: To not use or to use cannabis and if so, how much, where and with whom will I use cannabis?

The reason: Access – is it available? (from the resource sheet)

How could this affect the decision? Someone who is never around friends or people who use cannabis may choose not to use cannabis or if they do, may use it in small amounts and always with trusted friends. Someone who is often exposed to others using cannabis either at home or at parties may find it harder to refuse cannabis, may use cannabis more frequently, in larger amounts or use alone.

Reflection

To personally reflect on the this activity, students write down a 3-2-1 reflect (see p328) and share interesting ‘recalls’, ‘so what’s’ and ‘questions’ as a class.
### Swap stats – student drug use

#### Swapstat Card
**Q:** How many 12-15 year-old students have ever used **analgesics**?

**A:** Approx 93 out of 100 (93%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 12-15 year-old students have used **analgesics** in the last week?

**A:** 40 out of 100 (40%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 16-17 year-old students have ever used **analgesics**?

**A:** 96 out of 100 (96%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 16-17 year-old students have used **analgesics** in the last week?

**A:** 47 out of 100 (47%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 12-15 year-old students have drunk **alcohol** in the last 12 months?

**A:** 58 out of 100 (58%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 12-15 year-old students have tried **alcohol** in the last week?

**A:** Approx 22 out of 100 (22%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 16-17 year-old students have drunk **alcohol** in the last 12 months?

**A:** Around 89 out of 100 (89%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

#### Swapstat Card
**Q:** How many 16-17 year-old students have tried **alcohol** in the last week?

**A:** Around 50 out of 100 (50%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
**Swap stats – student drug use**

**Swapstat Card**
Q: How many 12-15 year-old male students have **drunk at risky levels** (i.e. more than 7 standard drinks on one occasion) in the last week?
A: Approx 15 out of 100 (15%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 12-15 year-old female students have **drunk at risky levels** (i.e. more than 5 standard drinks on one occasion) in the last week?
A: Approx 24 out of 100 (24%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 16-17 year-old male students have **drunk at risky levels** (i.e. more than 7 standard drinks on one occasion) in the last week?
A: Approx 38 out of 100 (38%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 16-17 year-old female students have **drunk at risky levels** (i.e. more than 5 standard drinks on one occasion) in the last week?
A: Approx 37 out of 100 (37%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 12-15 year-old students have **ever used tobacco**?
A: Approx 27 out of 100 (27%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 12-15 year-old students have used **tobacco** in the last week?
A: Approx 5 out of 100 (5%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 16-17 year-old students have **ever used tobacco**?
A: Approx 46 out of 100 (46%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**
Q: How many 16-17 year-old students have used **tobacco** in the last week?
A: Approx 10 out of 100 (10%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
Focus Area 1: Drug use issues

Swap stats – student drug use

**Swapstat Card**

**Q:** How many 12-15 year-old students have ever used **cannabis**?

**A:** Approx 18 out of 100 (18%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 12-15 year-old students have used **cannabis** in the last week?

**A:** Approx 4 out of 100 (4%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 16-17 year-old students have ever used **cannabis**?

**A:** Approx 38 out of 100 (38%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 16-17 year-old students have used **cannabis** in the last week?

**A:** Approx 7 out of 100 (7%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 12-15 year-old students have ever used **tranquillisers** other than for medical purposes?

**A:** Approx 15 out of 100 (15%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 12-15 year-old students have used **tranquillisers** other than for medical purposes in the last week?

**A:** Approx 2 out of 100 (2%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 16-17 year-old students have ever used **tranquillisers** other than for medical purposes?

**A:** Approx 17 out of 100 (17%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

**Swapstat Card**

**Q:** How many 16-17 year-old students have used **tranquillisers** other than for medical purposes in the last week?

**A:** Approx 2 out of 100 (2%)
From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

OCS027 | Challenges and Choices - Early Adolescence Resource
### Swap stats – student drug use

#### Swapstat Card

**Q:** How many 12-15 year-old students have ever used **amphetamines**?

<table>
<thead>
<tr>
<th>A: Approx 7 out of 100 (7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results</td>
</tr>
</tbody>
</table>

**Q:** How many 12-15 year-old students have used **amphetamines** in the last week?

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<thead>
<tr>
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<tbody>
<tr>
<td>From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results</td>
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</tbody>
</table>

**Q:** How many 16-17 year-old students have ever used **amphetamines**?

<table>
<thead>
<tr>
<th>A: Approx 14 out of 100 (14%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results</td>
</tr>
</tbody>
</table>

**Q:** How many 16-17 year-old students have used **amphetamines** in the last week?

<table>
<thead>
<tr>
<th>A: Approx 3 out of 100 (3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results</td>
</tr>
</tbody>
</table>

**Q:** How many 12-15 year-old students have ever used **ecstasy**?

<table>
<thead>
<tr>
<th>A: Approx 3 out of 100 (3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results</td>
</tr>
</tbody>
</table>

**Q:** How many 12-15 year-old students have used **ecstasy** in the last week?

<table>
<thead>
<tr>
<th>A: Approx 1 out of 100 (1%)</th>
</tr>
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**Q:** How many 16-17 year-old students have used **ecstasy** in the last week?

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<tr>
<td>From 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results</td>
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</tbody>
</table>
### School student drug use in WA – 2005

**Analgesics**

<table>
<thead>
<tr>
<th></th>
<th>12–15 year-olds</th>
<th>16–17 year-olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever used</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Used in the last week</td>
<td>_______</td>
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</tbody>
</table>

**Cannabis**

<table>
<thead>
<tr>
<th></th>
<th>12–15 year-olds</th>
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</tr>
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<tr>
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</table>

**Tobacco**

<table>
<thead>
<tr>
<th></th>
<th>12–15 year-olds</th>
<th>16–17 year-olds</th>
</tr>
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<tbody>
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</table>

**Tranquillisers**

<table>
<thead>
<tr>
<th></th>
<th>12–15 year-olds</th>
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</thead>
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<tr>
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<td>_______</td>
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</tbody>
</table>

**Alcohol**

<table>
<thead>
<tr>
<th></th>
<th>12–15 year-olds</th>
<th>16–17 year-olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used in the last 12 months</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Used in the last week</td>
<td>_______</td>
<td>_______</td>
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</table>

How many male students have drunk at risky levels (i.e. more than 7 standard drinks on one occasion) in the last week?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>_______</td>
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</table>

How many female students have drunk at risky levels (i.e. more than 5 standard drinks on one occasion) in the last week?

<table>
<thead>
<tr>
<th></th>
<th>12–15 year-olds</th>
<th>16–17 year-olds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**Ecstasy**

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**Amphetamines**

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</table>
Myth busters

**Analgesics**

**Myth 1:** All analgesics or pain relievers are the same. There are three main types of analgesics and they have different uses.

- **Aspirin** is used to relieve minor pain and will reduce fever and inflammation.
- **Ibuprofen** is used to reduce inflammation of joint pain and will not reduce fever.
- **Paracetamol** is used to relieve minor pain, fever and nerve pain but will not reduce inflammation.

There is also a range of drugs that combine one or more of these drugs with **codeine**. These drugs should not be given to children under 2 years.

**Analgesics**

**Myth 2:** Analgesics or pain relievers are harmless drugs because everyone takes them. While it is true that analgesics are the most commonly used drug in Australia, like any drug they can be harmful. For instance **Aspirin** should not be taken by children under 12 years or by pregnant women. Over use or prolonged regular use of analgesics can cause liver and kidney damage.

**Analgesics**

**Myth 3:** Analgesics or pain relievers can cure whatever is causing the pain. Analgesics may only relieve the symptoms of pain not cure what is causing the pain. They will also not relieve stress, induce sleep or calm people down when they are upset.

**Analgesics**

**Myth 4:** Taking analgesics or pain relievers regularly is OK. Analgesics are widely available and sometimes the best form of short term treatment of pain. However, taking them for longer than **three days** should be avoided. Regular long term use can produce kidney and liver damage and can also trigger asthma attacks.

**Alcohol**

**Myth 1:** If you drink alcohol you get drunk. While everyone’s reaction to alcohol is different, many adults enjoy a drink or two without feeling drunk. The more you drink, the more drunk you become.

**Alcohol**

**Myth 2:** Alcohol affects everyone in the same way. How alcohol affects a person depends on factors such as weight, fitness, body fat, and hormone levels. Females usually have higher Blood Alcohol Concentration (BAC) levels after drinking the same amount of alcohol as males. This is because most females are smaller and have more body fat than males. Alcohol is water soluble and as females have more fat but less water to absorb the alcohol, the same amount of alcohol results in a higher BAC.
**Alcohol**

**Myth 3:** Aboriginal people drink more than non-Aboriginal people.

As a proportion of population, fewer Aboriginal people drink than non-Aboriginal people in Australia. A National Health Survey in 2001 showed that Aboriginal adults (42%) were less likely than non-Aboriginals (62%) to have consumed alcohol in the last week.

**Myth 4:** Sobering up can be speeded up by drinking coffee.

No amount of coffee, showers, food, exercise or vomiting will speed up the sobering up process.

The only thing that sobers up a drinker is **time**.

Food will slow down the rate at which alcohol is absorbed into the bloodstream but the liver can only break down about 10 grams of alcohol (one standard drink) in the blood per hour, depending on the person.

---

**Tobacco**

**Myth 1:** Most people who become regular smokers do so by their own choice.

Most people become addicted to nicotine before they realise.

Young people who experiment with smoking often believe that their smoking will be short term and that there is little risk of addiction and that smoking is an easy habit to break.

**Myth 2:** Smokers are dependant on nicotine not on cigarettes.

Nicotine is a powerful drug which, when smoked enters the bloodstream quickly and is distributed throughout the body.

While nicotine can cause a powerful **physical** dependence in a short time it is not just nicotine that a smoker is addicted to. A smoker is also addicted to the act of smoking in a variety of situations with a variety of different people. This is called **psychological** dependence.

Quitting smoking is therefore a very complex task.

**Myth 3:** Tobacco only harms smokers.

Second hand (or passive) smoke is the inhalation of tobacco smoke:

- from the burning ends of cigarettes (sidestream smoke)
- and from exhaled smoke from smokers (exhaled mainstream smoke).

Sidestream smoke has a far greater concentration of cancer causing agents and toxic substances than mainstream smoke taken in by a smoker.

Second hand smoke can trigger asthma attacks, middle ear problems and respiratory diseases in children.

**Myth 4:** Quitting smoking is an easy thing to do.

A number of attempts at quitting are usually required before it is successful. The more attempts made, the greater the likelihood of success in quitting smoking.

It is much easier to quit while young than after many years of smoking.
Myth busters

**Cannabis**

**Myth 1:** Cannabis is harmless because it is ‘natural’.

Many drugs, including cannabis, tobacco and alcohol come from plant or vegetable matter. Cannabis can cause damage to the respiratory system, affect the memory and trigger mental illness. In the short term it can reduce concentration and slow down reflexes.

**Cannabis**

**Myth 2:** Cannabis is not as harmful as tobacco.

Many chemicals found in cannabis are also found in tobacco. Cannabis smoke contains more tar and cancer causing agents than tobacco smoke which may lead to cancers in the respiratory system, mouth and tongue.

**Cannabis**

**Myth 3:** It is legal to use cannabis.

It is illegal to grow, possess, use, sell or supply cannabis in Australia.

It is also illegal to possess smoking implements that contain traces of cannabis.

While the possession of a small amount of cannabis is still illegal, the Cannabis Control Act 2003 (WA) states that, under police discretion, offenders over 18 years can choose to pay a fine, go to court or attend a Cannabis Education Session within 28 days of the offence.

**Cannabis**

**Myth 4:** A person has to have used cannabis for years before they may experience mental health problems.

There is evidence to suggest that frequent or even occasional use of cannabis can cause anxiety, depression, paranoia and psychosis in some people.
Focus Area 1: Drug use issues

Myth busters

Other illegal drugs
Myth 1: Illegal drugs like heroin and ecstasy cause more deaths in Australia than legal drugs.

79% of all drug-related deaths in Australia are caused by tobacco, 15% are caused by alcohol and 6% are caused by all other drugs including medicines and illegal drugs.

In the 15–34 year age group alcohol caused over 62% of drug-related deaths.

(Indicators of Drug Use: WA, Drug and Alcohol Office, 2003.)

Other illegal drugs
Myth 2: If you drink lots of water you’ll be OK when you take ecstasy.

Drinking water at a rate of 500 mls per hour (if active) after taking ecstasy will reduce the overheating and dehydration that this drug causes but it is no guarantee that the user will be OK.

Ecstasy manufacture is not regulated so you never know what you are taking.

Other illegal drugs
Myth 3: Taking ecstasy or speed is a safe way to lose weight.

Both ecstasy and amphetamines (speed) are stimulant drugs that speed up the body’s metabolism and cause weight loss.

It is a very risky form of weight loss, due to the unknown ingredients that may be present in these drugs.

Use of these drugs may result in resistance to infection, hallucinations, high blood pressure, panic attacks and periods of psychosis.

Other illegal drugs
Myth 4: Ambulance officers always notify the police if they are called to a drug-related situation.

Many young people are afraid of calling an ambulance in a drug-related situation for fear of being involved with the police. Ambulance officers don’t call the police unless they feel threatened themselves or someone dies.

It is important to act fast in a drug-related emergency and know what drug/s the person has taken as this information could save their life.
## Why try? Why not try?

Consider tobacco use and the list of reasons below. Think about each reason and decide whether it would mostly be a ‘reason to think about using’ or a ‘reason not to use’ and place a letter ‘T’ in that column. (Some reasons may go in both columns!)

When you have completed the list, consider alcohol use (using the letter ‘A’ in the column you decide on) and then consider cannabis use (using the letter ‘C’ in the column you decide on).

<table>
<thead>
<tr>
<th>Reason to think about using</th>
<th>The thoughts or reasons that may influence a person’s decision</th>
<th>Reason not to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access – is it available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age – am I too young?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge – do I know about the effects of this drug on my body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law – will I get caught?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taste – do I like the taste?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence – will it help me socialise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion – does it fit with what I believe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curiosity – what’s it like?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness – will it affect my performance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress – will it help me cope?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rules – at school, at home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belonging – will it help me feel part of the group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who I am with – family, friends or strangers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family expectations – what would they think?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends’ expectations – what would they think?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust – will I keep my promise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where I am?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next day commitments – will it affect work/sport/study?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To celebrate – will it make this event more fun?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To solve problems – will it help?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boredom – is there anything else to do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost – can I afford it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My gender – am I vulnerable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxation – will this help me relax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety of others – am I responsible for anyone else?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma – will it make it worse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other drugs – how will this combine with other drugs or medications I am on?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affect on others – how will this affect others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other reasons?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Why try? Why not try?

Thinking deeper:
With a partner, choose:
• two reasons you consider would potentially lead to the most harmful outcomes
• two reasons you consider would potentially lead to the least harmful outcomes.

Now choose two ‘reasons to use’ for each drug and explain how this reason could also affect a decision about how much, where and with whom a drug may be used.

For example: Alcohol

The decision: To not drink or to drink and if so, how much, where and with whom will I drink alcohol?

The reason: Who I am with – family, friends, strangers? (from the list on the previous page)

How could this affect the decision? Someone may decide to have a sip of champagne at a family wedding because it is part of family tradition but choose not to drink at all when offered a drink at friend’s party because they do not feel safe around others who are drinking.

Remember, decisions relating to drugs are complex and reasons for use and non-use do not remain clear cut from person to person or from situation to situation.

The decision:

The reason:

How could this affect the decision?
Activity 1: Identifying harms and consequences relating to alcohol and tobacco use

RESOURCES:
- Sufficient copies of the Drug and Alcohol Office Alcohol Fact Sheets titled ‘Effect of alcohol on the body’ and ‘Facts about alcohol’ (see back of resource for sample copy). These and other Alcohol fact sheets are available free on www.dao.health.wa.gov or ph: 1300 135 030.
- Copies of Smarter than Smoking Fact Sheet: What's in a cigarette? and Fact Sheet: Tobacco and the law (see back of resource for sample copy) – one per student. These are available free from Smarter than Smoking on 08 9388 3343 or smart@heartfoundation.com.au or in their Keeping Ahead of the Pack resource. These fact sheets are also available on www.OxyGen.org.au.
- Photocopy Resource Sheet 1: Statement Cards – one set per group.

HOW:

Values clarification
Students form groups. Give each group a set of cards from Resource Sheet 1: Statement cards.

Explain that students take turns to choose one card and place it under either the ‘agree’, ‘disagree’ or ‘unsure’ card, stating why they chose this opinion. Following this discussion, the group must come to a consensus about where each statement goes. This does not require that everyone has the same opinion but the majority rule may apply.

Remind students that it is the discussion around the statement and not the final decision that is important.

Hear feedback on one statement or a comment on the process from each group.

Identifying harms and consequences of tobacco and alcohol
Allocate each pair of students the alcohol and tobacco fact sheets outlined in the resource list above. Explain that the information in these sheets will help students identify some of the possible consequences and harms that may affect someone drinking alcohol or smoking and also those around them.
Students read through their fact sheets and using these and their own knowledge, complete a scavenger hunt (see p301) for the answers to the following questions (write questions on board first).

1. **How does alcohol enter the blood stream?** (It enters through the stomach and small intestine.)

2. **What happens to the physical ability of someone the more they drink?** (Small amounts of alcohol may cause relaxation and lack of concentration. The more alcohol consumed the more likely the person will feel confused, nauseated and possibly aggressive and pass out.)

3. **What organ breaks down most of the alcohol in the body and at what rate?** (The liver breaks down about 91% at a rate of 7-10 grams of alcohol, or about a standard drink, per hour, depending on the person.)

4. **What two laws relating to alcohol do you think have been introduced to reduce the harm to young people from alcohol?** (The 0.0% BAC level for P and L plate drivers; people under 18 years are prohibited from consuming, buying, obtaining, or attempting to obtain alcohol in a public place of a licensed premise.)

5. **What are the three most active ingredients in cigarettes and their harms?** (Nicotine is the main drug in tobacco that causes addiction, stimulates the brain and increases heart rate. Tar causes lung cancer and smoker’s cough, stains to teeth and hands. Carbon monoxide reduces supply of oxygen to the body so increases workload on heart and lungs and reduces efficiency of cardiovascular system.)

6. **What two laws relating to tobacco do you think have been introduced to reduce the harm to young people from tobacco?** (Any of the Tobacco Products Control Act provisions help reduce harm to young people. See p340 Background information.)

Students now re-read their tobacco fact sheets and using a different coloured pen write down possible short term harms under each of the above headings. Encourage students to consider harms to not only the smoker but also those around the smoker. Use some of the provided examples to clarify the task.

1. **Physical or mental health harms** – get asthma; smelly breath, hair and clothes; shortness of breath; reduced sense of taste and smell; chance of addiction after just a short time smoking; glue ear and bronchial problems in babies.

2. **Relationship harms** – offend someone with second hand (passive) smoke, get into trouble with parents or teachers by breaking family or school rules; have to lie or keep secrets; lose friends.

3. **Livelihood or financial harms** – less money to buy other things.

4. **Legal harms** – get into trouble with police; fines for retailer or persons selling or supplying cigarettes to minors.

Students tear their paper into four separate sheets and conduct a rip and review. Each student in the group summarises the sheets for one type of harm for both drugs and reports findings back to the whole group.

### Harm reduction strategies

Distribute Resource Sheet 2: What’s the harm? to each student. In groups, students discuss what possible harm may occur in each scenario and then suggest ways to reduce or avoid this harm. Students then rank each scenario by the possible risk of harm. Hear feedback. Remind students that there is no safe level for smoking.

### Guidelines for low risk drinking

Remind students that the Australian Alcohol Guidelines (National Health and Medical Research Council of Australia 2004) recommend that young people under 18 years should not drink beyond the levels set for ‘low risk’ drinking to minimise harm in
Focus Area 1: Drug use issues

Unit 1.2 Identifying consequences and harm reduction strategies

adults (which is less than four standard drinks per day for males, less than two standard drinks for females per day and two alcohol free days per week.) This information will help with the ranking part of the activity.

Discuss

- What type of alcohol related harm would be most common for teenagers your age?
- What things could you do to reduce the possible harm from alcohol to you and your friends?
- What type of tobacco related harm would be most common for teenagers your age?
- What things could you do to reduce the possible harm from tobacco to you and your friends?

Reflection

Students individually complete the Personal reflection section of Resource Sheet 2: What’s the harm?

Activity 2: Blood Alcohol Concentration and the drug triangle

RESOURCES:

- Photocopy Resource Sheet 3: BAC and standard drinks – one per student.
- Collect empty bottles and cans that represent a wide range of alcoholic beverages.
- Photocopy Resource Sheet 4: Alcohol risk cards – one set per group.

HOW:

Standard drinks and BAC

Explain that different types of alcoholic drinks have different alcohol content and that the strength of the drink and the number of standard drinks in the container must be written on the bottle or can, by law.

Explain that a standard drink contains 10 grams of alcohol and that it is used to help calculate the amount of alcohol in the bloodstream or the blood alcohol concentration (BAC). For example, a BAC of 0.05 means that a person has 0.05 grams of alcohol in his/her body for every 100ml of blood.

BAC is measured by a breathalyser or by analysing a blood sample. The more a person drinks, the higher the BAC will become but there are many other factors that affect BAC.

Give each pair of students an empty bottle. (The consumption of pre-mixed spirits is more common among 12-17 year-old females than males. Males are more likely to consume spirits that are not pre-mixed and beer. Ensure that the collection of bottles and cans has a variety of these types of alcohol.)

Ask students to find the number of standard drinks marked on their bottle or can and line themselves in an arc from the lowest to the highest number of standard drinks.

Ask students to read out the following information from their bottle or can:

- name of drink
- type of drink
- number of standard drinks
- percentage of alcoholic content.

Ask several students to take a sip of water from a water bottle and then spit this sip into a measuring container. Careful choice of students may be required for this. Record results for the discussion below.

Discuss

- Are there any variations in strength between different sorts of spirits, pre-mixed spirits, beers etc.? (Yes)
- Which drinks would it be easiest to consume a lot of? (Alcoholic sodas and pre-mixed spirits have sweet fruity flavours that sometimes appeal to palates not yet accustomed to stronger alcohol tastes.)
- What do you think alcohol companies do to encourage young people to drink alcohol? (Fruity tastes; bright and colourful packaging; competitive pricing; appealing advertising campaigns and marketing strategies.)
- Many young people drink alcohol from the bottle or can. How many of ___’s sip sizes would it take to make up a standard drink of beer, pre-mixed spirit, spirit? Repeat for several students.
- Most adults drink within the ‘low risk’ drinking limits for long term harm (up to two standard drinks per day for females and four standard drinks per day for males, and two alcohol free days per week). How do you think you could keep to these ‘low risk’ drinking limits if you chose to drink now or in the future?

Factors affecting BAC

Students form groups. Distribute Resource Sheet 3: BAC and standard drinks to each student. Students read through factors affecting BAC.
The Drug Triangle

Explain that the harms or effects of any drug vary from person to person depending on the characteristics of the:

- **individual** – mood; physical size; physical and mental health; gender; previous experience with the drug; expectation of the drug and personality
- **drug** – what type; how much, how often and how is it used
- **environment** – when, where, with whom the drug is used; laws; culture.

Student discuss questions on the resource sheet in their group. To hear the responses assign numbers to group members and conduct a head talk (see p299).

Drug Triangle in practice

To illustrate the drug triangle further give each group three cards from Resource Sheet 4: Alcohol risk cards. Do not hand out the ‘extra risk card’ just yet.

Students consider the combination of the three cards and create a possible scenario. Students then list:

- possible harms that may result from their scenario (remember to consider physical, relationship, financial and legal harms)
- possible strategies for reducing or avoiding each potential harm.

Hear feedback of findings from groups. Now distribute the ‘extra risk card’. Students discuss whether:

- the potential harms have increased or decreased and why
- the strategies they have suggested above will still reduce or avoid the harms or whether new strategies would need to be adopted.

To conclude, write five of the groups’ scenarios on the board. Each group ranks the scenarios from least (1) to most (5) harmful, discussing reasons for their ranking. See fortune teller (p313) for an alternative approach to this activity.

Reflection

To personally reflect on this activity, students conduct 90 degree thinking (see p304) on the following statements.

The situations that I am most at risk from alcohol are ___________ therefore I ___________.

The factors that may affect my BAC level if I drink alcohol are ___________ therefore I ___________.

Activity 3: Identifying harms and consequences relating to cannabis use

**RESOURCES:**

- Copies of the Drug Aware pamphlet Facts about drugs (see Appendix for sample copy) – one per student. These are available free on www.dao.health.wa.gov or ph: 1300 135 030
- Alternatively, arrange access to www.drugaware.com.au
- Photocopy Resource Sheet 5: Cannabis scavenger hunt – one per group.
- Photocopy Resource Sheet 6: Cannabis risk cards – one card per student.

**HOW:**

Distribute a copy of Resource Sheet 5: Cannabis scavenger hunt to each group and a cannabis fact sheet/pamphlet to each student. Explain that the information in these sheets/pamphlets will help students identify some of the possible consequences and harms that may affect someone using cannabis and also those around them.

Students conduct a scavenger hunt (see p301) and fill in Resource Sheet 5 as a group. Check answers when all groups have completed the scavenger hunt. Not all the information below can be found on the sheets. Congratulate winners!

- **What are the three most common forms of cannabis?** Marijuana made from dried leaves and flowers; hashish made from dried cannabis resin; hashish oil made from an oily extract of the cannabis plant.
- **How is cannabis used and how can the THC (tetrahydrocannabinol) enter the bloodstream?** It is usually smoked. When smoked the THC enters the bloodstream through the lungs. When it is eaten absorption is slower and it enters the bloodstream through the stomach lining.
- **How is cannabis used and how can the THC (tetrahydrocannabinol) enter the bloodstream?** It is usually smoked. When smoked the THC enters the bloodstream through the lungs. When it is eaten absorption is slower and it enters the bloodstream through the stomach lining.
- **What are some possible short term physical and mental health effects of cannabis use (low and high dose)?** Low dose: loss of concentration; dizzy; loss of inhibition; increased heart rate; feeling of well-being; reddened eyes. High dose: confusion; restlessness; hallucinations; anxiety and panic attack; respiratory problems; mental health problems such as depression, paranoia and psychosis to those who are predisposed.
Unit 1.2 Identifying consequences and harm reduction strategies

What are some possible long term physical and mental effects of cannabis use? Bronchitis; lung cancer; decreased memory and learning ability; interference with sexual drive and hormone production; mental health problems.

What are some relationship problems that may result from cannabis use? Conflict with family; friends; teachers and employers. Loss of inhibitions may result in doing or saying something that is embarrassing or regrettable. Loss of motivation can cause problems with school work or work.

What are some livelihood or financial problems that may result from cannabis use? The cost of cannabis varies depending on availability and may lead to financial problems for occasional and regular users (e.g. owing friends/family money; stealing; not having money to do other things; financial costs of damage to property and injury; and loss of income).

What are the laws about cannabis and what problems may result if you break these laws? It is against the law to grow, possess, use, sell or supply cannabis. It is also against the law to possess smoking implements with traces of cannabis. The Cannabis Infringement Notice Scheme (CIN) allows police to issue an infringement notice to adults who are in possession of small amounts of cannabis. The person can either pay a fine or attend a Cannabis Education Session. They do not appear in court and will not get a criminal record. It is illegal to drive under the influence of any drugs, including cannabis. Breaking these laws may result in fines; loss of licence and/or imprisonment; criminal record; loss of job; denial of visas into countries such as America and Japan; denial of some insurances and credit cards.

People under 18 who are found by police growing or using cannabis may be cautioned or referred to a Juvenile Justice Team or Children’s Court. Young people supplying cannabis will be charged and arrested.

NOTE: The CIN and under 18 laws do not apply to people found with hydroponically grown cannabis as this form of cultivation suggests it has been grown to supply or sell and is not just for own use.

The Drug Triangle

Explain that the harms or effects of cannabis, just like any drug, vary from person to person depending on the characteristics of the:

- **individual** – mood; physical size; physical and mental health; gender; previous experience with cannabis; expectation of the drug and personality.
- **drug** – the amount used; the content of THC, whether it is smoked or eaten.
- **environment** – whether the person is using with friends; on his/her own; in a social setting; before driving.

Drug Triangle in practice

To illustrate the Drug Triangle further, use a ‘most harmful’ to ‘least harmful’ values continuum (see p309). Distribute one card from Resource Sheet 6: Cannabis risk cards to each student.

Ask students to place their card along the continuum in response to the following question.

**How harmful do you consider the consequences or effects of cannabis would be in the situation you have on your card?**

Stress that students need to consider harms not only to the user but also to other people. Invite several students to explain to the class why they decided to place their card in that position. The cards may be swapped around and the question re-asked in order to show that different young people hold differing attitudes towards consequences of cannabis use.

Ask students to imagine they are a parent and take their original card and see where they would place it on the continuum now. (This is useful if some students perceive certain effects or consequences to be less harmful than they are.)

Discuss the placement of several risk cards using the following questions.

- What might happen in this situation?
- How could this situation be prevented?
- How could the harm in this situation be reduced?
- What might be the consequences of reducing the harm in this situation?
- Could changing the environment change the risk of harm? How?
- If you or one of your friends was in this situation, what could you do? What would you do? Who could you ask for help?

Students with pro-cannabis attitudes

If students express pro-cannabis attitudes be careful about making judgements. Instead remind the class that:
Focus Area 1: Drug use issues

Unit 1.2 Identifying consequences and harm reduction strategies

- young people need to make informed decisions about cannabis
- cannabis is not a safe drug, there is no such thing as a safe drug
- most young people do not use cannabis
- in all states of Australia it is illegal to possess, grow, use, sell or supply cannabis.

Alternative activity

Conduct the same values continuum as above but ask students to consider their card in terms of:
- possible physical and mental harm
- possible relationship harm
- possible livelihood or financial harm
- possible legal harm.

Time needs to be allowed between each continuum vote for discussion from students about their reasons for their placement.

Discuss

- What effects or consequences would be most likely to discourage young people from using cannabis?
- What effects or consequences might encourage young people to think about using cannabis?
- What other ways might a young person achieve this effect without using cannabis?
- How does it feel to share your opinions about cannabis with others?
- Has hearing others’ opinions and thoughts about cannabis changed how you think about cannabis use? Why/why not?
- Do you think you will always have the same opinion about cannabis? Why/why not?

Reflection

To personally reflect on this activity students complete the following unfinished sentences (see p328).

My current risk of harm from cannabis is (very high/high/moderate/low/very low) _______________ because _______________.

Ways that I could reduce my risk of harm or continue to maintain a low risk of harm from cannabis are _______________.

If I had a friend whose cannabis use was worrying me I would _______________.

Activity 4: Identifying harms and consequences relating to other illicit drugs

RESOURCES:
- Copies of the Drug Aware pamphlet Facts about drugs (see Appendix for sample copy) – one per student. These are available free on www.dao.health.wa.gov or ph: 1300 135 030
- Photocopy Resource Sheet 7: Harms and consequences of illicit drug use – one per student.

HOW:

Remind students that experience with other illicit drugs is uncommon among most students (less than 14% use in the last month for all illicit drugs other than cannabis) but it is still relevant to consider the harms and consequences of these drugs as they impact not only on the user but also their family, friends and others in the community.

Write the following illicit drug names and street names on the board and conduct a one minute challenge (see p295) for each drug, with students writing all they know or would like to know about each drug in one minute.

Amphetamines (speed, crystal meth, ice, rock)
Ecstasy (eccies, XTC, bickies)
Hallucinogens (LSD, tabs, trips, acid, magic mushrooms)
Cocaine (coke, crack, C)
Heroin (smack, hammer, horse)

With a partner students share their information for each drug, indicating with different coloured pens or markers the information they are sure about and the things they are not sure about.

Brainstorm (see p298) the different ways some people take these drugs (e.g. swallowing, snorting, injecting, smoking, suppositories). Explain that all methods of taking drugs have risks, regardless of whether a person has used the drug before or not. Injecting drug use is particularly risky due to the
Focus Area 1: Drug use issues

Unit 1.2 Identifying consequences and harm reduction strategies

possibility of contracting HIV, Hepatitis C or other blood borne viruses.

Divide students into five groups and allocate each group one of the above illicit drugs to research using the DrugAware website or the brochure.

Students use the information from the brochure or website to complete Resource Sheet 7: Harms and consequences of illicit drug use. Work through the health harm example for ecstasy on the resource sheet to ensure students understand the task. After discussing each harm category as a group, students record a summary of this discussion on their own sheets.

Students also write down three pieces of information about their drug that they can share with others who have not researched their drug.

Students conduct a jigsaw (see p299) so that each group contains a representative (or expert) on a particular drug. Students take their resource sheet, brochure and three interesting facts with them to the new group to share information on their drug with others.

Students share their three interesting facts about their drug with the others in their group then discuss the following in their jigsaw groups:

Discuss

- What drugs fall into the category of:
  - depressants (heroin)
  - stimulants (amphetamines, cocaine)
  - hallucinogens (LSD, magic mushrooms, ecstasy)
  - others (ecstasy in small doses has a stimulant effect, in large doses it can have a hallucinogenic effect)?

- What physical or mental health effects would be most likely to discourage young people from using each of these drugs?

- What short term physical or mental health effect might encourage young people to try these drugs (e.g. feelings of well-being, alertness)?

- What other ways might a young person achieve this effect without using these drugs?

- How does it feel to share your opinions about these drugs with others?

Reflection

To personally reflect on this activity, students write down a 3-2-1 reflect (see p328) and share interesting ‘recalls’, ‘so what’s’ and ‘questions’ as a class.
## Statement cards

<table>
<thead>
<tr>
<th>It’s more risky for a boy to get drunk than a girl.</th>
<th>Education has little effect on young people’s choice to take up smoking.</th>
<th>The media and friends have more influence over young people’s attitudes to drugs than schools and families.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents have a lot of influence over young people’s attitudes to drugs.</td>
<td>Teenagers who have not tried tobacco or alcohol are more likely not to try cannabis.</td>
<td>If your parents smoke you are more likely to smoke yourself.</td>
</tr>
<tr>
<td>Alcohol is more harmful than drugs like ecstasy and heroin.</td>
<td>Males and females are affected by alcohol in the same way.</td>
<td>Teenagers today have more pressures to use drugs than their parents.</td>
</tr>
<tr>
<td>No one factor causes someone to use tobacco or alcohol.</td>
<td>Most teenagers don’t use illegal drugs</td>
<td>It’s easier to say no to offers of illegal drugs than it is to say no to offers of alcohol</td>
</tr>
</tbody>
</table>

**UNSURE**  **AGREE**  **DISAGREE**
What’s the harm?

Considering alcohol
For each character, write down the possible short term harms that may result from his or her drinking. Remember harms may relate to physical and mental health; breakdown in relationships; legal consequences and financial consequences.

Phung is 17 and has borrowed his parents’ car to go to a party. He has promised them he won’t drink. He decides to have two or three drinks over the evening and thinks he may be over 0.02% BAC. He doesn’t want to let his friend down, who needs a lift home and he doesn’t want to leave his parents’ car so he decides to drive home.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)

Mustafa is 13 and knows his parents disapprove of drinking because of their Islamic faith. He decides to sneak a nip of spirits at a friend’s place just to see what alcohol tastes like.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)

Stephica is 14 and goes out most Friday nights with her friends. Because she is the oldest looking, she always goes to the bottle shop and buys a six pack of pre-mixed spirits like Lemon Ruskis for the group.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)
What’s the harm?

Vanessa’s parents are very strict about alcohol so she has got into the habit of organising a sleep over at Jill’s place whenever there is a party, just so she doesn’t have to go home and face her parents. The last three times she has stayed at Jill’s place she has had too much to drink. She broke one of Jill’s favourite necklaces and even vomited once. Jill is starting to get tired of this behaviour.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)

Leo is 14 and has never had more than a few sips of alcohol before. At a Year 9 party he drinks four beers just to feel part of the group. Several of his friends dare him to let down the tyres of the cars in the street. The beers have made him feel very relaxed and happy and he sees no real problem in a bit of harmless fun, so agrees to do it.

Possible harms:

How could these harms be avoided?

How could these harms be reduced?

Rank each of these characters according to their risk of harm (1 = greatest risk of harm, 5= least risk of harm) and give reasons for your ranking.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What’s the harm?

Considering tobacco
For each character, write down the possible short term harms that may result from smoking. Remember harms may relate to physical and mental health; breakdown in relationships; legal consequences and financial consequences.

Sharni is in Year 8 and even though her girlfriends don’t pressure her to smoke she feels she needs to experiment with smoking just to stay ‘cool’ with the new group of friends she has made. She knows that even trying one cigarette can be harmful and she knows her parents hate smoking but thinks she might ask to try a cigarette next time she is out with her friends.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)

Libby is in Year 8 and does not smoke. She knows that smoking is harmful and that most young people are smoke free. Both Libby’s parents smoke and many of her friends also smoke when they are out together, so she is often surrounded by second-hand (passive) smoke.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)
What’s the harm?

Andy is in Year 8 and keen on football. Both his parents smoke and they don’t seem to mind if he smokes. At the moment he smokes about 4 cigarettes each day. He usually pinches them from his parents or gets his 18 year-old brother to buy them for him. He noticed at pre-season training this year that he was having trouble keeping up with the other boys in his football team.

Possible harms:

How could these harms be avoided or reduced? (strategies for prevention)

How could these harms be handled afterwards? (strategies for afterwards)

Rank each of these characters according to their risk of harm (1 = greatest risk of harm, 3 = least risk of harm) and give reasons for your ranking.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal reflection
Consider your own risk of smoking and alcohol and complete the following by yourself.

My current level of smoking is:

- a) I don’t smoke
- b) I have tried a few times
- c) I smoke socially with friends
- d) I smoke regularly.

My risk is (circle) none low some high

I am exposed to cigarette smoke:

- a) never
- b) very rarely in public places
- c) sometimes at parties or after school
- d) every day at home or around friends.

My risk is (circle) none low some high

Actions I could take to remain smoke free or reduce my risk of harm from smoking are:

_____________________________________________________________________

Actions I could take to help a friend or family member to quit or cut down smoking are:

_____________________________________________________________________

My current level of drinking is:

- a) I don’t drink
- b) I have drunk a few times
- c) I drink sometimes with friends
- d) I drink regularly.

My risk is (circle) none low some high

I am exposed to other people drinking at ‘at risk’ levels:

- a) never
- b) very rarely in public places
- c) sometimes at parties or after school
- d) very often at home or around friends.

My risk is (circle) none low some high

Actions I could take to remain alcohol free or reduce my risk of harm from alcohol are:

_____________________________________________________________________

Actions I could take to help a friend or family member to reduce their drinking are:

_____________________________________________________________________
BAC and standard drinks

Factors that affect a person’s BAC

- **Whether the person is male or female** – women’s bodies have less water and more fatty tissue than men’s, so the alcohol in the water in their system is more concentrated. BAC is also likely to be higher just before a woman’s period than any other time. Men make more of the protective enzyme that breaks down alcohol before it enters the blood.

- **Metabolic rate** – which is affected by diet, digestion, fitness, emotional state, hormonal cycle.

- **Type of build** – small framed people may have a higher BAC than large framed people who have drunk the same amount.

- **Amount of body fat** – body fat does not absorb alcohol so alcohol is more concentrated in people with a high proportion of body fat.

- **Drinking on an empty stomach** – having food in the stomach slows down the rate at which alcohol passes into the bloodstream.

- **Drinking quickly** – the body can only metabolise one standard drink per hour.

- **The percentage of alcohol in a drink** – the higher the percentage the higher the BAC.

- **The type of alcohol** – fizzy drinks are absorbed more quickly.

- **The container size** – it is the number of standard drinks not the number of glasses that determines BAC. One glass may contain several standard drinks.

- **The time since last drink** – the body can only break down one standard drink per hour so the BAC may still be rising several hours after drinking has stopped because the alcohol takes time to be absorbed.

- **The use of other drugs** – this won’t affect BAC but may ‘mask’ the effect of alcohol. Stimulants such as speed and ecstasy may make a person feel more sober than they really are and cause severe dehydration. Cannabis or other depressants such as analgesics and cold and flu tablets combined with alcohol decrease alertness and motor skills more than just consuming alcohol alone. Alcohol combined with some antibiotics may cause headaches, nausea and flushing and reduce the effectiveness of the antibiotics.

---

**Summary of guidelines to reduce long term harm from alcohol use**

(Australian Alcohol Guidelines 2004). All drinkers should have at least 2 alcohol free days per week. These guidelines are for adults only.
BAC and standard drinks

Use your knowledge of factors affecting BAC to think about these questions.

1. What difference in effect might there be if Kate and Dan go to a party and both drink 4 standard drinks? Kate has not eaten before coming to the party and Dan has. Kate is small framed and Dan is large framed. Kate drinks champagne and Dan drinks beer. Kate drinks her 4 standard drinks in the first hour of the party. Dan drinks his over several hours.

2. Mitch has just got his P plates and knows he can’t drink at the party. He drinks lemonade most of the night but sips his girlfriend’s pre-mixed spirit throughout the night. If his sip size is 30mls, about how many sips would he need to take, to have had a standard drink?

3. How do you think you might drink at a ‘low risk’ level now or in the future?
## Alcohol risk cards

<table>
<thead>
<tr>
<th>Individual</th>
<th>Individual</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 year-old fit male keen to improve his basketball performance</td>
<td>14 year-old female who has never drunk before</td>
<td>Pregnant 20 year-old</td>
</tr>
<tr>
<td>15 year-old male who does not like the taste of alcohol</td>
<td>16 year-old female who is dieting</td>
<td>15 year-old male who is taking cold and flu tablets</td>
</tr>
<tr>
<td>14 year-old male who is keen to fit in with some new friends</td>
<td>15 year-old female who has drunk alcohol just once before</td>
<td>17 year-old female who is on asthma medication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sip of champagne</td>
<td>7 full strength beers in three hours</td>
<td>4 pre-mixed spirits in three hours</td>
</tr>
<tr>
<td>10 or more standard drinks in 3 hours</td>
<td>1 beer, 2 spirits and 3 alcoholic sodas in 3 hours</td>
<td>1 standard drink in 2 minutes</td>
</tr>
<tr>
<td>2 light beers in 1 hour</td>
<td>3 full strength beers with lemonade in between in 3 hours</td>
<td>Half a bottle of spirits in 3 hours</td>
</tr>
</tbody>
</table>
### Alcohol risk cards

<table>
<thead>
<tr>
<th>Environment</th>
<th>Environment</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>At a family dinner</td>
<td>With good friends</td>
<td>With people he/she does not know</td>
</tr>
<tr>
<td>At a party with no adults around</td>
<td>At the beach</td>
<td>At home alone</td>
</tr>
<tr>
<td>At a local skate park</td>
<td>At a shopping centre</td>
<td>After a soccer grand final</td>
</tr>
<tr>
<td>Extra Risk</td>
<td>Extra Risk</td>
<td>Extra Risk</td>
</tr>
<tr>
<td>Leaves drinks unattended</td>
<td>Is taking antibiotics</td>
<td>Travels home with someone who has been drinking</td>
</tr>
<tr>
<td>Takes an ecstasy tablet</td>
<td>Has 2 joints of cannabis</td>
<td>Has played a hard game of sport</td>
</tr>
<tr>
<td>Walks home alone</td>
<td>Decides to go for a swim</td>
<td>Does not know how he/she is getting home</td>
</tr>
</tbody>
</table>
Cannabis scavenger hunt

Use the fact sheets your teacher has given you to find the answers to the following questions about cannabis. You may divide the questions among your group, but share the answers at the end.

➤ What are the three most common forms of cannabis?

➤ How is cannabis used and how can the THC enter the bloodstream?

➤ What are some possible **short term** physical and mental health effects of cannabis use (low and high dose)?

➤ What are some possible **long term** physical and mental effects of cannabis use?

➤ What are some relationship problems that may result from cannabis use?

➤ What are some livelihood or financial problems that may result from cannabis use?

➤ What are the laws about cannabis and what problems may result if you break these laws?
## Cannabis risk cards

<table>
<thead>
<tr>
<th>Using cannabis while driving a car</th>
<th>Parents finding out the person is using cannabis</th>
<th>Thinking about using cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using cannabis while on a fishing trip</td>
<td>Trying cannabis for the first time at a friend’s house</td>
<td>Using cannabis and alcohol at the same time</td>
</tr>
<tr>
<td>Using cannabis if you are an asthmatic</td>
<td>Selling cannabis to friends at school</td>
<td>Using cannabis to deal with a problem</td>
</tr>
<tr>
<td>Using cannabis if there is a history of mental illness in the family</td>
<td>Using cannabis before going to school</td>
<td>Getting into a car with someone who has used cannabis</td>
</tr>
<tr>
<td>Using cannabis regularly for five years</td>
<td>Trying a joint at a party</td>
<td>Using cannabis alone</td>
</tr>
<tr>
<td>Cannabis risk cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using ecstasy and cannabis together</td>
<td>Using cannabis at a beach party</td>
<td>Using cannabis before an important school exam</td>
</tr>
<tr>
<td>Being at a party while cannabis is being used by others</td>
<td>Growing five plants of cannabis in the backyard</td>
<td>Sharing cannabis with younger brother or sister</td>
</tr>
<tr>
<td>Regularly using tobacco in cannabis joints</td>
<td>Using cannabis at a school social</td>
<td>Dobbing on someone who has cannabis at school</td>
</tr>
<tr>
<td>Refusing an offer of cannabis</td>
<td>Giving a hash biscuit to someone without telling them what’s in it</td>
<td>Walking home alone after using cannabis</td>
</tr>
<tr>
<td>Buying cannabis from a stranger</td>
<td>Buying cannabis from a friend</td>
<td>Being around others at a school camp who are using cannabis</td>
</tr>
<tr>
<td>Drug type: e.g. ecstasy</td>
<td>What are the consequences of these harms for the USER?</td>
<td>What are the consequences of these harms for the USER’S FRIENDS?</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>HEALTH HARMS</td>
<td>For example:</td>
<td>For example:</td>
</tr>
<tr>
<td>Look at the short term</td>
<td>• may lead to poor performance at work/school</td>
<td>• may disturb family members’ sleep</td>
</tr>
<tr>
<td>health effects of your</td>
<td>• may result in taking other drugs to get to sleep</td>
<td>• may affect family members’ well-being due to user’s</td>
</tr>
<tr>
<td>drug. Pick two effects</td>
<td>• may affect driving ability</td>
<td>problems at work/school</td>
</tr>
<tr>
<td>that may impact on</td>
<td>• may result in injuries due to tiredness.</td>
<td>• may result in family conflict</td>
</tr>
<tr>
<td>others and show how the</td>
<td></td>
<td>• may put them at risk of injury due to user’s tiredness.</td>
</tr>
<tr>
<td>consequences of using</td>
<td></td>
<td></td>
</tr>
<tr>
<td>this drug may affect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>more than just the user.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. health effect of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>insomnia due to ecstasy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELATIONSHIP HARMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider all you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>have read about this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drug. What would some of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the consequences be for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the user and others in</td>
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<tr>
<td>terms of relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>harms?</td>
<td></td>
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</tbody>
</table>
Harms and consequences of illicit drug use

<table>
<thead>
<tr>
<th>Drug type: ecstasy</th>
<th>LIVELIHOOD HARMS</th>
<th>LEGAL HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider all you have read about this drug. What would some of the consequences be for the user and others in terms of livelihood or financial harms?</td>
<td>illegal drugs are made with no controls on their strength or hygiene. Not knowing the purity or ingredients increases the chances of overdosing, being poisoned or experiencing nasty side effects. It is safer not to use illegal drugs but if someone does, what are some things the user or others could do to reduce or avoid the harms of this drug?</td>
<td>It is illegal to possess, manufacture or supply this drug. What would some of the consequences be for the user and others if the user were caught in possession of this drug by police when out with friends?</td>
</tr>
</tbody>
</table>

What are the consequences of these harms for the USER?

What are the consequences of these harms for the USER’S FAMILY?

What are the consequences of these harms for OTHERS IN THE COMMUNITY?

What are the consequences of these harms for the USER’S FRIENDS?

What are the consequences of these harms for the USER?
Assessment Task

Drug education expo

The school librarian and the student council are interested in developing a drug education expo for students. They have put out lots of drug-related brochures and pamphlets over the last few weeks but no one seems to be interested in taking them.

Your task is to choose a drug and present some information about that drug that is meaningful and relevant to young people. The way you present this information is your choice: (e.g. PowerPoint, posters, role-plays, quizzes, radio interview, DVD.)

You must include information on the following in your presentation.

- Statistics about how many WA students use this drug?
- What are some possible short term and long term physical and mental health effects of the drug (low and high dose)?
- What are some relationship problems that may result from using the drug?
- What are some financial problems that may result from using the drug?
- What are the laws relating to this drug what problems may result if you break these laws?
- What are some factors that might influence a young person’s decision to use this drug?
- Describe some situations where young people may be exposed to this drug and develop some harm reduction strategies that young people could use to avoid or reduce the harm from this drug.

Useful websites:
www.drugaware.com.au
www.enoughisenough.com.au
www.alcohol.gov.au
www.reachout.com.au
www.oxygen.org.au
Unit 1.3
Unit 1.3 Resilience and harm reduction strategies in practice

The activities in this focus area are designed for typical Year 7 and 8 students.

For students:

**Key understandings**

➤ Harm reduction strategies can be applied to a range of drug-related situations.
➤ Resilience is the capacity to ‘bounce back’ from adverse situations.
➤ The development of resilience is associated with the prevention of substance abuse.
➤ There are five key skills that help contribute to resilience (called the *Five skills of resilience* in this resource):
  – **Helpful and positive thinking**
    talking to self positively
    using humour
  – **Resourcefulness**
    practise predicting and solving problems
    making and evaluating decisions
    setting goals
    being persistent
  – **Understanding emotions**
    being in control of own feelings and behaviour
    reading others’ feelings and responding to them appropriately
  – **Relationship skills**
    knowing how and who to talk to when seeking help with a problem
    knowing how and who to tell about own feelings
    sorting out conflict
  – **Self-understanding**
    knowing own strengths and limitations
    knowing and standing up for own values
    reflecting on own actions.

**Key skills**

➤ Devise and practise strategies to avoid or reduce harm in a range of drug-related situations.
➤ Apply a number of different perspectives in developing these strategies.
➤ Identify and practise relevant resilience skills in a range of situations.

**Activity 1: Understanding the five skills of resilience**

**HOW:**

Conduct a **card cluster** (see p293) to the following question.

**What situations cause young people to worry or stress?**

Give some examples such as: having fights with friends or parents, asking parents for permission to go out on weekends, etc. Ensure that students write the situations on separate scraps of paper or Post-it notes so they can be used in the card cluster activity.

**RESOURCES:**

➤ Photocopy Resource Sheet 1: *The five skills of resilience* one per student.
➤ Photocopy Resource Sheet 2: *Using the five skills of resilience* one per group.
➤ Post-it notes or small squares of paper – several per student.
When the card cluster is complete ask students to do a **dot vote** (see p310) to show the three situations on the board that would cause **them** the most stress or worry.

Once dot voting is complete, determine the top five situations that cause stress or worry in the class and ask students to individually think of strategies they would use to deal with these situations or make the situation less stressful or worrying (e.g. talk to someone; weigh up the options; think positive thoughts; exercise; make a plan; keep persisting).

**Brainstorm** (see p298) a range of student responses for each situation, so that students understand that different people use different coping strategies in different situations.

**Resilience**

Explain that the coping strategies they have just suggested are part of what is known as resilience.

Explain that resilience is the ability to ‘bounce back’ from stress and problems and that researchers have discovered that young people who are resilient are less likely to engage in harmful behaviours such as problematic drug use, bullying and violence. They have also discovered that resilience helps young people achieve academic and life successes.

Distribute **Resource Sheet 1: The Five skills of resilience** and explain that these are skills people can focus on to promote resilience.

Read through the first page of **Resource Sheet 1** with students. After each skill has been read, revisit some of the coping strategies written on the board and see if any of the strategies suggested by students fall into this category of skill (e.g. ‘just try and laugh it off’ would fall into the skill of Helpful and positive thinking).

Explain that while some of these skills may be unfamiliar to them, they are important skills that need to be used daily throughout their lives. It is useful to think of these skills as being in an invisible backpack that they can carry around with them and the most useful skill can be called upon depending on the situation. To be able to pull these skills out in the real world, when things are stressful or difficult, it is important to practise them in class and also as often as possible in their daily lives.

**Unpacking the Five skills of resilience**

In groups, students use the information on **Resource Sheet 2: Using the Five skills of resilience** to develop a scenario where someone may be influenced to act unsafely or choose an unhealthy option. The scenario should include a character, plus supporting information. For example:

**Who** is influencing the character (older sibling, peers, adult) or is the influence coming from the character’s own thoughts?

**What** kinds of things are said, done or thought to influence the character’s behaviour?

**Where** is the situation happening (at a friend’s place, the shops)?

**How** is the character feeling in this situation?

Collect scenario cards and ask the class to rank the cards from the scenario that would cause them the most distress to the one that would be easiest to deal with. Ensure students provide reasons to support the rankings.

Give each group a scenario card, ensuring they have not received their original scenario.

Students discuss the scenario and:

- predict what outcomes or problems may occur
- suggest what resilience skills may be useful in this scenario and explain why
- decide what factors might influence their character’s decision
- decide what the character might do to avoid or reduce possible harm.

Hear responses from several groups and point out that different challenges need different coping skills and that is why we need a broad range in our personal collection (or backpack).

**Discuss**

- What resilience skills seemed to be useful in most scenarios?
- What scenario would be most likely to happen to you?
- What factors sometimes stop us from making the safest or best decisions for ourselves?
- How can we overcome these factors?

**Reflection**

Students complete the self reflection pages of **Resource Sheet 1** and share their responses with a partner.
Activity 2: Practising using the Five skills of resilience

RESOURCES:
- Photocopy Resource Sheet 3: Snap decision cards – one per group.
- Photocopy Resource Sheet 4: Reflection – one per student.

HOW:
Snap decision seat
Divide the class into groups of five. Distribute one card from Resource Sheet 3: Snap decision cards to each group and explain that each group is responsible for preparing and presenting one of the snap decision card scenarios.
As preparation, each group brainstorms (see p298) the possible ‘for’ and ‘against’ arguments for their scenario.
Assign roles to the group members so they may conduct a variation on the snap decisions activity.
- Person 1: sits in a chair and listens to the arguments and then makes the final decision.
- Person 2: is responsible for presenting the ‘for’ argument.
- Person 3: is responsible for presenting the ‘against’ argument.
- Person 4: is responsible for reading the scenario to the rest of the class and reminding Person 1 which of the Five skills of resilience they could use in this scenario before they make their final decision.
- Person 5: is responsible for pausing the argument and asking questions of the audience, such as Which arguments do you think are the most convincing at this point? or What do you think Person 1’s decision would be if these were his/her thoughts?

Hidden thoughts role-play
When all groups have played out their scenarios ask each group to decide on a strategy that would reduce or avoid the possible harm in their scenario. Students assign several people in their group to conduct the role-play and the remaining people to be one of the character’s ‘brains’ in their role-play (see hidden thoughts role-play p317). Allow only a very brief rehearsal time as it is the process rather than the performance that is important in this activity.
The ‘brains’ will stand behind their character and when asked by the teacher, will reveal the hidden thoughts and feelings that may not have been expressed by the character.
Students conduct their prepared role-play playing out their prepared harm reduction strategy. Stop the role-play several times at pertinent spots to interview ‘the brains’.
Use these questions to elicit deeper thinking from the ‘brain’.
- What is this character afraid of?
- What is this character hoping will happen?
- What is stopping your character from doing what he knows is right or necessary?
- What would help your character get on and do this?
- What would it take for your character to get help for/stand up to the other person in this scenario?

Students who have observed the role-play or played other characters can give advice to a particular character about alternative harm reduction strategies following the hidden thoughts role-play.

Reflection
Distribute Resource Sheet 4: Reflection to each student and students write responses to each question.
The Five skills of resilience

Helpful and positive thinking: Thinking ‘What’s wrong with this situation’ not ‘What’s wrong with me?’ or ‘Why me?’; using humour and talking to yourself positively all help develop helpful and positive thinking.

Relationship skills: Knowing how and who to talk to when you need help or have a problem; knowing how and when to tell someone how you feel and being able to sort out disagreements all help develop relationship skills.

Understanding emotions: Being able to control your feelings and behaviour and read how others are feeling so you can get along with them are important steps in understanding emotions.

Resourcefulness: Practising predicting and solving problems; making and evaluating decisions; setting goals and being persistent all help develop resourcefulness.

Self-understanding: Knowing your strengths and limitations; knowing what you value and standing up for those values; being able to show courage and reflect on your actions all help develop self-understanding.
The Five skills of resilience

Think about your own five skills of resilience. Remember, don’t worry if you’re not too good at any of these skills …you have a whole lifetime to practise them!

HELPFUL and POSITIVE THINKING
Tick the box that best shows what you think and do

<table>
<thead>
<tr>
<th></th>
<th>Yes, usually</th>
<th>Sometimes</th>
<th>Not often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you forgive yourself when you make mistakes and think of them as learning experiences that happen to everyone?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you are having a hard time do you understand that if something bad happens once, it might not ever happen again?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you accept that you sometimes need to talk to others to get the facts about a situation that is worrying or stressing you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you do a reality check to work out the likelihood of something you are worrying about actually happening?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you accept the things you can’t change when you have a problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you accept that unhappy or bad things happen to everyone, not just you (i.e. normalise things)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you concentrate on the funny bits or good bits of a problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you say positive things to yourself when you are having a problem or are in a stressful situation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you ticked mostly ‘Yes, usually’ or some ‘Sometimes’ you are already well on the way to using the skill of Helpful and positive thinking. If you got mostly ‘Not oftens’ you need to keep practising some of these helpful and positive ways of thinking, they really help!
The Five skills of resilience

RESOURCEFULNESS

Being resourceful means knowing how to predict and solve problems and make good decisions. It means knowing how to set goals and be persistent when things don’t go your way the first time. Write what you think you could do in these situations to be resourceful.

You are babysitting for some friends of your parents. When they return home they both seem quite tipsy. Having paid you, one of them heads for the car and tells you they are taking you home.

______________________________________________________________

______________________________________________________________

______________________________________________________________

You are at a party and when it comes time to leave your friend’s Mum hasn’t turned up as arranged. Your friend suggests you both walk home in the dark by yourselves. You know your parents wouldn’t approve of this.

______________________________________________________________

______________________________________________________________

______________________________________________________________

You really want to get into the interschool swimming team and think you have a good chance. You smoke occasionally and think that this might be slowing your times down. What could you do to get in the team?

______________________________________________________________

______________________________________________________________

______________________________________________________________
The Five skills of resilience

UNDERSTANDING EMOTIONS

Feeling angry, worried or helpless is normal. Everybody feels these emotions. These three feelings cause the most emotional problems and when they are out of control can muck up your life. Knowing how to control these emotions in yourself and recognising these emotions in others is an important skill.

Circle the answer that best fits your most likely response when feeling angry.

1. You are at a party and a friend starts teasing you because you have chosen not to drink alcohol. You:
   a) shout at them loudly
   b) swear at them under your breath
   c) turn bright red and leave the room
   d) think to yourself you'll feel a whole lot better than them tomorrow.

2. You are angry because your Mum won’t let you go to the movies with friends on the weekend. You:
   a) throw something or slam the door when you leave the room
   b) retreat to your bedroom
   c) say nasty things to your Mum
   d) organise something else to do on the weekend.

3. A kid pushes in front of you in the canteen line and then buys the last toasted cheesie that you had been wanting. You:
   a) grab the roll out of his hand and say it's yours
   b) give him a dirty look
   c) storm off and don't buy anything
   d) buy something else that looks good.

4. A teacher tells you off in front of the class for something you haven’t done. You:
   a) shout back at the teacher with a few abusive remarks
   b) complain about the unfairness, getting very upset as you speak
   c) turn bright red and say nothing
   d) explain the real situation to your teacher in private after the lesson.

Answers: Look at your ticks and see how your answers rated.

Did you get mostly a) answers? These get you into trouble and are not a good way to deal with anger.

Did you get mostly b) answers? These make you angrier and more miserable but don’t worry most people behave like this sometimes.

Did you get mostly c) answers? These often turn your anger into sadness. It's important to keep this reaction as short as possible.

Did you get mostly d) answers? These help you stay calm and solve the cause of your anger.

You can’t stop yourself from feeling angry but you can control it and deal positively with it!
The Five skills of resilience

Circle the answer that best fits your most likely response when feeling worried.

1. You have been appointed captain of your netball side. You:
   a) continue on as normal
   b) celebrate with your family
   c) become nervous that you’ll do a terrible job
   d) try and get out of it because you are so worried.

2. When you are with people you don’t know very well, you:
   a) behave much the same as if you were alone
   b) enjoy talking and listening to new friends
   c) change your behaviour so they will like you
   d) feel so self conscious you can hardly talk.

3. Your best friend gets a new boy/girlfriend. You:
   a) make no mention of it
   b) are happy for them
   c) think your friendship will never be as good again
   d) despair over all the good times you’ll never have again.

4. It’s the night before a big test or exam. You:
   a) rarely worry or think about it
   b) usually prepare for it
   c) often dread the next day
   d) have trouble sleeping or feel sick thinking about it.

Answers: Look at your ticks and see how your answers rated.

Did you get mostly a) answers? These mean you probably don’t worry enough. If something goes wrong, you may not see it coming!

Did you get mostly b) answers? These show you can control your worry and that it has a positive affect on your life.

Did you get mostly c) answers? These are common among many people from time to time. You will achieve more if you can control your worrying, maybe by talking to someone you trust.

Did you get mostly d) answers? These mean you may get sick if you don’t control your worrying. Perhaps talk to a parent, good friend, relative, school counsellor about what worries you.

Worry is normal. You can’t stop yourself from feeling worried but you can learn to control it!
The Five skills of resilience

RELATIONSHIP SKILLS

Knowing how and who to talk to when you or someone else needs help or have a problem; knowing how and when to tell someone how you feel; being able to sort out disagreements all help develop relationship skills.

Sorting out arguments is an especially important relationship skill. The secret to handling conflict is to think hard to find a solution that is fair, takes into account both points of view and doesn't harm the relationship. Asking for help to sort things out and saying what you think or feel without getting angry also helps.

Write what you think you could do in these situations that would develop good relationship skills.

Amy, Mitch and Binh often do group work together in class. Mitch and Binh always seem to do all the classwork and homework while Amy does nothing. Teachers never seem to realise she hasn't contributed and praise her for a job well done and give her the same mark as the boys. This is really starting to annoy Mitch. What would you do or say if you were Mitch?

Deanna has moved to a new school and is having trouble making friends. She feels she can't talk to her Mum about how she feels because her Mum is having a hard time coping with the family’s move as well. Each recess and lunchtime she goes to the library, wishes she was invisible and prays the siren will go quickly so she can return to class and not feel so lonely. What would you do or say if you were Deanna?

Tom is at a friend’s place playing cards with a few friends. The friends decide that the loser of each round of cards must have a large swig from a bottle of spirits. Tom notices that Brent has been losing most of the rounds and now appears to have vomited and fallen asleep in the corner of the games room. What could you do or say if you were Tom?

Kieran has been invited to an end of season football BBQ at the coach’s house. He asks his parents if he can go but they say ‘no’ because they know there will be lots of older boys there drinking and they think the supervision will be poor. Kieran really wants to go and is angry with his parents for not letting him go. What could you do or say if you were Kieran?
The Five skills of resilience

SELF-UNDERSTANDING

Knowing your strengths and limitations; knowing what you value; being able to show courage and reflect on your actions all help develop self-understanding. Self-understanding helps you decide what is right and wrong; what matters and what doesn’t.

Tick the box that best shows what you think and do.

<table>
<thead>
<tr>
<th></th>
<th>Yes, usually</th>
<th>Sometimes</th>
<th>Not often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you make a plan to practise things you are not so good at?</td>
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<tr>
<td>Do you praise yourself when you do things well?</td>
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<tr>
<td>Do you have beliefs that you find yourself standing up for?</td>
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<tr>
<td>Do you encourage yourself after making mistakes and think about where you went wrong?</td>
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<tr>
<td>Do you stick up for someone when you think they have been wronged by others?</td>
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<tr>
<td>Do you ignore put downs?</td>
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<tr>
<td>Do you accept that you are imperfect, as is everyone else?</td>
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</table>

If you had mostly ‘Yes, usually’ or some ‘Sometimes’ you are already well on the way to using the skill of self-understanding. If you got mostly ‘Not oftens’ you need to keep practising some of these self-understanding skills, they really help!

Reflection:

➤ Consider the Five skills of resilience. Which skill do you think you need to practise most and why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

➤ Who or what could help you develop this skill?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Using the Five skills of resilience

With your group, develop a scenario where someone may be influenced to act unsafely or choose an unhealthy option relating to drug use. Write your scenario in the square below.

The scenario should include a character plus supporting information. For example:

Who is influencing the character (older sibling, peers, adult) or is the influence coming from the character’s own thoughts?
What kinds of things are said, done or thought to influence the character’s behaviour?
Where is the situation happening (at a friend’s place, the shops)?
How is the character feeling in this situation?

Example of influence coming from someone else
Tammy promised her parents she wouldn’t drink at a party she was going to. Her two friends tease her for not drinking and say her parents will never know and that just a couple of drinks won’t hurt. Tammy’s Mum is picking her up from the party. Tammy is feeling confused – torn between respecting her parents’ wishes and pleasing her friends.

Example of influence coming from character’s own thoughts
Joey is 13 years-old. He is quite keen on Amy and would like to get to know her better. He arranges to meet Amy and some of her friends at the shops. Some of the girls, including Amy are smoking. Joey feels pressured to smoke as well, even though the girls don’t ask him to. He thinks if he doesn’t smoke Amy may not like him. He feels quite nervous and worried in this situation because he doesn’t really like the idea of smoking.

Your teacher will give you a new scenario made up by another group. Discuss this scenario and:
➤ predict what outcomes or problems may occur
➤ suggest what resilience skills may be useful in this scenario and explain why they would be useful
➤ decide what factors might influence your character’s decision
➤ decide what the character might do to reduce or avoid possible harms (remember not to just think of health harms but also relationship harms, livelihood or financial harms and legal harms).
### Snap decision cards

<table>
<thead>
<tr>
<th>Scenario</th>
<th>What will you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A friend (who you had arranged to walk home with that afternoon) has accepted a lift with someone who has been drinking. Your friend wants you to accept a ride too?</td>
<td>What will you do?</td>
</tr>
<tr>
<td>A friend has invited you over to their place for dinner. You have heard that his parents use cannabis regularly and are worried about what your parents might think but also don’t want to offend your friend.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>You are worried about your friend’s smoking. She seems to smoke every day and spends lots of money on cigarettes. You think you should talk to her about this problem but you’re worried about offending her.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>You are with a group of friends at the bus stop on a hot day. The bus is late and everyone is getting bored. One of your friends suggests you all try some of his ADHD medication (dexamphetamine) just to see what effect it has on you all.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>You have been invited to a 14th birthday party and know that there will be no adults there. You think that your parents won’t let you go if they know it’s not supervised.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>A 14 year-old boy has been drinking heavily at a party. He falls down the stairs and knocks his head and is bleeding quite badly. His mates want to put him to bed and let him ‘sleep it off’. You think he needs medical help.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>You are at a football windup for the under 17 team. There are lots of adults there drinking and some of the older boys are also drinking. You are only 15 and know that your parents would ground you if you joined them.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>You are going on a school camp 200 kms from home. You know the camp rules are if anyone is found using alcohol or other drugs their parents will be informed and they will be sent home. Your friend takes out what he says are dexies in the tent one night and suggests you both try them.</td>
<td>What will you do?</td>
</tr>
<tr>
<td>A group of friends ask you to put $10 in towards a bottle of Vodka they plan to have at a gathering the following night. They say they won’t have enough money if you don’t put in. You don’t want to drink or spend your money in this way but you don’t want to offend your friends.</td>
<td>What will you do?</td>
</tr>
</tbody>
</table>
Reflection

Consider all the scenarios you have seen.

➤ Which scenario do you think would most likely happen to you in real life?

➤ Do you think you would have responded to this scenario in a similar way to the main character in the hidden thoughts role-plays? Give reasons for your answer.

➤ Which of the Five skills of resilience would have been most useful in this scenario?

➤ Explain how you may have used each of these skills if you had been in this scenario in real life.

Five skills of resilience

1. Helpful and positive thinking: (e.g. thinking ‘What’s wrong with this situation’ not ‘What’s wrong with me?’ or ‘Why me?’ using humour and talking to yourself positively)

2. Resourcefulness: (e.g. practising predicting and solving problems; making and evaluating decisions; setting goals and being persistent)

3. Understanding emotions: (e.g. being able to control your feelings and behaviour and read how others are feeling so you can get along with them)

4. Relationship skills: (e.g. knowing how and who to talk to when you need help or have a problem; knowing how and when to tell someone how you feel and being able to sort out arguments)

5. Self-understanding: (e.g. knowing your strengths and limitations; knowing what you value and standing up for those values and being able to show courage and reflect on your actions)
Resilience is the capacity to ‘bounce back’ from adverse situations. The development of resilience is associated with the prevention of substance abuse. There are five key skills that help contribute to resilience:

– helpful and positive thinking
– resourcefulness
– understanding emotions
– relationship skills
– self-understanding.

Your task is to develop several scenarios to show how the skills of resilience might be useful for young people when they are in stressful situations or when they are around drugs.

You must ensure that:

• you describe the characters and setting of the scenario
• you illustrate at least one example of each of the skills being used by the character/s to help them in a stressful situation or when around drugs
• you predict what might have happened if the character/s did not have these skills.

You may present your work in as creative a way as you like!
Focus Area 2
Predicting and responding to drug use risks and consequences
(For typical Year 8 and 9 students)
Focus Area 2
Predicting and responding to drug use risks and consequences

The activities in this focus area are designed for typical Year 8 and 9 students.

Overview of Focus Area 2
This section provides an overview of the units included in the Predicting and responding to drug use risks and consequences focus area. It builds on the utility knowledge and skills developed in Focus Area 1. It encourages students to practise these skills in a range of situations and apply their knowledge to their own lives.

It includes patterns of use which are likely to be of lower or higher risk in a range of drug-related situations and scenarios that use harm reduction strategies and the Five skills of resilience. Sources of information, people and agencies available to assist in drug-related and stressful situations and first aid procedures and other help seeking skills to use in drug-related emergencies are also addressed.

There are two units that allow all students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer drug-related behaviours.

Unit 2.1 Alcohol and other drugs in a social setting
This unit focuses on students' attitudes to binge drinking. It also examines the short term harms (such as sexual harm, loss of reputation and violence) that can occur when young people are intoxicated with alcohol or other drugs or in the company of intoxicated people. Students practise strategies to avoid or reduce their risk of these harms.

Unit 2.2 Help seeking in stressful and drug-related situations
This unit focuses on the sources of accurate information and the people and agencies who can assist with stressful or drug-related situations. Students practise raising drug use issues with others and focus on the importance of looking after friends, both emotionally and physically, in drug-related situations. Students apply standard first aid procedures in a range of drug-related emergencies.
Focus Area 2: Predicting and responding to drug use risks and consequences

Overview of content: Predicting and responding to drug use risks and consequences

The table below describes the content addressed in this focus area that will contribute to the achievement of the Curriculum Framework Health and Physical Education Learning Outcomes in the context of drug education. The content has been listed under the organisers from the Early Adolescence Phase of the Curriculum Framework Curriculum Guide-Health and Physical Education. The content for Attitudes and Values is incorporated in the outcomes (shown in italics).

<table>
<thead>
<tr>
<th>Unit 2.1 Alcohol and other drugs in a social setting</th>
<th>Unit 2.2 Help seeking in stressful and drug-related situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE AND UNDERSTANDINGS</td>
<td>SELF-MANAGEMENT SKILLS</td>
</tr>
<tr>
<td>PROMOTING WELL-BEING</td>
<td>SELF-UNDERSTANDING</td>
</tr>
<tr>
<td>The meaning and dimensions of health</td>
<td>Understanding emotions</td>
</tr>
<tr>
<td>* people enhance their health by developing positive attitudes towards it and taking positive actions such as harm reduction strategies around drug use</td>
<td>* developing a more complex vocabulary for describing situations and interpreting emotions</td>
</tr>
<tr>
<td>Growth and development</td>
<td>Managing emotions</td>
</tr>
<tr>
<td>* accurate information about the harms of drug use may affect attitudes and behaviours relating to drug use</td>
<td>* modifying actions in response to stressful or unsafe situations</td>
</tr>
<tr>
<td>* personal behaviours that influence growth and development such as use of tobacco, alcohol and other drugs</td>
<td>* using positive ‘self talk’ and understanding the link between thoughts, feelings and behaviour</td>
</tr>
<tr>
<td>* strategies to enhance health and resilience such as harm reduction strategies and the Five skills of resilience</td>
<td><strong>DECISION-MAKING</strong></td>
</tr>
<tr>
<td>Social-emotional well-being</td>
<td><strong>Reviewing the situation</strong></td>
</tr>
<tr>
<td>* the Five skills of resilience can be drawn on to manage relationships</td>
<td>* identifying factors to consider in choosing the appropriate person or agency to help</td>
</tr>
<tr>
<td>Ways to keep healthier and safer</td>
<td>* identifying an unsafe situation and determining if a decision needs to be made to reduce the risk</td>
</tr>
<tr>
<td>* identifying personal attitudes and values towards drug use</td>
<td>* identifying positive and negative consequences of a decision</td>
</tr>
<tr>
<td>* accepting of personal responsibility for safety in drug-related situations</td>
<td>* ways to manage or avoid risks e.g. use harm reduction strategies and the Five skills of resilience</td>
</tr>
<tr>
<td>* identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours</td>
<td>Planning before deciding</td>
</tr>
<tr>
<td>* identifying that drug use harms relate to the drug, the individual and the environment</td>
<td>* identifying more than one option in a drug-related situation</td>
</tr>
<tr>
<td>* there are ways to help others who are experiencing drug-related problems</td>
<td>* identifying short term goals and planning to reduce risk through not using illicit drugs</td>
</tr>
<tr>
<td>* there is a standard first aid procedure to apply in drug-related emergencies</td>
<td>* assessing feelings when making decisions and planning</td>
</tr>
<tr>
<td><strong>Resources and consumer skills</strong></td>
<td>* appreciating the need for safer practices in a range of situations</td>
</tr>
<tr>
<td>* knowledge about standard drinks and the Australian Alcohol guidelines helps people monitor their alcohol consumption</td>
<td>* considering their rights and responsibilities</td>
</tr>
<tr>
<td>* importance of teachers and parents as sources of information and support relating to drug use</td>
<td><strong>Deciding and acting</strong></td>
</tr>
<tr>
<td>* there is a wide range of community services and agencies and sources of information available to assist with drug-related issues</td>
<td>* positive and negative consequences in relation to drug use situations</td>
</tr>
<tr>
<td>* justifying the selection of information and services in a range of drug-related situations</td>
<td>* using strategies to manage influences on drug use behaviour from peers and family</td>
</tr>
<tr>
<td></td>
<td>* using assertive communication when well-being is threatened or adult support is not available</td>
</tr>
</tbody>
</table>
Focus Area 2: Predicting and responding to drug use risks and consequences

Teacher notes

➤ Teachers should ensure that students have completed learning experiences from Focus Area 1 before commencing the learning experiences in this focus area. The learning experiences in this focus area build on the utility knowledge and skills developed in the previous focus area. It is important that students are familiar with and have practised the Five skills of resilience from Focus Area 1.

➤ There is a strong emphasis in this focus area on binge drinking and the associated harms. Among 15-34 years, alcohol is responsible for the majority of drug-related deaths and hospitalisations. Research shows that there has been an increase in the proportion of 12-17 year-old students who drink at ‘at risk’ levels (from 23% in 2002 to 27% in 2005). This is almost entirely attributable to an increase in 12-15 year-old females (16% to 24%). The rationale for ‘top up’ alcohol education lessons throughout secondary school is a strong one.

➤ Harms that may affect students as a result of other people’s drug use should always be considered in conjunction with harms from own drug use. Studies have found that many young women (as high as 90%) report feeling sexually vulnerable as a result of their own or others’ alcohol use, a small number of young men (10%) also report feelings of sexual vulnerability. Young people consistently identify violence as a potential harm in drinking situations and violence involving young people is more likely to occur at crowded venues, parties and in the home. One third of young people aged 14-17 years had experienced verbal or physical abuse by, or had been fearful of, another drug or alcohol affected person.

➤ Cannabis education needs to be provided to students before regular use becomes established. Research shows that cannabis education needs to be introduced while the number of students who have used it is low and before most young people have been exposed to the possibility of use. (19% of 12-15 year-old students have ever used cannabis compared to 38% of 16-17 year-olds.) The cannabis learning experiences in this focus area build on the utility knowledge of Focus area 1 and focus on the Five skills of resilience, most importantly problem predicting, decision-making, assertiveness, help seeking and goal setting.

➤ When creating scenarios for students to practise problem predicting, decision-making and coping strategies, keep in mind that research has identified that home is the most common drinking place for students and parents are the most common source of alcohol; and ‘at a friend’s place with a bong or pipe’ is the most common context for student cannabis use.

➤ Give students many opportunities to consider when, where, how and by whom they may feel pressured to use or be harmed by others’ alcohol or other drug use. Consider situations that involve both overt pressure from peers or family and also covert pressures where students put pressure on themselves to use drugs, perhaps to please or be like friends or family.

➤ Send the appropriate Parent and Student Information Sheets in the Appendix home to promote greater family discussion about drugs and to inform parents of the purpose and content of classroom activities.

➤ Please consult the more detailed Background Information section of this resource before teaching this focus area.

USEFUL WEBSITES

To order fact sheets www.dao.health.wa.gov

To complete St John Ambulance on line first aid course www.ambulance.net.au.

For information on the Red Cross Save program www.saveamate.org.au

For illicit drug information www.drugaware.com.au

Enough is Enough Alcohol Campaign www.enoughisEnough.com.au


Youth friendly help sites:
Reach Out www.reachout.com.au
Kids Help Line www.kidshelpline.com.au
Somazone www.somazone.com.au

The following texts were used to prepare this information:
2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
Australia’s young people: their health and wellbeing, 2003, Australian Institute of Health and Welfare
Focus Area 2: Predicting and responding to drug use risks and consequences

For students:

**Key understandings**

- There is a range of physical, social, livelihood and legal short term harms that can arise and accidents that can occur to young people while using alcohol or other drugs or whilst in the company of those who use alcohol or other drugs.
- Young people are vulnerable to sexual harm, loss of reputation and violence while drunk or in the company of drunken people.
- The risks associated with drug use vary depending on the circumstances, people and places in which the drug is consumed.
- It is important to know how to use a range of harm reduction and refusal strategies in a range of drug-related and social situations.

**Key skills**

- Predict situations and patterns of use which are likely to be of lower and higher risk in social settings.
- Identify options for behaviour in drug-related situations and predict consequences of these options.
- Anticipate and practise assertive and help seeking behaviours in a range of drug-related and social situations.
- Share attitudes and values about drug use behaviours.

The activities in this focus area are designed for typical Year 8 and 9 students.

**Activity 1: Binge drinking and strategies to reduce the harm**

**RESOURCES:**

- Collect an assortment of glasses and disposable tumblers.
- Collect empty bottles/cans of ready mixed spirits, wine, spirits, full/low strength beers and water or coloured water.
- Collect measuring jugs and coloured sticky dots.
- *My TV on Challenges and Choices DVD.*
- Photocopy Resource Sheet 1: My TV – one per student.
- Coloured sticky dots – (two colours) – two of each colour per student.

**HOW:**

**Risks of own and others’ binge drinking**

Remind students that most adults use alcohol in a responsible way.

Ask students to guess:

- what percentage of 12-15 year-olds drank ‘at risk’ (more than seven standard drinks for males and more than five standard drinks for females on any day in the last week) in the year of the 2005 survey of WA school students. (19%)

- what percentage of 16-17 year-olds drank ‘at risk’ in the year of the 2005 survey of WA school students. (37%)

Remind students that there are no known levels of ‘safe’ use of alcohol for young people under 18 years. Explain that while teenage drinking at ‘at risk’ levels (or binge drinking) may be occasional or something they only do at parties, it can result in a range of short term harms (e.g. violence, becoming sexually vulnerable, loss of reputation, injury, road trauma) for the drinker and those around him/her.

Early experimentation with alcohol can also result in later problematic use of alcohol, so it’s a healthy behaviour to delay the age they start using alcohol.
Assessing attitude to binge drinking

Using a **fist of five** voting system (see p310) and the following questions, determine students’ attitude towards binge drinking. (A fist indicates ‘strongly disagree’ and five fingers indicates ‘strongly agree’.)

- Getting drunk can harm your health.
- Getting drunk can cause problems with my friends.
- Drinking is the best way to get to know people.
- If you don’t drink you are not part of the group.
- People who drink are usually more popular.
- Drinking to get drunk is pretty immature.

Identifying difficult teenage issues

Explain that while students may have decided already they are not interested in binge drinking, it’s important to look at some of the harms associated with binge drinking and ways to avoid them, because many harms result from other people’s alcohol use.

Distribute Resource Sheet 1: My TV and explain that students are about to watch a DVD that raises many issues that young people might face in real life.

Show students the categories of issues on the resource sheet and ask them to think of these categories while they are watching the DVD. Either during or after the DVD, students will need to write down the key issues raised under these headings. (It may be necessary to play the DVD twice.)

Below are some prompts to elicit and support students’ suggestions.

**Parties**
- What makes a good party?
- Getting home from a party
- Partying without alcohol and other drugs

**Friendship**
- Rumours
- Looking after friends
- Mending friendships
- Problems with boyfriends/girlfriends

**Cannabis**
- Impact on friendship
- Idea that it causes less problems than alcohol

**Parents**
- Relationships with teenagers
- An adult to talk to
- Honesty with parents
- Fear of parents’ reaction

**Alcohol**
- Someone else getting your drinks
- Binge drinking
- Becoming sexually vulnerable
- Embarrassing and regrettable behaviour
- Drinking to look good or show off
- Sticking to your limits
- Alcohol and violence
- Alcohol use to blot out problems

**Other**
- Counselling
- Trust
- Self talk
- Talking things through


Blackboard the main issues raised by students under the six categories. Give each student two red sticky dots and two green sticky dots and conduct a dot vote (see p310) on the following statements. (Alternatively ask students to vote using two different coloured chalks or whiteboard markers.)

- **Using your two red dot votes, vote for the two issues you think are most difficult for teenagers to manage.**
- **Using your two green dot votes, vote for the two issues you think are easiest for teenagers to manage.**

Tally the votes to determine the three most difficult and three easiest issues for teenagers to manage. Conduct a class discussion about reasons for this rating.

Explain that it is always useful to have a range of options or strategies up your sleeve to deal with issues such as those shown in the DVD.

**Revising standard drinks**

Remind students that knowing how much you have actually consumed is one such useful strategy to avoid the issue of binge drinking.
Form groups of five and ask students to study the standard drinks chart on their resource sheet.

One representative from each group comes to the front of the class to pour what he/she considers to be a standard drink of full strength beer, using the glasses and beer bottles provided.

After the student has guessed, a ‘judge’ (or member of another group) pours the liquid into a measuring jug to determine whether the guess is correct. A point is awarded for a correct guess.

Continue this process using different students from the group to pour standard drinks for the following, using the corresponding bottles/cans:
- low alcohol beer
- spirits
- pre-mixed mixed spirits
- wine.

Discuss the implications of incorrect guessing and explain that knowing about standard drinks and the effects of alcohol on the body is just one strategy to reduce the harm associated with binge drinking. There are many other strategies that they need to know about and practise, so they can be used in real life if the situation arises.

Other harm reduction strategies

Students complete the Harm reduction strategies section of the resource sheet in pairs. Give several examples for each question first, so students understand the task. Some examples are provided.

What strategies could you use to make sure you or your friends don’t drink or drink at a ‘low risk’ level?
- Drink water or soft drink.
- Pour your own drinks and know what is in your drink.
- Set a ‘low risk’ drinking limit before you start drinking.
- Drink slowly.
- Avoid ‘topping up’ drinks or sharing drinks.
- Avoid drinking games.
- Eat before drinking and avoid salty foods.
- Don’t leave drinks unattended.
- Drink low alcohol drinks.
- Be assertive when someone offers you more to drink than you want.
- Keep busy with other activities like dancing, talking, eating.

What strategies could you use to protect yourself from violence or from harm as a result of an injury in situations where you or others have been drinking?
- Stay away from violent situations or people.
- Stay away from venues without adult supervision.
- Hang out with friends you trust.
- Agree with your friends before drinking that you can tell each other if you are getting out of control.
- Agree with your friends before drinking that you will look after each other.
- Know when to get help.
- Know how to call an ambulance or the police.
- Have a trusted adult you can call if things get out of hand.
- Don’t leave a drunk person alone.
- Know basic first aid.
- Be prepared to persuade a drinker not to drive.

What strategies could you use to make sure you or your friends get home safely when you’ve been drinking or around people who have been drinking?
- Have a plan to get home before you go out.
- Have money for a taxi, bus, train.
- Share a lift with someone who has not been drinking.
- Call a family member or parent.
- Don’t get into a car with someone who has been drinking.
- Stay the night.

What strategies could you use to protect you or others from loss of reputation or embarrassment in situations where you or others have been drinking?
- Remind yourself that you can make unwise decisions when you have had too much to drink.
- Remind yourself of promises you have made to family about drinking.
- Remind yourself of how you will feel tomorrow or what you want to do tomorrow.
Unit 2.1 Alcohol and other drugs in a social setting

- Say ‘no’ if you want to.
- Hang out with friends you trust.
- Agree with your friends before drinking that you will look after each other.
- Agree with your friends before drinking that you can tell each other if you are getting out of control.
- Have a trusted adult you can call if things get out of hand.

Conduct a streamline (see p301) so that groups of four have their five most effective strategies in response to each question. Share responses as a class.

**Discuss**

- Are girls or boys more at risk in alcohol-related situations? (Young females see loss of control, becoming sexually vulnerable, travelling with a drunk driver and conflict with parents as the major harms of alcohol use. Young males see becoming addicted, suffering injury, getting into fights and conflict with parents as the major harms of alcohol use.)
- Are girls more sexually vulnerable than boys in situations where alcohol is being consumed? Why or why not? (Studies have found that up to 90% of young women report feeling sexually vulnerable as a result of their own or others’ alcohol use and a small number of young men (10%) also report feelings of sexual vulnerability.)
- Are boys more likely to be involved in violent situations where alcohol is being consumed than girls? Why or why not? (Young people consistently identify violence as a potential harm in drinking situations, particularly among young men and violence involving young people is more likely to occur at crowded venues, parties and in the home.)
- How far should people go to protect or support their friends in alcohol-related situations?
- How does someone maintain their personal values and standards when intoxicated?
- How does someone maintain their personal values and standards when around people with different beliefs or standards? Students who are unfamiliar with the Five skills of resilience may need to discuss these first (see p67).
- What can friends do after the event to assist those ‘at risk’ or those who have been affected by the short term harms of alcohol?
- What services and people are available in the school and our community for teenagers who are having problems with the harms of alcohol?

**Reflection**

Students use thought shapes (see p327) to reflect on this activity:

- The most important thing I have learnt from doing this activity.
- What I enjoyed most about this activity.
- How I feel about using the skills and ideas I have learnt.
- The thoughts still going around in my head after this activity.

**Activity 2: Practising strategies to reduce the harms of alcohol use**

**RESOURCES:**

- Photocopy and cut up Resource Sheet 2: Risk cards – one small card per student.
- Photocopy Resource Sheet 3: Advice to a friend – one per student.
- Make up ‘lower risk’ and ‘higher risk’ values continuum cards.
- Use harm reduction strategies from Resource Sheet 1: My TV (previous activity).

**HOW:**

**Revision of drug triangle**

Students will need to have completed the Activity 2: Blood Alcohol Concentration and the drug triangle (see Focus Area 1, Unit 1.2 p47). Remind students that it is important to revisit the drug triangle concept so they are able to predict situations and patterns of consumption that are likely to be ‘lower risk’ and also anticipate situations that they may find themselves in that are likely to be of ‘higher risk’.

Revise the three aspects of the drug triangle if students are unfamiliar with the concept. Alcohol-related harm is dependent on the individual (mood, age, sex, health, previous experience with alcohol, expectations?); the alcohol (how much, how quickly, what strength?) and the environment (with friends, with strangers, near water, while driving, used with other drugs?).

Seat class in a circle and distribute a card from Resource Sheet 2: Risk cards to each student. (Alternatively, with a large class use two smaller circles.)

Explain that the card students have been given describes a situation involving alcohol use. They need to look at their card and do the following:

NSW Youth Alcohol Plan 2001-2005.
Choose some more details to your card, that you think may affect the risk of this scenario. It may be some detail that makes your situation less risky or a detail that makes it more risky. (e.g. add details about the individual or about the environment or about the amount and type of alcohol that has been consumed).

Four Ls model

Students complete their scenario with this extra information and place it on a ‘lower risk’ to ‘higher risk’ values continuum (see p309) stating whether they consider the risk of harm from their scenario to be higher risk, moderate risk or lower risk. Encourage students to think not only of health risks but also relationship, financial and legal risks (or liver, lover, livelihood and law).

Students take turns to read out their card plus the extra information that will determine where their card is placed on the continuum. For example, card reads ‘Drinking at a footy club wind up. The student may state: ‘My person is a 25 year-old male and he has had 3 full strength beers all night so the risk is probably low.’ Alternatively the student may state ‘My person is a 15 year-old female and she has had 8 full strength beers so the situation is high risk’.

Once all cards have been placed on the continuum, give students the opportunity to move their cards, giving reason for their move.

Discuss

- What do you predict may happen in some of the very risky situations which may cause harm?
- What pressures or influences might young people be under in these very risky situations?
- Which of the Five skills of resilience might be useful in some of these situations?
- What might get in the way of a young person looking after their own or someone else’s safety in this ‘high risk’ situation?
- Can you see anything about the place or the circumstances that alcohol is consumed in that makes it more risky?
- What could be done to reduce the risk in a situation like this (pick a card)?
- In our neighbourhood/town where are young people at most risk from the use of alcohol?
- In our neighbourhood/town where are young people at least risk from the use of alcohol?

Choosing from the scenarios laid out on the floor or making up their own, students record in their workbooks an example of what they would consider as:
- high risk
- moderate risk
- low risk

Practising harm reduction strategies

Explain to students that often the real challenge is not in thinking up strategies to reduce the risk in alcohol-related situations but in carrying them out. That is why it’s important to practise some of these strategies in class so they feel more comfortable to use them in real life.

Distribute Resource Sheet 3: Advice to a friend to each student. Remind students of the Five skills of resilience that may help them carry out these strategies. (They are around the edge of this resource sheet.)

Remind students that an important relationship skill is knowing how and when to tell someone how you feel and being able to sort out arguments. Assertive communication often works well in these situations.

If students are unfamiliar with assertive communication draw a Y chart (see p305) and describe in each section what assertive communication ‘looks like’, ‘sounds like’ and ‘feels like’. Students may be able to assist with suggestions to put in each section.

Move students into a circle talk (see p298) formation and have students take the harm reduction strategies from Resource Sheet 1: My TV used in the previous activity with them.

Explain that they are going to practise some of the strategies on the list they developed in the last activity by using role-play. To practise the strategies, students may need to draw on some of the Five skills of resilience.

Call the inside circle students A and the outside circle students B. Choose from the following scenarios or ask students to suggest some risky situations that they may like to work through. Allow no longer than 60 seconds for each role-play, with the As and the Bs taking turns at responding to a scenario. (For example, if the As are practising using a harm reduction strategy the Bs must respond just the way they think the person in this role-play would, with one rule – no violence.)

Rotate the circle talk formation after each role-play so students encounter a new partner each scenario. A whistle may be useful to stop the action.
Focus Area 2: Predicting and responding to drug use risks and consequences

Unit 2.1 Alcohol and other drugs in a social setting

Discuss

- Which scenario would be the easiest to deal with in real life? Why?
- What scenario would be the hardest to deal with in real life? Why?
- Which things would stop you from being assertive or seeking help in real life?
- Was it hard to be assertive? Why? Why not?
- Do you think it helps practising these situations in class? Why? Why not?
- Which of the Five skills of resilience did you use in each situation?

Reflection

Students complete Resource Sheet 3: Advice to a friend individually and share with partner when completed.

Activity 3: Predicting risks of cannabis use and practising strategies to reduce the harm

RESOURCES:

- Photocopy and cut up Resource Sheet 4: Cannabis quiz – one set per group.
- Photocopy and cut up Resource Sheet 5: Predicting risks from cannabis. Attach each scenario to the outside of a clip file or large envelope.
- Wasted on Challenges and Choices DVD.

HOW:

Students will need to have completed Activity 3: Identifying harms and consequences relating to cannabis use (see Focus Area 1, Unit 1.2 p48). Remind students that it is important to revisit the harms associated with cannabis because their attitudes towards cannabis may have changed or their risk of use may have changed.

Explain that like alcohol and tobacco, most people’s first use of cannabis is when offered by friends or family. It is useful to think ahead about what is right and safe for them prior to such offers being made. It is also important to know how to stay safe around others who may choose to use cannabis. If they have already experimented with cannabis, it is important to consider some of the risks of harm and how they might reduce these risks to themselves and others.

Revision quiz

Explain that the purpose of the quiz is to revise some of the physical, emotional, legal and relationship harms that can result from cannabis use or the Four Ls model.
Remind students that the effects of cannabis vary from person to person and will depend on the amount used: strength of the cannabis; how it is used; personal difference such as weight, size, health, mental health; whether the user is alone or with others and the user's level of tolerance to the drug. This is known as the Drug Triangle (see p48).

Students form groups. Distribute the cut up Resource Sheet 4: Cannabis quiz question cards first and ask students to consider the answers. Distribute answer cards to each group and ask them to match each question with its corresponding card.

Ensure students have correctly partnered the question and answer cards and discuss any surprises or issues that may need clarification.

An alternative to the quiz is to write the questions from Resource Sheet 4: Cannabis Quiz on the board and show students the Wasted excerpt from the Challenges and Choices DVD, using these questions to focus students' viewing. Students then discuss the answers to these questions in small groups.

**Identifying risks**

Conduct a **send a problem** strategy (see p317) by cutting up the scenarios from Resource Sheet 5: Predicting risks from cannabis and placing them on the outside of a clip file or large envelope. Alternatively use student generated situations involving cannabis use.

For each scenario students discuss:
- the potential harms or risks
- three or more options/choices available to handle the situation or reduce the risks
- the consequences involved in each of these options/choices.

Each group discusses and responds to the above questions for their given scenario. Students record their responses on a sheet of paper, place it in the file or envelope and pass it to the next group. Students do not read other groups' responses before responding to the scenario on their current file or envelope.

The last group reviews all the answers suggested and develops a 'top 3' prioritised list of responses for each question and reports findings back to the class.

**Discuss**

- Which scenario would be the easiest to deal with in real life? Why?
- Which scenario would be the hardest to deal with in real life? Why?
- What things would stop you from taking action if you were involved in this scenario in real life?

(relationship to person/s affected; level of own risk; level of risk to others; support available; level of skills of resilience, particularly resourcefulness and relationship skills; fear of reaction from friends, family or legal consequences.)

- Do you think it helps practising these scenarios in class? Why/why not?
- Which of the 'Five skills of resilience' did you use in each scenario?

Place the files at the front of the class and students discuss a risk ranking for their group for the five scenarios (1= highest risk 5= lowest risk). A member from each group records their group's risk ranking on the outside of the file.

Ask groups to justify their rankings and determine a whole class ranking.

**Reflection**

To personally reflect on this activity students complete the following **unfinished sentences** (see p328) and do not disclose their responses to anyone else.

- My current risk of harm from cannabis use is (very high/high/moderate/low/very low) because ____________.

- Ways that I could reduce my risk of harm or continue to maintain a ‘low risk’ of harm from cannabis are ____________.

- Some things that I need to remember when or if I am around others using cannabis are ____________.

**Activity 4: Predicting risks of other illicit drugs and identifying strategies to avoid the harm**

**RESOURCES:**


- Photocopy Resource Sheet 6: Illicit drugs quiz dominoes – one for each group.

- Photocopy Resource Sheet 7: Goal cards and illicit drug use behaviour cards – one for each group.
Unit 2.1 Alcohol and other drugs in a social setting

Focus Area 2: Predicting and responding to drug use risks and consequences

Getting there

➤ Photocopy Resource Sheet 8: Drug use affects more than the user – one for each group.

HOW:

Normative education

Remind students that experience with other illicit drugs is uncommon among most WA students (less than 14% use in the last month for all illicit drugs other than cannabis - 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – WA) but it is still relevant to consider the harms and consequences of these drugs as they impact not only on the user but also their family, friends and others in the community.

Classifying illicit drugs

Write the following illicit drug names on the board and students brainstorm (see p298) street names for each drug:

- **Cannabis** (dope, weed, grass, gunga, marijuana)
- **Amphetamines** (speed, crystal meth, ice, rock, goey, ox blood dextties, whizz, uppers)
- **Ecstasy** (eccies, XTC, bickies, MDMA, pills)
- **Hallucinogens** (LSD, tabs, trips, acid, magic mushrooms, datura)
- **Cocaine** (coke, crack, C)
- **Heroin** (smack, hammer, horse, H)
- **Tranquillisers** (rohies, barbs, valium, serapax) - illicit if used without a doctor’s prescription or using someone else’s prescription.

Ask volunteers to remind the class which drugs fall into:
- the **stimulant** category (amphetamines, cocaine);
- the **depressant** category (heroin, tranquillisers);
- the **hallucinogenic** category (LSD, magic mushrooms and ecstasy in large doses) by marking the drug names on the board with an ‘S’, a ‘D’ and an ‘H’ accordingly
- the **multi-action** category (cannabis is mainly a depressant but also has some hallucinogenic and stimulant properties; ecstasy in small doses is a stimulant drug but in large doses can be hallucinogenic.) Mark the drug names with ‘MA’.

Physical risks of illicit drugs use and injecting drug use

**Brainstorm** (see p298) the different ways some people take these drugs (e.g. swallowing, snorting, injecting, smoking, suppositories.)

Explain that all methods of taking drugs have risks, regardless of whether a person has used the drug before or not. Injecting drug use is particularly risky due to the possibility of contracting HIV (a virus that attacks the immune system and causes AIDS), Hepatitis C (a virus that inflames the liver and may result in liver cancer) or other blood borne viruses.

Form groups and give each group a set of cards from Resource Sheet 6: Illicit drugs quiz dominoes. Conduct a **quiz dominoes** (see p296) activity. Each student takes a card. The first student reads out the question on their card and the student who thinks they have the corresponding answer places it next to this person’s card, as in the game of dominoes. Repeat the process until all cards are laid down in a circle formation.

Mark the quiz (the correct answer to each question appears alongside the following question, as printed on the resource sheet) and discuss any queries.

Remind students that dexamphetamines, the group of drugs used to treat people with ADHD are not illegal, but buying, selling or using these drugs without a doctor’s prescription is illegal. Taking any prescription medicines that are not prescribed for you is dangerous and illegal.

Explain that the quiz focused on some of the physical harms of illicit drug use but, like all drugs, illicit drugs also have a range of relationship, legal and financial harms. **Brainstorm** a range of these harms. (Use the Drug Aware fact sheets to help this strategy if students have not completed the similar activity in Year 8 (see 399-403).

Impact of illicit drug use on personal goals and other people

Explain that sometimes decisions people make about using illicit drugs when they are young can have long term implications on their health; job prospects; financial situation; relationships with people; mental health; and ability to travel many years in the future.

Explain that the following activity aims to highlight some of the long term effects that illicit drug use may have on young people’s goals and aspirations and the impacts of illicit drug use on others.

Give each group a set of the goal cards and behaviour cards from Resource Sheet 7: Goal cards and illicit drug use behaviour cards. Students place both sets of cards face down in piles in the centre of the group then take turns to pick up a goal card and a behaviour card. They read out both cards to the group.

Use Resource Sheet 8: Drug use affects more than the user to discuss the following questions.

- **What are the possible harms in this situation?** (Remember physical/mental, relationship, legal and financial harms.)
Unit 2.1 Alcohol and other drugs in a social setting

Students review their set of behaviour cards and decide on the card they think would have the widest effects on the user and those around them. Students consider the list of people/organisations on the resource sheet and as a group discuss each of these and decide whether a person in this drug use situation would impact on the person/organisation and how.

As a group, students place those people/organisations they think would be most affected, closest to the centre of the circle on the resource sheet and those least affected progressively further out from the user circle.

**Discuss**

- Which drug use situation did your group decide had the widest effect on others? Why?
- What people/organisations do you think are most seriously affected by others' illicit drug use? Why?
- What are some of the consequences of these effects?

**Reflection**

Use the following unfinished sentences (see p328) for students to reflect on this activity.

Ask students to write their responses before sharing with a partner or small group.

- A personal goal that I would like to achieve is.....
- Key steps that will help me achieve this goal are....
- Two allies I could use to support me to achieve this goal are....
- Using illicit drugs would not help me achieve this goal because....
My TV

What issues about each of these topics did the DVD raise?

<table>
<thead>
<tr>
<th>Parties</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendship</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Harm reduction strategies

<table>
<thead>
<tr>
<th>What strategies could you use to make sure you or your friends don’t binge drink?</th>
<th>What strategies could you use to protect yourself from violence or harm as a result of an injury in situations where you or others have been drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What strategies could you use to protect you or others from loss of reputation or embarrassment in situations where you or others have been drinking?</td>
</tr>
</tbody>
</table>

### Summary of guidelines to reduce long term harm from alcohol use

(Australian Alcohol Guidelines 2004). All drinkers should have at least 2 alcohol free days per week.

#### Low-Risk

<table>
<thead>
<tr>
<th>Low-Risk (Standard Drinks)</th>
<th>Risky (Standard Drinks)</th>
<th>High-Risk (Standard Drinks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN</td>
<td>MEN</td>
<td>WOMEN</td>
</tr>
<tr>
<td>Average 2 per day</td>
<td>Average 4 per day</td>
<td>3 – 4 per day</td>
</tr>
</tbody>
</table>

**WARNING • WARNING**

- These are adult guidelines. Teenagers are less experienced drinkers and have smaller body mass than adults so will be affected by alcohol more quickly than adults.
- Generally, females are affected more quickly than males by alcohol.
- Sobering up can't be speeded up – the body can metabolise about one standard drink per hour.

School Drug Education & Road Aware

Focus Area 2: Predicting and responding to drug use risks and consequences

OCS027 | Challenges and Choices - Early Adolescence Resource
## Risk cards

<table>
<thead>
<tr>
<th>Drinking at home with parents</th>
<th>Drinking on public transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking at a football wind up</td>
<td>Drinking to get drunk</td>
</tr>
<tr>
<td>Binge drinking (7 or more drinks for males and 5 or more drinks for females on one day)</td>
<td>Tasting drinks at parents’ party</td>
</tr>
<tr>
<td>Drinking at the beach</td>
<td>Drinking in the car</td>
</tr>
<tr>
<td>Drinking alone</td>
<td>Going to an unsupervised party</td>
</tr>
<tr>
<td>Letting someone else pour your drinks</td>
<td>Arriving home drunk</td>
</tr>
<tr>
<td>Looking after a drunk friend at a party</td>
<td>Letting a drunk adult drive you home</td>
</tr>
</tbody>
</table>
## Risk cards

<table>
<thead>
<tr>
<th>Drinking while using cannabis</th>
<th>Drinking in the company of mostly people you don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being around others who are binge drinking but not drinking yourself</td>
<td>Getting into an argument with someone who has been drinking</td>
</tr>
<tr>
<td>Drinking spirits from the bottle at a party</td>
<td>Drinking at the park</td>
</tr>
<tr>
<td>Drinking while using strong pain relievers</td>
<td>Drinking every day</td>
</tr>
<tr>
<td>Drinking outside a no-alcohol underage event</td>
<td>Drinking when it is against your religious beliefs</td>
</tr>
<tr>
<td>Buying alcohol for others</td>
<td>Going to a party without pre-arranging a lift home</td>
</tr>
<tr>
<td>Leaving your drink unattended</td>
<td>Drinking at a pool party</td>
</tr>
</tbody>
</table>
Advice to a friend

Five skills of resilience:
1. **Helpful and positive thinking:** (using humour; talking to yourself positively)
2. **Resourcefulness:** (practising predicting and solving problems; making decisions; setting goals; being persistent)

Imagine you have a friend of a similar age to you in one of the following situations. What advice would you give him/her to avoid or reduce the risks from this situation?

- They are about to be driven home by an adult who has had too much to drink.
- They are being hassled to do what everyone else is doing but don’t feel comfortable about doing it.
- They regularly drink too much on the weekends.
- They end up looking after drunk friends whenever they go out.
- They find themselves in a violent situation caused through the use of alcohol or other drugs.
- They are worried about their parents’ drinking.
- They are with someone who is coming on too strong.
- They have damaged a friend’s property while drunk.
- They want to make sure they don’t get drunk at a party.

Which of the Five skills of resilience would be useful for your friend in this situation?

3. **Understanding emotions:** (e.g., being able to control your feelings and behaviour and read how others are feeling so you can get along with them)

4. **Relationship skills:** (knowing how and who to talk to when you or someone else needs help or have a problem and being able to sort out disagreements)

5. **Self-understanding:** (knowing your strengths and limitations; knowing what you value; being able to show courage and reflect on your actions)
Cannabis quiz

Q: What are some physical/mental effects of cannabis that may appeal to some people?

A: In small amounts cannabis can cause some people:
- to feel more relaxed and calm
- make them talk and laugh more than usual
- to forget their problems
- to increase their appetite
- to be more aware of sensations like colour and sound.

Q: What are some physical/mental effects of cannabis that are not so appealing? (think short and long term effects)

A: When used in large amounts or for a long period of time cannabis can cause:
- nausea and vomiting
- hallucinations
- memory loss
- risk of bronchitis and lung cancer
- mental health problems such as paranoia and psychosis
- irregular periods
- lowered sperm count
- dependence on the drug.

Q: What are some relationship or social harms that may result from cannabis use?

A: Cannabis use can affect a person’s relationship with family, friends, teachers and work colleagues.

A user may:
- upset family/friends/school/work by using an illegal drug or breaking family/school rules and laws
- become involved in risky behaviour that results in injury, loss or reputation, unwanted or unprotected sex or violence
- lack motivation and not want to do things with friends and family
- become dependent on the drug and have no time for friends and family or argue over money with them
- become paranoid or psychotic and become difficult to live with.
Cannabis quiz

Q: What are some *livelelihood* or work/school harms that may result from cannabis use?

A: The user may:
- lose job or fall behind at school as a result of the lack of motivation that cannabis may cause
- lose job or be expelled from school due to drug convictions or use
- not be successful in getting a desired job as some companies require police computer searches so prior use may affect their future job prospects
- not be able to travel to some countries for work or pleasure. Some countries (USA, Japan) will not allow visa entry if the applicant has a cannabis conviction
- not be able to get health insurance or a credit card if they have a criminal record.

Q: What are some *legal* problems that may result from cannabis use?

A: It is illegal to possess, use, supply, grow and import cannabis in Australia.

Under police discretion, adults can be fined or given a prison sentence for selling, supplying or growing cannabis plants.

Adults can be fined and asked to attend a Cannabis Education Session if they are caught using cannabis and are within the guidelines set by the Cannabis Control Act 2003.

If a person under 18 is found by police *growing* or *using* cannabis, police can:
- give them a warning, let their parents know and record the details of their offence on the police computer system
- refer them to a Juvenile Justice Team
- refer them to the Children’s Court.

A young person found *supplying* cannabis will be arrested and charged.

Q: Do you know what percentage of 12-17 year-old WA students have ever used cannabis?

A: Twenty three percent of secondary students have reported using cannabis at some time in their lives. The proportion of students ever using cannabis increases with age (5% of 12 year-olds and 38% of 17 year-olds).

Student experimentation with cannabis has declined over the last 10 years and regular users remain a small minority (5% in the last week).

Most cannabis users do not use other drugs.

2005 ASSAD Survey Results for Licit and Illicit Drug Usage (WA school students)
Predicting risks from cannabis

You are hosting a party and have promised your parents that there will be no alcohol or other drugs there. Your parents have stayed home to supervise the party. You find a couple of your friends in the backyard passing a bong around. You know if your parents find out it will be the last party you ever have.

➤ What are the possible harms or risks in this situation?
➤ Think of three or more options/choices available to you to handle the situation or reduce the risks.
➤ What consequences are involved in each of these options/choices?

A person in your group of friends tells you he/she thinks a student in your year group is selling cannabis to Year 8 students because they overheard a conversation at lunchtime between this student and some of your brother’s friends. You are worried about your brother and what you should do.

➤ What are the possible harms or risks in this situation?
➤ Think of three or more options/choices available to you to handle the situation or reduce the risks.
➤ What consequences are involved in each of these options/choices?

You went to a friend’s house for their sister’s 18th birthday party. Some of the guests are in a bedroom smoking a joint. They offer it to you and you have a few puffs. Your friend’s father comes into the bedroom and finds you there and calls your parents to explain what has happened and asks them to pick you up.

➤ What are the possible harms or risks in this situation?
➤ Think of three or more options/choices available to you to handle the situation or reduce the risks.
➤ What consequences are involved in each of these options/choices?
Predicting risks from cannabis

You catch the same school bus as your brother’s friend who is in Year 12. The friend asks you to take some cannabis home with you for your brother. He asks you to come to the back of the bus so he can give it to you without the driver seeing.

➤ What are the possible harms or risks in this situation?
➤ Think of three or more options/choices available to you to handle this situation or reduce the risks.
➤ What consequences are involved in each of these options/choices?

You are walking home from netball training with your older sister. One of her friends drives up and offers you both a lift home. You smell cannabis in the car and think that the friend looks stoned. You know she should not be driving and are worried about getting into the car.

➤ What are the possible harms or risks in this situation?
➤ Think of three or more options/choices available to you to handle this situation or reduce the risks.
➤ What consequences are involved in each of these options/choices?

You are a group of friends worried about one of your friends who seems to smoke cannabis each weekend. He/she has been wagging school, borrowing money and has dropped out of lots of activities he/she used to do with you.

➤ What are the possible harms or risks in this situation?
➤ Think of three or more options/choices available to you to handle the situation or reduce the risks.
➤ What consequences are involved in each of these options/choices?
Predicting risks from cannabis

Teacher note: The answer for each question is found alongside the next question on the resource sheet. The answer to the last question on p102 is the first answer on this page. Students lay cards in a circle as in a game of dominos.

A: True: Drug users in Australia who have been injecting for 4-8 years have an 80% chance and, over 8 years a 100% chance, of being infected by Hep C.

Q: Amphetamines (speed) can cause brain damage. True or false?

Rates of infection have fallen since 1985 when safer injecting drug strategies were introduced.

A: True: Amphetamines can cause brain damage. Overdosing or using large amounts increases the body temperature which causes brain damage. Overdose may also result in excessive water consumption which causes the cells in the body to swell and can result in brain damage or death. Amphetamines often contain other substances that are toxic to the brain. Regular use of amphetamine can also affect the brain causing problems with concentration, moods and psychosis.

Q: Combining amphetamine (speed) with other stimulants such as ecstasy or cocaine is very risky. True or false?

A: True: Combining amphetamines with other stimulants can result in severe dehydration, high body temperature, heart seizure and even death.

Q: Illicit drugs are often mixed with other drugs when they are sold on the street. True or false?

Combining two drugs of a similar nature, such as two stimulants or two depressants can lead to overdose.

A: True: Most illicit drugs are mixed or ‘cut’ with other substances to increase the weight and the dealer’s profits. Some cutting agents include milk powder, talcum powder, brick dust, cleaning agents, fertilisers and rodent poisons.

Q: Injecting drug use is no more dangerous than any other way of using drugs. True or false?

The purity level of these drugs is difficult to predict and overdoses may result when a drug with an unusually high level of purity is used.

A: False: Injecting drug use is very dangerous. Sharing needles can result in infections such as HIV, Hepatitis B and C and blood poisoning. Injecting undissolved solids from impure drugs can block blood vessels and cause vein collapse or gangrene. Abscesses at the site of the injection are also common. Once injected a drug reaches the central nervous system within seconds and cannot be removed from the blood. This makes overdosing a real risk. Drugs that are taken by mouth may be vomited or pumped from the stomach.

Q: Combining alcohol and ecstasy can result in dangerous dehydration. True or false?
Predicting risks from cannabis

A: True: Alcohol dehydrates the body and so can ecstasy. If the user is exercising (e.g. dancing) dehydration can reach dangerous levels and cause brain damage. Mixing drugs of a different nature can lead to unpredictable, often dangerous results.

Q: HIV can be transmitted by sharing needles and other injecting equipment. True or false?

A: True: HIV is transmitted when infected blood, semen or vaginal fluids pass through the skin and into the bloodstream of an uninfected person. So both sharing needles and having unprotected sex can transmit the HIV virus.

Q: A person who injects a drug for the first time has a very low risk of contracting Hepatitis C. True or false?

A: False: Hepatitis C is a blood borne virus that can be transmitted by sharing needles, getting a needle stick injury, using unsterilised tattooing or piercing equipment, or having unprotected sex. If an injecting drug user does not use new or sterilised equipment they are at high risk of contracting Hep C.

Q: A person who has Hep C is OK to drink alcohol. True or false?

A: False: Alcohol can make the liver damage that Hep C causes even worse. People who have Hep C are advised not to drink alcohol.

Q: In Australia, at least 90% of all new Hep C infections are caused through injecting drug use. True of false? *
<table>
<thead>
<tr>
<th>Drug use behaviour cards</th>
<th>Goal cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Year 12 student gets caught by police while under the influence of cannabis while driving on P plates.</td>
<td>Wants to get licence</td>
</tr>
<tr>
<td>A Year 11 student attends a dance venue where ecstasy and amphetamines are being used.</td>
<td>Wants to get a steady girlfriend/boyfriend</td>
</tr>
<tr>
<td>A Year 10 student looking after someone else’s ecstasy tablets in their bag at school.</td>
<td>Wants to join the army or air force after leaving school</td>
</tr>
<tr>
<td>A Year 12 student regularly takes her mother’s Valium (tranquillisers).</td>
<td>Wants to get a well paid job after leaving school</td>
</tr>
<tr>
<td>A Year 11 student gets caught by police selling amphetamines at a park.</td>
<td>Wants to graduate from school</td>
</tr>
<tr>
<td>A Year 12 student tries ecstasy for the first time with strangers.</td>
<td>Wants to travel overseas, particularly USA</td>
</tr>
<tr>
<td>A Year 12 student smokes cannabis during exam times to relax.</td>
<td>Wants to buy a car</td>
</tr>
<tr>
<td>A Year 11 student who regularly uses alcohol and crystal meth.</td>
<td>Wants to play state grade football/netball</td>
</tr>
<tr>
<td>A Year 10 student looking after someone else’s ecstasy tablets in their bag at school.</td>
<td></td>
</tr>
</tbody>
</table>
Drug use affects more than the user

Take turns to pick up a goal card and a behaviour card. Read out both cards to the group.

- What are the possible harms in this situation? (Remember physical/mental, relationship, legal and financial harms.)
- How could this behaviour impact on this person’s goal now or in the future?
- How could this drug use situation have been avoided?

Now look at the set of behaviour cards again. Which card would have the widest effects on the user and those around them? Look at the list of people/organisations below. This may help you decide on a card.

When you have chosen your card discuss in more detail if and how each of the people/organisations below would be affected by this person’s drug use behaviour.

Write those people/organisations you think would be most affected closest to the centre of the circle and those least affected further out from the user circle. Make sure you can give reasons for your answers.

1. parents
2. employers
3. brothers or sisters
4. ambulance officers
5. close friends
6. emergency hospital staff
7. other family members
8. police
9. school staff
10. insurance agencies
11. neighbours
12. children’s court
13. bystanders in the community
14. drug and alcohol counsellors
15. tax payers
16. others?
Assessment Task

Keeping a friend safer

You and a friend have agreed to look after each other around drugs and have identified that tobacco, alcohol, cannabis and ecstasy are the drugs that you may be exposed to in a social situation.

The drug experience

- Consider each of the drugs above and evaluate how the factors below may affect your friend’s drug experience:
  - factors relating to your friend (mood, age, sex, health, previous experience, expectations?)
  - factors relating to the drug (how much, how quickly, what strength?)
  - factors relating to the environment (with friends, with strangers, near water, while driving, used with other drugs?).

- What strategies can you use to make sure you and your friend stay safer in social situations? You might want to consider strategies to:
  - avoid or reduce the harms from these drugs
  - get home safely
  - avoid regrettable behaviours such as vomiting; violence; road trauma from intoxicated drivers; or becoming sexually vulnerable.

You can report your information in as creative a way as you like.

Useful websites:
www.oxygen.org.au
www.enoughisenough.com.au
www.drugaware.com.au
www.quitnowwa.com.au
www.reachout.com.au
www.kidsline.com.au
www.somazone.com.au
www.saveame.org.au
www.adf.org.au
The activities in this focus area are designed for typical Year 8 and 9 students.

For students:

**Key understandings**
- There is a range of sources of accurate information about drug use issues.
- There is a range of people and agencies who can assist with stressful or drug-related situations.
- Relationship skills such as knowing how and who to talk to when you or others need help with a drug-related issue are important resilience skills that can prevent problematic drug use issues from developing.
- It is important to look after friends, both emotionally and physically, in drug-related situations.
- There are standard first aid procedures to follow in drug-related emergencies.

**Key skills**
- Anticipate and practise assertive and help seeking behaviours in a range of stressful and drug-related situations.
- Share attitudes and values about seeking help for self and others experiencing stressful or drug-related problems.
- Practise first aid procedures in drug-related emergencies.

**Activity 1: Who’s out there to help?**

**RESOURCES:**
- Photocopy Resource Sheet 1: Helpful people, agencies and resources – one per student.
- Access to internet to review suggested websites. (see Resource Sheet 1)

**HOW:**

**Five skills of resilience**

Remind students of the *Five skills of resilience* or explain in detail if they are not familiar with them (see Unit 1.3: Resilience and harm reduction strategies in practice p67)

- **Helpful and positive thinking:** using humour; talking to yourself positively.
- **Resourcefulness:** practising predicting and solving problems; making decisions; setting goals; being persistent.
- **Understanding emotions:** being able to control your feelings and behaviour and read how others are feeling so you can get along with them.
- **Relationship skills:** knowing how and who to talk to when you or someone else needs help or have a problem and being able to sort out disagreements.
- **Self-understanding:** knowing your strengths and limitations; knowing what you value and standing up for these values; being able to show courage and reflect on your actions.

Explain that while all these skills help us bounce through the pitfalls and problems that are a part of everyday life, relationship skills such as help-seeking and assertive communication are very important in preventing problematic drug use. The following activities will help them develop and practise their help seeking skills.

The minority of young people who have problematic drug use problems often use drugs to escape emotional pain or solve their problems, believing they can not lead happy lives without the use of drugs. Dealing with problems alone is not a long term healthy option.
Identifying sources of help

Conduct a one minute challenge (see p295) asking students to identify as many different people, agencies and resources they can think of that they could access if they had a situation or drug use issue that was stressing them.

Distribute Resource Sheet 1: Helpful people, agencies and resources to each student. In pairs students consider the advantages and disadvantages of each source of information or assistance. Hear feedback. (Possible considerations would be confidentiality; expertise; accessibility; cost; trust; comfort level involved; chances of positive or negative outcomes; effect on relationships.)

In pairs, students access the websites suggested on the resource sheet, spending no more than five minutes on each site, to respond to the following focus question.

How could this site help you or a friend seek information about a drug or help with a drug-related problem?

Identifying best source of help for specific problems

Explain that different drug use problems often require different sources of help. For instance, it may be OK to use the Drug Aware website to clarify some effects of cannabis that may be worrying you, but someone whose cannabis use is affecting their school work, may need more help than can be provided by a website.

In groups, students consider each situation on Resource Sheet 2: Who could help? They need to agree on the three most useful sources of help for each situation and justify their choices.

Discuss

- Why might a friend reject your suggestions to get help? (Many people who use drugs do not see their use as a problem; fear of getting into trouble; fear of losing friends.)
- How easy do you think it would be to discuss a friend's drug use issue with them? (Often very difficult. The role plays in the next activity may illustrate this.)
- How easily do you think a student could approach a teacher/counsellor at our school? Why? (Discuss strategies that would make it easier if students suggest that it would be difficult.)
- What might be some barriers that might prevent you or your friends from asking for help with problems or drug use issues? (Fear of lack of confidentiality; fear of getting into trouble; fear of losing friends; not feeling confident.)

Reflection

Students use the 90 degree thinking (see p304) strategy to write down information they have gained from the activity and the implications of this information on their own lives. For example, I know there are a range of free counselling advice services available, so if I ever had a problem that I couldn't talk to Mum or a friend about, I could use this service.

Activity 2: Practising offering help to others in drug-related situations

RESOURCES:

- Photocopy Resource Sheet 3: Helpful questions – one per group.
- Photocopy and cut up Resource Sheet 4: A friend in need – one Supporter card and one Friend card per pair of students.
- Collect hats/scarves for props (optional).

HOW:

Offering emotional support

Explain that sometimes the harms that result in situations involving alcohol and other drugs may not always be those that need physical help (such as getting an adult to help with an out of control party or calling for medical help). They may be situations that require emotional help and support. As a friend it's sometimes a bit tricky to offer this help.

Explain that the following activity aims to help students practise offering help to others in a range of drug-related situations. This may help students understand what this might feel like and how they might overcome some of the barriers that might hinder them from offering this support in the first place.

Ask students to suggest a range of situations when they should be concerned about a friend (e.g. when they appear depressed for long periods; when someone diets for very long periods; when they are always getting into fights after drinking alcohol; when they are using smoking as a means of weight loss; when their drug use is affecting their school work or relationships).

Brainstorm the qualities of a person (not actions) that would make a good supporter for someone who:

- wished to stop or reduce smoking
- was binge drinking on a regular basis but didn't see this as a problem
Unit 2.2 Help-seeking in stressful and drug-related situations

- was smoking cannabis on a regular basis but didn’t see this as a problem
  (e.g. non-judgmental; good listener; offers more support than advice; can be relied on).

**Practising using helpful questions**

Discuss that sometimes people do not see their own drug use as a problem and this may make offering support a bit tricky. For example, it may be easier to support a friend who is trying to stop smoking than a friend who binge drinks regularly but does not see this as a problem. Sometimes just asking the right questions can help these people realise they may have a problem with their drug use.

Distribute Resource Sheet 3: Helpful questions to groups or write the questions on the board:

- What are the things you like about smoking/drinking/using cannabis?
- What are the not-so-good things about smoking/drinking/using cannabis?
- How do the good and not-so-good things about smoking/drinking/using cannabis weigh up?
- Are you interested in quitting or reducing smoking/drinking/cannabis use?
- What could you do to quit or reduce smoking/drinking/cannabis use?
- How could I help you to quit or reduce smoking/drinking/cannabis use?

Read out a supporter role card from Resource Sheet 4: A friend in need to the class and give a student the corresponding friend role card to read aloud.

Demonstrate using these questions in an example role-play (see p315) with this student. Ask the rest of the class to act as observers to assess how well the offer of support went and offer prompts and other suggestions.

When students understand what is required of the role-play, divide them into groups of three. One student acts as supporter and receives a supporter role card, one as the friend involved in a drug use situation and receives the corresponding friend role card. The third student is an observer who may assist the supporter with prompts or questions.

Students practise their role-plays then perform them to another group (the observer may still prompt) and have each group give feedback.

Rotate the role card pairs several times, giving students a chance to alternate roles as friend, supporter and observer in a range of drug-related situations.

It is useful to give each friend student a hat or scarf so it is easier for these students, who are role-playing people with drug use issues, to step out of role at the completion of the activity.

Students may need to revise possible sources of help from previous activity before conducting role-plays.

**Discuss**

- **Supporters**, was the conversation you had with the friend natural or was it a bit forced? Why?
- **Friends**, if you were in this situation in real life, how do you think you would feel if a friend spoke to you like this?
- **Observers**, what might the characters in your role-play have been most afraid of?
- What could be some reasons why a friend may reject your suggestions that they may need help with their drug use? (Many people who use drugs do not see their use as a problem; fear of getting into trouble; fear of losing friends.)
- How easy do you think it would be to discuss a friend’s drug use issue with them? (Often very difficult.)
- What might be some barriers that might prevent you or your friends from asking for help with problems or drug use issues? (Fear of lack of confidentiality; fear of getting into trouble; fear of losing friends; not feeling confident.)
- What would help you or your friends ask for help with a problem or a drug use issue?
- Are these relationship skills useful even if you don’t know anyone who has a drug use issue? Why? Why not?
- Where else could you use these skills?

**Reflection**

Students use thought shapes (see p327) to reflect on this activity:

- The most important thing I have learnt from doing this activity.
- What I enjoyed most about this activity.
- How I feel about using the skills and ideas I have learnt.
- The thoughts still going around in my head after this activity.

**Activity 3: Practising seeking help in drug-related emergencies**

**RESOURCES:**

- Photocopy Resource Sheet 5: Basic life support guidelines one per student or organise access to www.ambulance.net.au.
- Photocopy Resource Sheet 6: Emergency situations – one per student.
Risks of poly-drug use

Explain that because alcohol and other drugs can have harmful effects, users may find themselves in dangerous situations. Therefore, using alcohol or other drugs alone or leaving someone who has used alone can be very dangerous.

There is a greater chance of harm if more than one drug is used at the same time, especially when the drugs are illegal drugs, because of the unknown content and purity. These risks also apply when mixing over-the-counter drugs, prescription drugs and alcohol.

Explain that poly-drug use may lead to overdoses and emergency situations. For example, taking two depressant drugs such as alcohol and cannabis or alcohol and tranquillisers increases the depressant action of these drugs (lowered breathing and heart rate) sometimes to dangerous levels. Alternatively, using a depressant drug such as alcohol with a stimulant such as ecstasy will often mask the depressant effect of alcohol, however, thinking and coordination are still impaired which may result in very risky behaviour.

DR ABCD

Distribute Resource Sheet 5: Basic life support guidelines to each student and read through as a class. Explain that for all first aid situations the first priority is as follows:

- Danger
- Response
- Airways
- Breathing
- CPR (cardiopulmonary resuscitation)
- Defibrillation

Demonstrate a simulated DR ABCD response with a volunteer student, stressing that the reason that the chest compressions are only simulated is that it is dangerous to perform CPR on a breathing patient.

Following the demonstration, students recall the steps involved in DR ABCD to a partner, while the partner uses the resource sheet to check for accuracy. Swap roles.

Stress that for all situations, if the students are unsure about what to do or feel scared, they should call for an ambulance (000 or 112 for mobile phones). It is important not to delay because they think they may get their friend into trouble. Ambulance officers don’t have to involve the police unless there is a death or they feel threatened by violence.

If parents can’t be contacted in an emergency or if students feel uncomfortable about contacting their parents, this will, in most cases, be done by the attending medical doctor for patients under the age of 16 years. Ambulance officers do not contact parents.

Explain to students that it is the patient, not the person who calls the ambulance, who will have to pay for the ambulance.

Alternative

Instead of explaining the DR ABCD procedure to students, they can complete Session 1 and 2 of St John’s interactive free online first aid course at www.ambulance.net.au.

Applying DR ABCD

Distribute Resource Sheet 6: Emergency situations to each student. In groups of four, students appoint a reporter and discuss the following question.

What first aid strategies could each of the characters in the scenarios use?

The reporter from the first group reports on the group findings for the first scenario. Continue to hear the findings for each scenario ensuring that each group has a chance to provide feedback to one scenario. Allow time for reporters from other groups to add additional strategies.

Use the table below to check the accuracy of students’ responses and correct misinformation accordingly.

<table>
<thead>
<tr>
<th>Scenario 1: Ben</th>
<th>First aid:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DR ABCD</td>
</tr>
<tr>
<td></td>
<td>Stop bleeding.</td>
</tr>
<tr>
<td></td>
<td>Will need urgent medical aid because bleeding from the head could indicate a fractured skull; internal bleeding or concussion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 2: Meg</th>
<th>First aid:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check whether she will respond when roused.</td>
</tr>
<tr>
<td></td>
<td>Place into recovery position so she does not choke on vomit.</td>
</tr>
<tr>
<td></td>
<td>Contact parents/another responsible adult and stay with her until an adult arrives.</td>
</tr>
</tbody>
</table>
Focus Area 2: Predicting and responding to drug use risks and consequences

### Unit 2.2 Help-seeking in stressful and drug-related situations

**Scenario 3: Carly**
*First aid:*
- Contact her parents/other adult.
- Stay with sister.
- Notify police as soon as possible.
- Get medical help if she continues to feel unwell.
- Get a urine test within 12 hours at a GP or through the police.

**Scenario 4: Callum**
*First aid:*
- DR ABCD
- Contact parents/another adult.
- Seek medical attention if adults can’t be contacted; if the friend has difficulty breathing: becomes drowsy or unconscious.

**Scenario 5: Tom**
*First aid:*
- DR ABCD
- Contact parents/another adult.
- Seek medical attention if adults can’t be contacted; if headache gets worse; if he vomits; becomes drowsy or becomes unconscious again.
- Someone stay with him at all times as a headache could be a sign of other head injuries.

**Scenario 6: Lauren**

This is a serious medical emergency.
*First aid:*
- DR ABCD
- Stay with Mum and check breathing until ambulance arrives.

**Scenario 7: Kieran**

Boys may feel unsure about approaching patient in first place due to possible aggressive reaction from patient’s friends. In which case, they could notify railway staff or other adults nearby. If a person intoxicated with particular solvents participates in vigorous exercise, there is the risk of heart failure (known as ‘sudden sniffing death syndrome’).
*First aid:*
- DR ABCD
- Place in recovery position if breathing.
- If not breathing, commence CPR until medical help arrives.

**Scenario 8: Tessa**
*First aid:*
- Take sister to first aid tent at venue.
- Encourage her to drink water and rest.
- Tell first aid staff about ecstasy tablet.

Process each scenario with appropriate questions from those suggested below.

**Discuss**

- *What are the possible consequences of these first aid strategies for the young people involved in this scenario?*
- *How likely is it that this scenario would occur in ‘real life’?*
- *How could this scenario be prevented?*
- *What barriers might stop you from helping out in an emergency?*
- *What things might make it easier for you to help out in an emergency? (Knowledge of first aid; an understanding with your friends that you’ll look after each other when you go out; understanding with parents/another adult that you can contact them if things get out of hand.)*

**Reflection**

To personally reflect on this activity students create personal ‘wallet cards’ that record vital information for an emergency situation.

Example:

| Name: __________________________ |
| Address: ________________________ |
| Phone number: __________________ |
| Parent/another adult’s phone number: __________________ |
| Taxi number: ____________________ |

DR ABCD action plan steps:
1. _______________________________
2. _______________________________
3. _______________________________
4. _______________________________
5. _______________________________
6. _______________________________
Helpful people, agencies and resources

Imagine you or a friend wanted to find out some information about a drug or had a problem with drug use.

<table>
<thead>
<tr>
<th></th>
<th>What are the advantages of using this source of help?</th>
<th>What are the disadvantages of using this source of help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to your friend and tell him/her you are worried about them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to a friend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send an anonymous letter to your friend's parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to your parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to your friend's parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to your older siblings or other family members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to your friend's older siblings or other family members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to a teacher you respect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to a school counsellor or chaplain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to a doctor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helpful people, agencies and resources

<table>
<thead>
<tr>
<th>What are the advantages of using this source of help?</th>
<th>What are the disadvantages of using this source of help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to a drug and alcohol worker.</td>
<td></td>
</tr>
<tr>
<td>Suggest your friend talks to the police.</td>
<td></td>
</tr>
<tr>
<td>Talk to the Aboriginal Alcohol and Drug Service.</td>
<td></td>
</tr>
<tr>
<td>Talk to a youth worker or social worker.</td>
<td></td>
</tr>
<tr>
<td>Call Lifeline WA free counselling advice on 13 1114.</td>
<td></td>
</tr>
<tr>
<td>Call Kids Help Line free counselling advice on 1800 551 800.</td>
<td></td>
</tr>
<tr>
<td>Call the Alcohol and Drug Information Service (ADIS) confidential drug information and advise on 9442 5000 or for country callers toll-free 1800 198 024.</td>
<td></td>
</tr>
<tr>
<td>Call the Quit Line free quit smoking line on 131 848.</td>
<td></td>
</tr>
<tr>
<td>Look at a useful youth friendly website such as Drug Aware and Enough is Enough.</td>
<td></td>
</tr>
</tbody>
</table>

Look at the following websites briefly. How could each site help you or a friend seek information about a drug or help you with a drug problem?

- National Tobacco Campaign [www.quitinfo.au](http://www.quitinfo.au)
### Who could help?

<table>
<thead>
<tr>
<th>Problem</th>
<th>As a group decide on the three most useful sources of help for each problem.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are really stressed about your recent poor test results in Maths.</td>
<td></td>
</tr>
<tr>
<td>You are really stressed about a big fight you had on the weekend with</td>
<td></td>
</tr>
<tr>
<td>your boyfriend/girlfriend/best friend.</td>
<td></td>
</tr>
<tr>
<td>You are really stressed about how things will work out living at two</td>
<td></td>
</tr>
<tr>
<td>houses now your parents have separated.</td>
<td></td>
</tr>
<tr>
<td>You are worried that friends you have invited over for a party will</td>
<td></td>
</tr>
<tr>
<td>bring alcohol and your parents have said it’s not allowed.</td>
<td></td>
</tr>
<tr>
<td>You are often pressured to buy alcohol for your group of friends</td>
<td></td>
</tr>
<tr>
<td>because you look the oldest. You are not sure about the legal</td>
<td></td>
</tr>
<tr>
<td>implications of buying and drinking alcohol under age.</td>
<td></td>
</tr>
<tr>
<td>You are sick of being responsible for a friend who binge drinks every</td>
<td></td>
</tr>
<tr>
<td>time you go out with him/her.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who always seems to get into fights</td>
<td></td>
</tr>
<tr>
<td>when you go out and seems really depressed.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who seems to be smoking more than</td>
<td></td>
</tr>
<tr>
<td>before and also not eating properly.</td>
<td></td>
</tr>
</tbody>
</table>
Who could help?

<table>
<thead>
<tr>
<th>Problem</th>
<th>As a group decide on the three most useful sources of help for each problem.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have heard that smoking tobacco is much worse for your health than cannabis but are not sure.</td>
<td></td>
</tr>
<tr>
<td>You are worried about the amount of money your Mum spends on cigarettes and would like to encourage her to quit.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who seems to smoke cannabis every weekend. He is missing school and always borrowing money off you.</td>
<td></td>
</tr>
<tr>
<td>You are worried about your older brother’s cannabis use. He’s been really moody and depressed and seems not quite right.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who sells his ADHD medication at school and ends up not taking it himself.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who takes <em>Panadeine Forte</em> when he drinks on weekends because he thinks it will make the effect of the alcohol better and decrease the hangover effects.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who occasionally takes ecstasy tablets and says they are a lot safer than drinking alcohol.</td>
<td></td>
</tr>
<tr>
<td>You are worried about a friend who takes her Mum’s tranquillisers (<em>Valium</em>) whenever she is stressed or a bit down.</td>
<td></td>
</tr>
</tbody>
</table>
Helpful questions

• What are the things you like about smoking/drinking/using cannabis?

• What are the not-so-good things about smoking/drinking/using cannabis?

• How do the good and not-so-good things about smoking/drinking/using cannabis weigh up?

• Are you interested in quitting or reducing smoking/drinking/cannabis use?

• What could you do to quit or reduce smoking/drinking/cannabis use?

• How could I help you to quit or reduce smoking/drinking/cannabis use?
# A friend in need

**Supporter 1:**
You have noticed that your friend has been really quiet and sad for the last few weeks. He/she avoids talking to other kids at school and has been avoiding you and generally looks very depressed. You are worried about your friend.

**Friend 1:**
You are 15 and you have not been getting on with your Mum lately. Some days you feel so sad you don’t even want to get out of bed. You haven’t spoken to anyone about how you are feeling.

**Supporter 2:**
You don’t smoke. Your friend has told you he/she would like to quit smoking. You don’t think it will be easy because he/she seems to be smoking just about every day now.
Talk to your friend about how he/she is planning on quitting and how you can help.

**Friend 2:**
You are 15 and used to smoke at parties and on weekends with friends, but now you smoke most days. You used to be able to decide whether to smoke or not but now you don’t like the feeling of losing control and would like to quit.
Not many of your friends smoke but smoking always makes you feel more confident and relaxed when you are out with them.

**Supporter 3:**
You love playing hockey. You have noticed that your friend who could often out run you in a game is now often short of breath early in the game. You are convinced this change in fitness is due to the fact that he/she started smoking last year.
You think your friend should quit smoking before their game is too badly affected.

**Friend 3:**
You are 14 and a very good hockey player. You used to be the fittest player in the team but since you started smoking occasionally last year you notice that you often ‘run out of puff’ through a game.

**Supporter 4:**
You are worried about your friend who binge drinks every time you go out together.
You are sick of having to clean him/her up before going home and lying to his/her parents about their alcohol use.
Talk to your friend about their binge drinking and what you could do to look out for each other at parties.

**Friend 4:**
You are 15 and binge drink most weekends. You think the amount you drink is not dangerous and that every one binge drinks.
Your friends often tell you about the embarrassing things you have done when you are drunk. This makes you feel quite bad.

**Supporter 5:**
You like to go to parties but you don’t really like binge drinking or taking other drugs. You know your friend feels pretty much the same way about drinking and drugs.
Talk to your friend about what kind of things you could do to look out for each other at parties to make sure you don’t get into trouble.

**Friend 5:**
You also like to go to parties and like your friend don’t really like binge drinking or taking other drugs.
Talk to your friend about what kind of things you could do to look out for each other at parties to make sure you don’t get into trouble.

**Supporter 6:**
You are worried about your friend’s cannabis use. He/she is not handing in homework, always borrowing money from friends and not interested in doing anything on the weekend unless it involves smoking cannabis.

**Friend 6:**
You are 15 and use cannabis regularly on the weekends. You don’t really see this as a problem, though you do worry about your parents finding out and getting into trouble with the police.
Basic life support guidelines

SIGNS THAT A PERSON IS NOT BREATHING OR NEEDS URGENT MEDICAL HELP

- Blue lips, fingernails and/or toenails
- Cold and clammy and bluish or purplish skin
- Not responding to squeezing of shoulders or shouting
- Shallow or very slow (10 seconds between breaths) breathing or no breathing
- Snoring and/or gurgling
- Vomiting without waking up

If you notice any of these signs
TAKE ACTION IMMEDIATELY
(as follows):

THE ST JOHN AMBULANCE DR ABCD ACTION PLAN

D = DANGER
- Check for danger, to you, to bystanders and to the casualty.

R = RESPONSE
- See if the casualty is conscious or unconscious by calling their name or gently shaking their shoulder to get a response. If there is no response, and there is a bystander, ask them to call 000 (or 112 for mobiles) for an ambulance.
- Get bystander to tell the operator what has happened, the location (nearest intersection) and the state from which they are calling.

A = AIRWAYS
- Check airways to remove any foreign matter or obstructions.
- If no foreign matter present, leave casualty on their back and check breathing.
- If foreign matter is present, place the casualty in the recovery position, using two fingers to scoop out the mouth from top to bottom then check breathing.

B = BREATHING
- Check breathing for up to 10 seconds. Place your face close to the casualty’s face. Look, listen and feel for rise and fall of chest. (2 substantial breaths are required within 10 seconds.)
- If the casualty is breathing, place them in recovery position and tilt their head back to make sure the airways stay clear.
- If you are alone and the casualty is unconscious and not breathing, place them in recovery position and call an ambulance. Then commence CPR.
Basic life support guidelines

C = CPR (Cardiopulmonary resuscitation)

Rescue Breathing
- Roll casualty onto back, supporting the head.
- Make a pistol grip with thumb and index finger and place on jaw. Gently lift jaw and tilt head back. Seal the nose with thumb and index finger (using hand that is on forehead).
- Open mouth wide enough to make a seal over the casualty’s mouth.
- Give 2 rescue breaths.
- Look, listen and feel for rise and fall of chest.
- Check for signs of life (warmth, colour, breathing) for up to 10 seconds.

If there are no signs of life, commence CPR immediately.

Commence chest compressions
- Make sure casualty is on a flat firm surface.
- In a kneeling position, position hands for CPR. Locate site for compressions - lower half of breastbone in the centre of the chest. Place heel of one hand on top of compression site and the other hand on top.
- Position yourself vertically above client’s chest.
- With your arms straight, press down on breastbone to depress it a third of the depth of the chest.
- Release pressure and complete 30 compressions.
- Give two breaths (watch for rise and fall of chest).
- Continue at a rate of 30 compressions and 2 breaths (30:2) Check for signs of life as you go.

Once you have started CPR, it is important that you keep going. Do NOT stop and start.
- Only stop CPR if signs of life return, if there is someone else to take over CPR or if medical aid arrives.
- If casualty starts to breath, place them in the recovery position, reassure them, keep warm and check breathing and signs of life every 2 minutes.

D = DEFIBRILLATION
- When ambulance or a ‘First Responder’ arrives with proper equipment, defibrillation can be done.
- Do not stop CPR until instructed to do so.

REMEMBER...
- DON’T ignore someone who is vomiting continuously; has fainted; is confused or irrational; has trouble going to the toilet; or who has trouble breathing.
- DON’T leave a person intoxicated with alcohol or other drugs alone.
- DON’T try to prevent vomiting.
- DON’T give fluids (even water) or food to someone who is in shock or unconscious.
- DON’T put someone in a bath, pool or throw water on them to sober them up.
- DON’T give someone other drugs to either wake them up or calm them down.
- DON’T forget to tell the ambulance officers as much information as you can about what happened (e.g. what drug or drugs have been used, what you have done so far).
- DON’T drink alcohol or use other drugs alone.
## Emergency situations

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>What should the young people in each of these emergency scenarios do?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Ben is 14 and at a party at a friend’s house where no adults are present. Ben has not been drinking but notices that his friend has been drinking heavily. His friend stumbles and knocks his head on some concrete steps. He is conscious but bleeding heavily from the back of his head.</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Meg is 14 and at a party where no adults are present. She goes to find the toilet and instead finds her friend, who she knows has been drinking, asleep in one of the rooms. She is not snoring but sleeping very heavily.</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Carly is 15 and at home by herself. She hears her sister come home from drinking at a nearby hotel. Her sister comes into her room and tells her she feels faint and sick but only had two alcoholic drinks all night. She thinks her drink may have been spiked.</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Callum is 15 and at his friend’s house with a few mates. They’re playing a card game that involves the loser skulling vodka. One of Callum’s friends drinks more than the others and after a while, vomits violently. The episodes of vomiting continue.</td>
<td></td>
</tr>
</tbody>
</table>
### Emergency situations

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>What should the young people in each of these emergency scenarios do?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Scenario 5" /> 5. Tom is with friends at a park. Some of the friends have shared a bong. One of the friends decides to jump from the top of a climbing frame. He hits his head and loses consciousness for a short time. He's OK but says he has a headache.</td>
<td></td>
</tr>
<tr>
<td><img src="image2.png" alt="Scenario 6" /> 6. Lauren is 14 and comes home from babysitting. She goes into her Mum's room to tell her she is home but can not wake her Mum. She notices an almost empty bottle of tablets on the bedside table. Her Mum is breathing.</td>
<td></td>
</tr>
<tr>
<td><img src="image3.png" alt="Scenario 7" /> 7. Kieran is 14 and with his older brother waiting for a train. They notice a group of boys inhaling something from a plastic bag. One boy looks very confused and uncoordinated. This boy runs when he sees a train coming and collapses on the platform. His friends don't seem to notice. The boy appears to be unconscious.</td>
<td></td>
</tr>
<tr>
<td><img src="image4.png" alt="Scenario 8" /> 8. Tessa is 15 and at a music concert with her older sister. Her sister took an ecstasy tablet at the beginning of the concert. Tessa notices that she is very hot, seems confused and faint.</td>
<td></td>
</tr>
</tbody>
</table>
Assessment Task

Drug-related emergencies

Knowing what to do when friends and others are involved in drug-related emergencies is a life saving skill and an effective harm reduction strategy. Your task is to develop **two** drug-related emergency scenarios (similar to the ones you have practised in class).

Describe how you would deal with this emergency, using the DR ABCD Action Plan. Make sure when you describe your scenario that you describe:

- the environment where the emergency occurs
- factors of the patient that may have put them at risk
- the amount and type of drug/s involved
- what people or agencies may be required to deal with this emergency at the time of the incident and afterwards
- how this emergency situation may have been avoided or the harm reduced.

Useful websites:
- www.redcross.org.au/SAM
Focus Area 3
Road user issues

(For typical Year 7 and 8 students)
Focus Area 3
Road user issues

The activities in this focus area are designed for typical Year 7 and 8 students.

Overview of Focus Area 3

This section provides an overview of the units included in the Road user issues focus area and the content related to young people as future drivers, passengers, pedestrians, cyclists and riders of wheeled recreational devices (e.g. scooters, skateboards and rollerblades). It includes road safety statistics, interacting factors of crashes, the cost and consequences of road crashes, harm reduction strategies, road rules, and road user rights and responsibilities.

There are five units that allow all students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer road user behaviours.

Unit 3.1 Road safety – the facts

This unit focuses on the road safety issues for young road users and their involvement in road crashes as a passenger, driver, pedestrian, motorcyclist, cyclist and rider of wheeled recreational devices. Students will consider road crash statistics and discuss strategies to reduce the risk for young road users.

Unit 3.2 Why crashes happen

This unit focuses on crash theory and the causal factors of road crashes. Students will develop an understanding of how the combination of the road user’s decisions and actions within the traffic environment may result in a crash. Students will also consider characteristics of young people that increase their risk such as overconfidence, risk-taking and inexperience, and traffic-related situations such as travelling more at night or as a passenger with a drink driver. Other factors such as the Big 4 or speed, fatigue, restraints and drink driving; reactions, braking and stopping distances; and peripheral vision are also included.

Unit 3.3 Reducing road user risks

This unit focuses on technological safety devices and their effectiveness in reducing injuries to road users such as restraints (e.g. seat belts), air bags and bicycle helmets. Active and passive safety features of vehicles and vehicle safety ratings are also considered.

Unit 3.4 Consequences of crashes

This unit focuses on the range of consequences that may result after involvement in a road crash. These include physical, financial, social, emotional and legislative. Students will consider various traffic-related situations, make decisions and identify strategies to reduce the risk to the road user. Students will also practise responding to traffic-related situations and be given the opportunity to listen to others’ views and attitudes about young people and their behaviour in the traffic environment.

Unit 3.5 Road users and the law

This unit focuses on road rules and legislation applicable to pedestrians, cyclists and drivers, and community expectations for all road users to ensure the safety of themselves and others in the traffic environment.
Focus Area 3: Road user issues

Overview of content: Road user issues

The table below describes the content addressed in this focus area that will contribute to the achievement of the Curriculum Framework Health and Physical Education Learning Outcomes in the context of drug education. The content has been listed under the organisers from the Early Adolescence Phase of the Curriculum Framework Curriculum Guide-Health and Physical Education. The content for Attitudes and Values is incorporated in the outcomes (shown in italics).

<table>
<thead>
<tr>
<th>Unit 3.1 Road safety – the facts</th>
<th>KNOWLEDGE AND UNDERSTANDINGS</th>
<th>SELF-MANAGEMENT SKILLS</th>
<th>INTERPERSONAL SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMOTING WELLBEING</td>
<td>The meaning and dimensions of health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• social, environmental, cultural and political factors that influence health and attitudes towards it (e.g. social factors influence people’s road user behaviours and their attitudes towards safer road use)</td>
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<tr>
<td></td>
<td>Growth and development</td>
<td></td>
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<tr>
<td></td>
<td>• personal behaviours that influence growth and development (e.g. risk-taking behaviours such as travelling in an overcrowded vehicle or with a driver who has been drinking)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• strategies to cope with influences on unsafe behaviour in traffic</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Social-emotional wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• discussing concerns and worries as a road user in a range of traffic-related situations</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• assessing risks or hazards</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• setting goals and planning ahead to minimise risk as a road user</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ways to keep healthier and safer</td>
<td>• identifying personal attitudes and values towards use of restraints and helmets</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• adhering to product warning and advice (e.g. bicycle helmets and seat belts)</td>
<td></td>
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<tr>
<td></td>
<td>• identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• acceptance of personal responsibility for safety in traffic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• appreciating the need and responsibility to behave safely as a road user</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources and consumer skills</td>
<td>• locating road safety agencies and other sources for accurate information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| SELF UNDERSTANDING              | Managing emotions |
|                                  | • the impact of positive and negative thoughts on decision making and behaviour |
|                                  | • strategies for coping with and reducing stress related to road trauma |
| DECISION-MAKING                 | Reviewing the situation |
|                                  | • why issues, situations, environments or lifestyles can be high-risk for a road user |
|                                  | • factors to consider in choosing the most appropriate person to help |
|                                  | Planning before deciding |
|                                  | • strategies for asserting their rights (e.g. using ‘I’ statements) |
|                                  | • elements when planning to make a decision (e.g. identifying choices, predicting the positive and negative consequences, considering attitudes of self and others towards particular values) |
|                                  | • appreciate the need for safer practices in a range of situations |
|                                  | • consider their rights and responsibilities |
| Deciding and acting             | • strategies for limiting the negative impact of influences (e.g. using assertiveness skills in traffic-related situations) |
|                                  | • appreciating the need and responsibility to behave safely as a road user |
| Monitoring and evaluating       | • strategies for coping with peer influence |
|                                  | • that the decisions for which they are responsible affect the safety of themselves and others |
|                                  | • ways to monitor and evaluate themselves and others at each stage of the process (e.g. debriefing, giving and receiving feedback and reviewing goals) |

| RELATIONSHIP SKILLS             | Communicating |
|                                  | • how to use active listening to enhance relationships (e.g. asking relevant questions and building on what has been said) |
|                                  | • ways to understand the emotional states of people affected directly and indirectly by road trauma (e.g. reading non-verbal clues) |
|                                  | • how to effectively communicate in situations where there is a conflict of values between people (e.g. to refuse to travel in a car with a driver who has been drinking) |
|                                  | Building and nurturing relationships |
|                                  | • strategies for limiting the negative impact of influences (e.g. using assertiveness skills in traffic-related situations) |
|                                  | Preventing and managing conflict |
|                                  | • recognising when to be assertive and when to withdraw (e.g. resisting pressure to not wear a seat belt) |
|                                  | • ways to negotiate (e.g. expressing own attitudes about safer road use) |
|                                  | • how to forward-plan in traffic-related situations to minimise potential for conflict (e.g. having alternative options for getting home to avoid travelling with an intoxicated driver) |

| WORKING WITH OTHERS             | Cooperating and collaborating in groups |
|                                  | • how to select, apply and adjust skills when collaborating to achieve group goals |
|                                  | • peer teaching skills to enhance groups processes and products |
|                                  | Leading, initiating and facilitating |
|                                  | • ways to convince others to share a particular view |
|                                  | • leadership strategies when supporting or advising others who are coping with dilemmas (e.g. helping them to access agencies for support) |
|                                  | • value the need to encourage peers, family and the wider school community to participate in safer road user behaviours |
**Focus Area 3: Road user issues**

**Teacher notes**

- Road crashes are the leading cause of injury-related death for young people aged between 0 and 16 years. Young people involved in road crashes are more likely to be:
  - injured than killed
  - killed when not wearing a restraint
  - killed as a passenger or pedestrian
  - seriously injured or hospitalised as a cyclist or ride of wheeled recreational devices such as skateboards, scooters and rollerblades.


- Overall, **young males are at a much greater risk of fatality and injury** as a result of road trauma than females.

- **A number of factors may contribute to the over-representation of young people in road crashes**, with all of these factors being accentuated in males:
  - increase in personal independence with young people less likely to be driven or accompanied to school by parents and generally allowed much greater freedom on the streets
  - socialise more often than younger or older people
  - often travel with inexperienced drivers
  - assert their individuality in various ways
  - are highly influenced by their peers, at times in a negative way
  - have a fearless attitude and tend to take more risks
  - are easily distracted when they are travelling with friends
  - are over-confident in their ability to drive
  - believe that it won't happen to me.

- **Crashes have definite and distinguishable causes**, involve **risky behaviours and attitudes**, and are, in the main, **preventable**.

- **90% of road crashes are caused by human factors alone**, or in combination with vehicle or environmental factors.
  - Driver: the decisions the driver made, risk-taking (e.g. speeding, drink or drug driving, driving tired or not wearing a restraint) and other distractions both inside and outside the vehicle.
  - Vehicle: the condition of the vehicle (e.g. brakes, foggy windscreen or faulty lights) and the presence of safety features (e.g. air bags and ABS brakes).
  - Environment: features of the road and the area around it (e.g. weather conditions, road surface and wildlife).

- It is important for teachers to be proactive and recognise that there may be students within any group that have been **directly or indirectly involved in road-related trauma** and its consequences. Talking about road trauma with young people can raise a range of issues, concerns and/or emotions. Students who feel uncomfortable or emotional during activities focusing on road user issues should be provided with the option to pass or disengage from the activity.
Unit 3.1
Unit 3.1 Road safety – the facts

The activities in this focus area are designed for typical Year 7 and 8 students.

For students:

Key understandings

➤ The traffic environment poses risks for all road users.
➤ Young people are over-represented in state road safety statistics and are at more risk as pedestrians, passengers and drivers.
➤ Road crash injuries and fatalities are the result of factors such as speed, drink driving, fatigue, not wearing restraints, age and gender.
➤ Some choices increase the level of risk.

Key skills

➤ Evaluate own and others’ beliefs about road safety trauma and associated issues.
➤ Share attitudes and values about road user behaviours.
➤ Make decisions and identify ways to minimise harm in traffic.

Activity 1: Road safety attitudes

RESOURCES:


HOW:

Explain to students that the statements on Resource Sheet 1: What do I think? cover a range of road user issues that will prompt them to identify what they already understand and believe about road safety. The ‘before’ responses should be completed individually.

Give students the opportunity to share their responses and listen to others’ opinions by setting up a circle talk (see p298). Nominate the number of the statement to be discussed and ask students standing in the inside circle to begin. After 30 seconds, signal the students standing in the outside circle to have their turn. Keep the discussion time brief so students stay on task and actively listen. Move the outside circle on one or two places and repeat the procedure until all statements have been discussed.

Debrief the activity by further discussing the statements or answering any questions generated during the circle talk. Questions that are unanswered can be used to plan further learning experiences.

Activity 2: Facts about road safety

RESOURCES:

➤ Photocopy Resource Sheet 2: Road crash facts – one pre-cut set per group.
➤ Make number cards (1, 2, 3 and 4) – one set only.

HOW:

Explain to students that road crash statistics are presented in road user groups (e.g. passengers, drivers, motorcyclists, pedestrians and cyclists, for each gender and age); crash factors (e.g. speed, alcohol and restraints) and for rural and metropolitan areas. These statistics are collated by the Department of Health from crash reports made by WA Police and Main Roads.

Give each group a set of question and answer cards from Resource Sheet 2: Road crash facts. Explain the rules of quiz dominoes (see p296).
Students play the game remembering to discuss the road safety statistics and information as each matching card is placed on the table. Groups continue playing until all of the domino cards have been placed.

Discuss any of the questions that students had difficulty answering or require further clarification.

**Discuss**

- What did you learn about Western Australian road users?
- What did you learn about road safety issues for young people your age?
- Why do you think the number of young people killed and injured is higher than other age groups?
- Knowing these statistics, in what traffic situations should young people your age make safer decisions?

**Identifying attitudes**

Conduct a human graph (see p308) by placing the 1-4 number cards in a line across the room. Ask students to listen to the following statement about road crash statistics and decide which of the numbered responses best represents their opinion.

**Road crash statistics could be reduced if:**

1. speed limits were lowered
2. road users took more responsibility for their own safety and the safety of others
3. speeding and drink driving offenders were taken to emergency and rehabilitation centres
4. the legal BAC limit was 0.00 not 0.05.

Students should move to the number card that corresponds with their opinion then share their reasons for choosing that response with others standing in the same group.

Open the floor for discussion by inviting students from all groups to share with the class why they chose their statement response. Encourage students to agree or disagree with comments made by others, using their knowledge of statistics to support their response.

Ask students to line up to form a human graph then give quantitative statements to describe aspects of the graph. For example:

- most of the class agree that the BAC limit for all drivers should be 0.00
- the number of people who chose taking offenders to emergency and rehabilitation centres is less than those who chose lowering speed limits
- more girls thought changing the legal BAC limit would reduce crash statistics.

Repeat this procedure using the following statements.

**Vehicle occupants don’t always wear seat belts because:**

1. they forget to put them on
2. the fine for not wearing a seat belt isn’t high enough
3. they don’t understand how it can reduce injuries in a crash
4. cars get overloaded and there aren’t always enough seat belts.

**If I was offered a lift by a friend who had been drinking, I might:**

1. say I’m waiting for a friend to pick me up
2. ask them not to drink and drive
3. get in the car but keep checking that they are driving safely before saying anything
4. say no and organise another lift home.

**If I could talk to road safety experts I would suggest they:**

1. make the licensing system harder
2. build better roads with more safety features
3. make it compulsory for schools to have road safety education programs
4. run advertising campaigns that focus on the issues for children and young people.

**Reflection**

Use the thought shapes (see p327), in particular the triangle (what I have learnt) and circle shapes (the thoughts still going around in my head) for students to reflect on this activity. Ask students to write their responses before sharing with a partner or small group.

**Activity 3: Swap stats**

**RESOURCES:**

- Photocopy Resource Sheet 3: Swap stats – enough for one card per student.
- Photocopy Resource Sheet: PNI (see p314) – one A3 copy per group.
- A whistle.
Unit 3.1 Road safety – the facts

HOW:

Explain to students that *Reported Road Crashes in Western Australia Statistics* is an annual publication distributed on behalf of the Road Safety Council of WA. The report provides road crash statistics using police data, which is maintained by Main Roads WA, and hospital admissions data from all public and private hospitals in WA. For a crash to be included in this data, it must have resulted in bodily injury or material damage.

Give each student a question card from the Resource Sheet 3: Swap stats. Explain that the statistics shown come from the 2004 *Reported Road Crashes in Western Australia* and use the terms ‘child’ which refers to 0-16 year olds and ‘young adult’ road users which refers to those aged 17 to 24 years.

Ask students to read their question and answer card. Explain that students are to move around the room until a signal is given to stop (such as a whistle or music). Students then find the person nearest to them and share their stats cards. The pairs then swap cards and get ready to move again. This procedure is repeated several times so students encounter a range of statistics.

Clarify any questions that students raise after the swap stats activity has been completed.

Reducing crash statistics

Place students in groups and give each an A3 copy of Resource Sheet: PNI. Explain the PNI (see p314) is a framework that can be used to identify and consider the positive, negative and interesting aspects of a situation or problem.

Ask students to consider one of the following statements then use the PNI sheet to brainstorm and record their ideas. All responses generated during the discussion should be recorded as there is no right or wrong answer however students should be able to justify their response using the statistics.

Clarify any questions that students raise after the swap stats activity has been completed.

As a class, discuss the responses generated during the PNI activity then ask students to indicate if they agree or disagree with the statement using the fist of five (see p310) voting strategy. Give students time to share their opinions.

Discuss

- Did knowing the WA statistics influence the way you responded on the PNI? How?
- Was your opinion influenced after listening to other students ideas about the statement? Why?
- What type of road safety messages should be provided to the community?
- What approach could be used to give these messages to young people your age? (Television, radio, newspaper, pre-movie info, mail out or text messages.)

Reflection

Using the following questions, students complete a think-pair-share-write (see p325) to reflect on the information gained during the swap stats activity and consider their attitudes towards safer road user behaviour.

- What did you learn about drivers on WA roads?
- What are the four main causes of road crashes?
- What could explain why young people are killed and injured more often than people in other age groups?
- Why do you think more males than females are involved in road crashes?
- Were there any similarities between the stats for young people and other age groups?
- How will knowing these statistics influence your behaviour on the road in the future?

Activity 4: Applying understandings

RESOURCES:
- Photocopy Assessment Task: (optional) – one per student.
Unit 3.1 Road safety – the facts

Access to these websites

- www.officeofroadsafety.wa.gov.au (Office of Road Safety)

HOW:

The task outlined on the Assessment Task will encourage students to recall information gained on road statistics and associated issues from the previous activities. It will also require students to consider the road safety issues for young people and identify strategies that may reduce crash involvement for this road user group.

Place students in small groups or pairs to discuss the task and plan their research. Students can access statistics from the suggested websites to help complete their task.

Have students present their research to the class.

Compile a list of the strategies students identified to reduce road crashes for young people. Discuss the list and decide how effective each would be in relation to changing young people’s road user behaviours.

Discuss

- Was your attitude towards road safety challenged by participating in these activities? Why or why not?
- Did listening to others’ opinions alter your attitude towards road user behaviour? Why or why not?

Reflection

Ask students to reflect on the activities covered in this unit by completing these unfinished sentences (see p328).

- Think about the way you travel to and from school. What are two ways you can make your journey safer while travelling as:
  - a passenger (either in a car or on public transport)...
  - a pedestrian ...
  - a cyclist or rider of a wheeled device (e.g. scooter, skateboard, inline skates) ...

- Knowing that being a passenger in a car poses risks for people my age, I can reduce my level of risk by … (describe two ways).

Students can use information gained from the previous activities to:

- write a newspaper headline and report that provides factual information and supporting statistics on the involvement of young people in road crashes
- formulate a letter containing their opinion, information and key messages that should be addressed by government to reduce the road toll
- develop a road safety advertising campaign based on statistics and including supporting key messages for young people their age.

Identifying attitudes

Return each student’s copy of Resource Sheet 1: What do I think? that was completed in Activity 1 of this unit.

Ask students to cover or fold over the ‘before’ responses on their resource sheet then complete the ‘after’ column without talking to other students.

Place students in groups to share their responses and discuss any changes in their understandings or attitudes about road safety.
What do I think?

Read each statement then write your opinion in the ‘before’ column.

<table>
<thead>
<tr>
<th>BEFORE (agree or disagree)</th>
<th>STATEMENT</th>
<th>AFTER (agree or disagree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Drivers like my parents are more likely to have a road crash than a young person aged 17 to 24 years.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>More female drivers are killed or injured in crashes than male drivers.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>There are more crashes in the country than the city.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>If I wear a seat belt I’m less likely to be injured in a road crash.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>It’s okay to drink and drive.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Drugs are becoming a contributing factor to road fatalities and injuries.</td>
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<tr>
<td>7.</td>
<td>I’m more likely to be injured as a passenger than a pedestrian.</td>
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</tr>
<tr>
<td>8.</td>
<td>A serious road crash can affect many people.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>It’s safe for me to be in a car with a driver who has been drinking alcohol.</td>
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</tr>
<tr>
<td>10.</td>
<td>It’s safer for a cyclist to wear a helmet as most crash injuries are to the head.</td>
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</tr>
<tr>
<td>11.</td>
<td>Young pedestrians always make safe decisions in traffic.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Random breath and drug testing is unfair and should be banned.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Everyone using the roads is responsible for their own safety and the safety of others.</td>
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</tr>
<tr>
<td>14.</td>
<td>I think any one who doesn’t wear a seat belt is crazy.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I believe speeding is dangerous and causes crashes.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>It’s healthier and environmentally friendly to walk, cycle and take public transport.</td>
<td></td>
</tr>
</tbody>
</table>
# Road crash facts

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many Western Australians are killed in a road crash each year?</td>
<td>A road crash where at least one person died within 30 days as a result of injuries sustained in the crash.</td>
<td>Is not wearing a restraint a contributing factor to deaths and injuries?</td>
</tr>
<tr>
<td>How are the majority of children aged 0 to 16 years killed or injured in road crashes?</td>
<td>The number of fatalities resulting from road crashes.</td>
<td></td>
</tr>
<tr>
<td>What is a fatal crash?</td>
<td>Yes. 21% of fatal crashes involved a BAC of over 0.05% - which is the legal limit in WA.</td>
<td>What does ‘casualty’ mean in road safety terms?</td>
</tr>
<tr>
<td>What does the term ‘road toll’ mean?</td>
<td>Passengers, drivers, motorcyclists, cyclists and pedestrians.</td>
<td>Yes. 24% of fatally injured motor vehicle occupants do not wear restraints.</td>
</tr>
</tbody>
</table>
### Road crash facts

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is alcohol a contributing factor in road crashes?</td>
<td>The number of fatalities on WA roads varies from year to year, however on average, around 200 people.</td>
<td>Have seat belts reduced the road toll since they were made compulsory in 1971?</td>
</tr>
<tr>
<td>Who are road users?</td>
<td>56% of Western Australian children aged 0-16 years are killed or injured while travelling as a passenger in a vehicle.</td>
<td>Yes. Many pedestrians are injured when they try to cross in front of or behind the bus.</td>
</tr>
<tr>
<td>What is a restraint and does everyone have to wear one?</td>
<td>A person on foot or on rollerblades, roller skates, child’s tricycle, scooter, skateboard or other non-powered vehicles. It doesn’t include bikes.</td>
<td>Males under the age of 24, are more likely to be injured or killed in road crashes than females in that age group?</td>
</tr>
<tr>
<td>What does the term ‘passenger’ mean?</td>
<td>If the vehicle is travelling above the posted speed signs or if the conditions are dangerous such as wet, slippery or uneven.</td>
<td>Bike helmets are compulsory because they protect a cyclist’s head in a crash.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td>Question</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>What does the term ‘pedestrian’ mean?</td>
<td>A person other than the driver travelling in or on a car, truck or bus. Does not include motorcyclists or cyclists.</td>
<td>Are more pedestrians killed or injured in the city or country?</td>
</tr>
<tr>
<td>When is a vehicle considered to be speeding?</td>
<td>Yes. Overall the road toll has decreased since seat belts were made compulsory in 1971.</td>
<td>Yes. 61% of pedestrian fatalities and hospitalisations are male.</td>
</tr>
<tr>
<td>Young people are more likely to be injured getting on or off a bus than during the bus trip.</td>
<td>True. In that age group, males are over represented in road crash fatalities and injuries.</td>
<td>Are pedestrians, aged 0-16, more likely to be killed or injured in the city or country?</td>
</tr>
<tr>
<td>Why are bike helmets compulsory?</td>
<td>A restraint is designed to hold a person within the vehicle and limit movement during a road crash. It is compulsory to wear a restraint (e.g. seat belt).</td>
<td>False. Most injuries to cyclists occur off-road in parks and recreational areas.</td>
</tr>
</tbody>
</table>
### Road crash facts

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most cyclist injuries occur on the road.</td>
<td>Most crashes involving young drivers happen on a Saturday between 3pm and 3am.</td>
<td>Are young drivers more likely to be in a road crash on the weekend or during the week?</td>
</tr>
<tr>
<td>Are drugs, other than alcohol, a contributing factor to road crashes?</td>
<td>Yes. Road trauma costs the WA community around $1.8 billion. Nationally, the cost is around $17 billion.</td>
<td>Yes. The latest crash data shows over 1/3 of drivers, motorcyclists and pedestrians who died on WA roads, had at least one drug detected.</td>
</tr>
<tr>
<td>Are more male or female pedestrians killed or injured?</td>
<td>Most fatally injured or hospitalised children are involved in crashes on a weekday between 3pm and 6pm.</td>
<td>Does road trauma cost the WA community more or less than 1 million dollars a year?</td>
</tr>
<tr>
<td>Are children more likely to be injured in a crash before or after school?</td>
<td>Young pedestrians are more likely to be killed or injured in the city than the country.</td>
<td>More pedestrians are killed or injured in the city than in the country.</td>
</tr>
</tbody>
</table>
### Road crash facts (answer sheet)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many Western Australians are killed in a road crash each year?</strong></td>
<td>The number of fatalities on WA roads varies from year to year, however on average, around 200 people.</td>
</tr>
<tr>
<td><strong>Is not wearing a restraint a contributing actor to deaths and injuries?</strong></td>
<td>Yes. 24% of fatally injured motor vehicle occupants do not wear restraints.</td>
</tr>
<tr>
<td><strong>How are the majority of children aged 0 to 16 years killed or injured in road crashes?</strong></td>
<td>56% of Western Australian children (0-16 years) are killed or injured while travelling as a passenger.</td>
</tr>
<tr>
<td><strong>What does ‘casualty’ mean in road safety terms?</strong></td>
<td>A person killed, admitted to hospital or injured and requiring medical attention as a result of a road crash.</td>
</tr>
<tr>
<td><strong>What is a fatal crash?</strong></td>
<td>A road crash where at least one person died within 30 days as a result of injuries sustained in the crash.</td>
</tr>
<tr>
<td><strong>Is alcohol a contributing factor in road crashes?</strong></td>
<td>Yes. 21% of fatal crashes involved a BAC of over 0.05% - which is the legal limit in WA.</td>
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</tr>
<tr>
<td><strong>Who are road users?</strong></td>
<td>Passengers, drivers, motorcyclists, cyclists and pedestrians.</td>
</tr>
<tr>
<td><strong>What is a restraint and does everyone have to wear one?</strong></td>
<td>A restraint is designed to hold a person within the vehicle and limit movement during a road crash. It is compulsory to wear a restraint (e.g. seat belt).</td>
</tr>
<tr>
<td><strong>What does the term ‘pedestrian’ mean?</strong></td>
<td>A person on foot or on rollerblades, roller skates, child’s tricycle, scooter, skateboard or other non-powered vehicles. It doesn’t include bikes.</td>
</tr>
<tr>
<td><strong>What does the term ‘passenger’ mean?</strong></td>
<td>A person other than the driver travelling in or on a car, truck or bus. Does not include motorcyclists or cyclists.</td>
</tr>
<tr>
<td><strong>When is a vehicle considered to be speeding?</strong></td>
<td>If the vehicle is travelling above the posted speed signs or if the conditions are dangerous (e.g. slippery).</td>
</tr>
<tr>
<td><strong>Have seat belts reduced the road toll since they were made compulsory in 1971?</strong></td>
<td>Yes. Overall the road toll has decreased since seat belts were made compulsory in 1971.</td>
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<td><strong>Young people are more likely to be injured getting on or off a bus than during the bus trip.</strong></td>
<td>Yes. Many pedestrians are injured when they try to cross in front of or behind the bus.</td>
</tr>
<tr>
<td><strong>Males under the age of 24, are more likely to be injured or killed in road crashes than females in that age group?</strong></td>
<td>True. In that age group, males are over represented in road crash fatalities and injuries.</td>
</tr>
<tr>
<td><strong>Why are bike helmets compulsory?</strong></td>
<td>Bike helmets are compulsory because they protect a cyclist’s head in a crash.</td>
</tr>
<tr>
<td><strong>Are more pedestrians killed or injured in the city or country?</strong></td>
<td>More pedestrians are killed or injured in the city than in the country.</td>
</tr>
<tr>
<td><strong>Are more male or female pedestrians killed or injured?</strong></td>
<td>Male. 61% of pedestrian fatalities and hospitalisations are male.</td>
</tr>
<tr>
<td><strong>Are pedestrians, aged 0-16, more likely to be killed or injured in the city or country?</strong></td>
<td>Young pedestrians are more likely to be killed or injured in the city than the country.</td>
</tr>
<tr>
<td><strong>Are children more likely to be injured in a crash before or after school?</strong></td>
<td>Most fatally injured or hospitalised children are involved in crashes on a weekday between 3pm - 6pm.</td>
</tr>
<tr>
<td><strong>Most cyclist injuries occur on the road.</strong></td>
<td>False. Most injuries to cyclists occur off-road in parks and recreational areas.</td>
</tr>
<tr>
<td><strong>Are young drivers more likely to be in a road crash on the weekend or during the week?</strong></td>
<td>Most crashes involving young drivers happen on a Saturday between 3pm and 3am.</td>
</tr>
<tr>
<td><strong>Are drugs, other than alcohol, a contributing factor to road crashes?</strong></td>
<td>Yes. The latest crash data shows over 1/3 of drivers, motorcyclists and pedestrians who died on WA roads, had at least one drug detected.</td>
</tr>
<tr>
<td><strong>Does road trauma cost the WA community more or less than 1 million dollars a year?</strong></td>
<td>Yes. Road trauma costs the WA community around $1.8 billion. Nationally, the cost is around $17 billion.</td>
</tr>
</tbody>
</table>

**Focus Area 3: Road user issues**
<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> Of all motor vehicle occupants killed in a road crash, what percentage were not wearing a restraint?</td>
<td><strong>Q:</strong> Speed was considered a contributing factor in what percentage of all fatal crashes?</td>
</tr>
<tr>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
</tr>
<tr>
<td>A: 28%</td>
<td>A: 36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> Non-use of seat belts was evident in what percentage of all male fatalities?</td>
<td><strong>Q:</strong> Non-use of restraints was evident in what percentage of all female fatalities?</td>
</tr>
<tr>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
</tr>
<tr>
<td>A: 32%</td>
<td>A: 20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> Alcohol was a contributing factor in what percentage of fatal crashes involving young adult road users?</td>
<td><strong>Q:</strong> Of all road users killed, what percentage were young people aged 17-24?</td>
</tr>
<tr>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
</tr>
<tr>
<td>A: 14%</td>
<td>A: 30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> Of all young adult road users killed or hospitalised, what percentage were drivers?</td>
<td><strong>Q:</strong> What percentage of young adults were killed or hospitalised as passengers?</td>
</tr>
<tr>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
<td><img src="Swapstat%20Card.png" alt="Swapstat Card" /></td>
</tr>
<tr>
<td>A: 57%</td>
<td>A: 26%</td>
</tr>
</tbody>
</table>
### Swap stats

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> Of all fatalities, what percentage were male?</td>
<td><strong>Q:</strong> Of all fatalities, what percentage were female?</td>
</tr>
<tr>
<td><img src="image1" alt="Male Faces" /></td>
<td><img src="image2" alt="Female Faces" /></td>
</tr>
<tr>
<td><strong>A:</strong> 73%</td>
<td><strong>A:</strong> 27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> What percentage of fatal crashes occurred in the metropolitan area?</td>
<td><strong>Q:</strong> What percentage of fatal crashes occurred in the rural area?</td>
</tr>
<tr>
<td><img src="image3" alt="Metropolitan Area" /></td>
<td><img src="image4" alt="Rural Area" /></td>
</tr>
<tr>
<td><strong>A:</strong> 45%</td>
<td><strong>A:</strong> 55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> Of all road users killed, what percentage were aged 0-16 yrs?</td>
<td><strong>Q:</strong> Of 0-16 yrs killed or hospitalised, what percentage were not wearing a restraint?</td>
</tr>
<tr>
<td><img src="image5" alt="Children Faces" /></td>
<td><img src="image6" alt="Not Wearing Restraint" /></td>
</tr>
<tr>
<td><strong>A:</strong> 9%</td>
<td><strong>A:</strong> 15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swapstat Card</th>
<th>Swapstat Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> What percentage of child road users, that were killed or hospitalised, were passengers?</td>
<td><strong>Q:</strong> What percentage of child bicyclist fatalities and hospitalisations were not wearing helmets?</td>
</tr>
<tr>
<td><img src="image7" alt="Passengers" /></td>
<td><img src="image8" alt="Not Wearing Helmets" /></td>
</tr>
<tr>
<td><strong>A:</strong> 59%</td>
<td><strong>A:</strong> 31%</td>
</tr>
</tbody>
</table>
### Swap stats

<table>
<thead>
<tr>
<th>Q: What percentage of fatal crashes was contributed to speed?</th>
<th>Q: What percentage of motorcycle rider fatalities was contributed to speed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swapstat Card</td>
<td>Swapstat Card</td>
</tr>
<tr>
<td><strong>A:</strong> 36%</td>
<td><strong>A:</strong> 55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: What percentage of fatal crashes involved a driver with a BAC of 0.05 or above?</th>
<th>Q: What percentage of fatal crashes were single vehicle crashes (no other car involved)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swapstat Card</td>
<td>Swapstat Card</td>
</tr>
<tr>
<td><strong>A:</strong> 24%</td>
<td><strong>A:</strong> 64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: What percentage of people admitted to hospital were bicyclists?</th>
<th>Q: What percentage of people admitted to hospital were pedestrians?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swapstat Card</td>
<td>Swapstat Card</td>
</tr>
<tr>
<td><strong>A:</strong> 11%</td>
<td><strong>A:</strong> 8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: What percentage of hospitalisation crashes occurred in rural areas?</th>
<th>Q: Of child fatalities and hospitalisations what percentage were pedestrians?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swapstat Card</td>
<td>Swapstat Card</td>
</tr>
<tr>
<td><strong>A:</strong> 28%</td>
<td><strong>A:</strong> 19%</td>
</tr>
</tbody>
</table>
Assessment Task

You and a colleague have been contracted by the Road Safety Council (RSC) to research data about young road users including drivers, to establish the factors that contribute to their involvement in road crashes (e.g. speed, alcohol and other drugs, not wearing restraints and fatigue).

The contract requires you to complete a written report and a presentation to the Road Safety Council.

Your report and presentation should include:

1. statistics for all age groups and genders with a focus on young WA road users
2. graphs, illustrations, newspaper reports and articles, and other material to support the statistics and road user issues
3. some of the current strategies and community education campaigns that aim to reduce the involvement of young people in road crashes
4. suggestions to reduce crash involvement for young people including drivers.

5. Knowing that there will be more cars, drivers and pedestrians on the road in the next 20 years, predict what changes might be seen to the road toll and support your statement.

Useful websites:

www.officeofroadsafety.wa.gov.au
(Office of Road Safety)

www.abs.gov.au
(Australian Bureau of Statistics)
For students:

**Key understandings**
- A road ‘accident’ is never an accident. It is the result of combination of road user, road environment, risk factors and decisions made which result in a crash that, in turn, results in trauma.
- Crashes are not uncontrollable events but have definite causes and, by implication, can be avoided.
- 90% of road crashes are the result of driver behaviours, not the vehicle or environment.
- Any moving vehicle does not come to an immediate stop after braking.
- The total stopping distance is equal to the road user’s reaction distance and braking distance.
- A road user’s safety in traffic may be affected by their reactions and vision.
- Strategies can be used to minimise exposure to risk in traffic.

**Key skills**
- Apply these understandings to their own personal situations as road users, and to the traffic environment.
- Identify risks and make decisions about staying safer in traffic-related situations.
- Share own opinions and attitudes about road user behaviour.

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**Activity 1: Crash theory**

**RESOURCES:**
- Six large sheets of paper.
- Photocopy and cut out cards on Resource Sheet 1: Crash theory using three different colours – one card per student.

**HOW:**
Draw a triangle on the board and label as shown. Explain to students that road crashes are the result of the interaction of the driver, the vehicle and environment (both inside and outside the vehicle). However over 90% of road crashes are due to the driver’s actions and characteristics. Very few are the result of the vehicle or environment.

Write one of the following headings (driver, vehicle and environment) at the top of each piece of paper. Depending on the number of students there may be a need to have two sets for the graffiti walk (see p294).

Display the sheets and explain how to conduct a graffiti walk. Read the headings and give a couple of examples to clarify the task. Some are listed.
Focus Area 3: Road user issues

Unit 3.2 Why crashes happen

Discussion

- In the scenarios you discussed, what factor contributed the most to a crash? (The driver.)
- What are some ways drivers can stay safer? (Plan ahead; don’t drive tired or intoxicated; maintain the vehicle; limit passengers; make sure everyone wears a restraint.)
- Could you use some of these strategies in other traffic situations as a passenger or cyclist? (Don’t walk home intoxicated; call for a lift; make sure bicycles are well maintained; wear a bicycle helmet.)
- What might affect a road user’s ability to make a safer decision? (Emotions; temperament; use of alcohol or other drugs; friends; the situation such as an emergency.)
- How confident are you to make decisions that affect your safety in traffic? (Do the students have responses that they know would be effective when faced with negative influences from friends or peers? Can they assertively communicate concern about their safety in different traffic situations, e.g. driving with someone they think has been drinking or has taken other drugs?)

Reflection

Ask students to write three ways they can increase their safety as a passenger in a motor vehicle (e.g. wear a seat belt, make sure the driver hasn’t been drinking and don’t distract the driver).

Place students in pairs to share and discuss their responses.

Activity 2: Factors contributing to crashes

Resources:
- Photocopy Resource Sheet 2: The Big 4 – one per student.
- Access to suggested internet sites.
- Toss a die questions – one copy per student.
- Die – one per group.

How:

Explain to students that speed, restraints, drink/drug driving, and fatigue are often described as the ‘Big 4’ in the context of road safety. These four factors contribute to road crashes and are reflected in statistics each year. Sometimes the term ‘Fatal 5’ is...
also used as ‘driver distractions’ are now recognised as a contributor to crashes although not always easily determined in crash investigations.

In groups, students conduct a scavenger hunt (see p301) using Resource Sheet 2: The Big 4 to research one of the factors and determine to what extent the factor contributes to road crashes.

Suggest students use the following websites to find information and statistical evidence to support their findings.

- www.officeofroadssafety.wa.gov.au (Office of Road Safety)
- www.dao.health.wa.gov.au (Drug and Alcohol Office WA)
- www.drugsdriving.adf.org.au (Australian Drug Foundation)

Sharing information

Students can share the information gathered during the scavenger hunt by conducting a jigsaw (see p299) in groups of four where each of the Big 4 factors is represented.

Students should take turns to share their research, statistics and other material with members of the group. Encourage students to ask questions during the jigsaw activity.

Ask each jigsaw group to consider the information presented and write one interesting point about each crash factor. For example:

- 24% of fatally injured motor vehicle occupants do not wear restraints
- 21% of fatal crashes involved a BAC of over 0.05% - which is the legal limit in WA.
- of drivers, motorcycle riders and pedestrians who died on WA roads in 2004, 22% had at least one drug detected other than alcohol.

Students could include these points in a Power Point presentation to share with other students or sent home as an information sheet for parents.

Identifying attitudes

Give students a copy of these six questions that are related to the Big 4. If possible, give students the questions several days before conducting this activity to give them time to consider the list and discuss their opinions with their family or friends.

1. Young people are generally aware of the dangers of drinking and interacting with the traffic environment. However some still aren’t getting the message. How do you think authorities should tackle this problem?

2. As a person’s Blood Alcohol Concentration (BAC) increases their behaviour and response to traffic situations becomes more unpredictable. Should the legal BAC for fully licensed drivers be lowered to 0.00 BAC the same as L and P plate drivers?

3. Young people can lead busy lives. Most claim that they can drive sleepy and handle it.

4. Those refusing to comply with speed limits either don’t believe that the faster you go the harder you hit or just don’t care at all.

5. Almost everyone in Australia wears a seat belt, except the people who think they won’t be in a crash.

6. Knowing about the Big 4 will influence how I act as a road user.

Place students in groups of three or four. Give each group a die. Explain how to conduct a toss a die (see p325) and that the purpose of the activity is to listen to others’ opinions about road user behaviours.

To start, one student rolls the die and answers the corresponding question on the list. Other group members listen to this student’s response then the person to the left of the speaker asks one question about what they have heard. The die is then given to that student who repeats the previous steps.

Allow enough time for each student to roll the die and respond to at least two or three questions.

Discuss

- How does it feel to share your opinions about road user behaviours with others?
- Has listening to others’ opinions and thoughts about road user behaviours changed how you think about these issues?
- Do you think you will always have the same opinion about road use? Why or why not?

Reflection

To personally reflect on this activity students can complete the following unfinished sentences (see p328) then share their responses with a partner or small group.

- My current risk of harm from the Big 4 is … (very high/high/moderate/low/very low)?
- Ways that I could reduce my risk of harm or continue to maintain a low level of harm from the Big 4 are …
- If I had a friend who often had a few drinks before walking, riding or driving, I would …
- If I was offered a lift in a car where a seat belt wasn’t available for me to wear I would …
Unit 3.2 Why crashes happen

Note for teachers:
Activities 3 to 6 are simulated activities that aim to highlight a range of factors that can affect a road user’s ability to interact safely with traffic.
It is not expected that teachers implement all of these activities.

Activity 3: Speeding and crashes

RESOURCES:
- Photocopy Resource Sheet 3: How fast can you stop? – one per student.
- Photocopy Resource Sheet 4: Speed signs – one set.
- Trundle wheel or 100 metre tape measure.
- Witches hat or marker (e.g. ice cream container, duster or ruler).
- Area approximately 100 metres long.
- ‘Strongly agree’ and ‘strongly disagree’ card – one set (optional).

HOW:
Students read through Resource Sheet 3: How fast can you stop? Explain that the time or distance it takes a vehicle to stop is the combination of both the driver’s reaction time and braking distance of the vehicle (e.g. stopping distance = reaction distance + braking distance) and the interaction of other factors such as those identified in Activity 1 of this unit. The people and objects within the vehicle will however continue to move forward within the space of the vehicle at the speed the vehicle was initially travelling. This activity will simulate the distance that a vehicle continues to travel even after a driver has reacted quickly to an emergency.

Gather the markers, trundle wheel and speed signs from Resource Sheet 4: Speed signs and take students outside to an area that is at least 100 metres long. Students should also take their resource sheet and a pencil.

Place a witch’s hat or marker on the ground. Select a student to stand behind the marker. Explain to students that the marker represents the front of a car and the student, who is the ‘driver’, has just seen a small child run out onto the road about 30 metres in front of the car. The driver, the car and the weather are all in perfect condition.

Select seven students and give each a speed sign. Ask the class to estimate where the car travelling at each of the speeds indicated, would stop after the driver has reacted and braked. Students holding the signs then move to the place decided by the class.

Have a student use the trundle wheel to measure the estimated distances. Students record these measurements on their resource sheet.

When all guesses have been made, tell students the correct stopping distances (listed in the table below) and measure out each distance. Have students holding the speed signs move to that spot. Students should record the correct distance on their resource sheet.

Discuss
- What did you notice about your estimations and the correct distances?
- What might affect stopping distances? (Factors such as wet weather; different road surfaces; the size of the vehicle and the load it is carrying; driver reaction time.)
- Knowing the distance it takes a vehicle to stop, what does that mean to you as a pedestrian, cyclist or future driver? (Pedestrian – don’t walk out in front of a vehicle. Cyclist – adjust distance between bike and vehicle in front. Driver – travel at or below posted speed, be alert and scan for hazards.)
- If you were going to share this information about stopping distances with a pedestrian, what tips would you give them?
- Has your opinion about lower speed limits on local roads changed after completing this activity?
- Other than stopping distance, what are some other advantages of driving at 40 km/h past schools?
- What other areas should have a 40 km/h limit?

<table>
<thead>
<tr>
<th>Speed (km/h)</th>
<th>20</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>65</th>
<th>70</th>
<th>80</th>
<th>100</th>
<th>110</th>
</tr>
</thead>
<tbody>
<tr>
<td>reaction distance (m)</td>
<td>8</td>
<td>17</td>
<td>21</td>
<td>25</td>
<td>27</td>
<td>29</td>
<td>34</td>
<td>42</td>
<td>46</td>
</tr>
<tr>
<td>braking distance (m)</td>
<td>2</td>
<td>9</td>
<td>14</td>
<td>20</td>
<td>25</td>
<td>27</td>
<td>35</td>
<td>54</td>
<td>66</td>
</tr>
<tr>
<td>stopping distance (m)</td>
<td>10</td>
<td>26</td>
<td>35</td>
<td>45</td>
<td>52</td>
<td>56</td>
<td>69</td>
<td>96</td>
<td>112</td>
</tr>
</tbody>
</table>

Source: Australian Transport Safety Bureau
Focus Area 3: Road user issues

Unit 3.2 Why crashes happen

Two second gap

It is recommended that drivers travelling at 60 km/h or lower leave at least a ‘two second gap’ between vehicles. This space will enhance safety by allowing the driver to scan more of the driving environment. The driver will have more time to avoid hazards and distance to react and stop if the vehicle in front suddenly stops.

The two second gap can be measured by identifying a marker such as a tree or pole on the road side. When the vehicle in front of a driver’s car passes the marker, the driver should count ‘one thousand and one, one thousand and two’. At the end of this two second period the driver’s car should be passing the same marker.

Ask students what the preferred gap between traffic is in ideal and less than ideal conditions. List some reasons why having such a space is necessary.

The following ideas can be used to demonstrate the two second rule.

• Take students to the roadside and stand next to a pole, tree or marker. Students choose a car driving past with a car following behind it to check if there is a two second gap.

• Students, in groups of three or four, line up around the perimeter of a basketball court then follow each other around the court. Vary the speeds students are moving by calling out instructions such as jog, run, walk, jog and slow down. Randomly blow a whistle to indicate when students are to stop. Instruct them not to deliberately ‘crash’ into other students.

Repeat the process with students trying to leave a two second gap between themselves and the person in front.

Discuss

• How does speed affect the distance required to stop?

• Why is it difficult to maintain a two second gap?

• How did the actions of the person in front and behind you affect your ability to keep a two second gap?

• What other factors other than speed may affect stopping distance? (Wet weather - both drivers and cyclists need to increase the distance between their vehicle and the vehicle in front.)

• Why is it important to know this information as a driver and cyclist?

Suggest students tell their family about the two second gap and practise checking the gap when next travelling as a passenger in a motor vehicle.

Speed opinions

Students indicate their opinions about the some of the following statements by using a fist of five (see p310) where a ‘fist’ represents ‘strongly disagree’ and ‘five fingers’ represents ‘strongly agree’ or alternatively a values continuum (see p309) labelled ‘strongly agree’ and ‘strongly disagree’. Encourage students to share and justify their views.

Statements

• The speed limit around schools should be reduced to 30 km/h.

• If you are an experienced driver you can stop a vehicle quicker than an inexperienced driver.

• It’s okay to travel 5 km/h over the posted speed limit.

• Pedestrians should understand how long it can take a vehicle to stop.

• Most crashes could be avoided if all drivers travelled at the speed limit or less.

• There is never a reason to speed.

• Some countries have reduced the general urban speed limit to 50 km/h and have seen fatalities reduced by up to 25% on these roads. Therefore we should have a 50km/h limit too.

Suggest to students that not all drivers adhere to the two second gap and because of this put themselves, their passengers and other road users at risk.

Ask students to write how they would tell a driver who was travelling too close behind a vehicle that they were concerned about their safety.

Reflection

Suggest to students that not all drivers adhere to the two second gap and because of this put themselves, their passengers and other road users at risk.

Ask students to write how they would tell a driver who was travelling too close behind a vehicle that they were concerned about their safety.
Focus Area 3: Road user issues

Activity 4: Reactions

RESOURCES:
➤ A4 sheets of paper – one per student.
➤ Photocopy Resource Sheet 5: Touch timer – one per student.
➤ Stopwatch or timing device – one between two.

HOW:
Explain to students that there are a range of factors that can affect a road user’s ability to stop quickly. For example, in wet weather a cyclist will find it takes longer to stop than when the road and their tyres are dry.

Set students a one minute challenge (see p295) to write a list of other factors that can affect stopping distance. Some examples include:
• reaction time - which may be affected by factors such as fatigue, alcohol or other drugs, distractions or when a pedestrian is seen
• condition of the road surface - including whether it is wet or dry, gravel or an off-road area
• condition of the vehicle - including brakes and tyres
• environmental conditions - such as wet weather, sun in driver’s eyes, night time
• location of the vehicle - including gravel roads, winding road, freeway or local road
• speed the vehicle is travelling - which is also a critical factor in determining the level of injury and possibility of a pedestrian surviving a crash. Even small reductions in impact speed can contribute to a significant decrease in trauma.

Students share their list of factors with others in the class.

If reaction time was not identified by students, include this in the discussion. Explain that reaction time contributes to the overall stopping distance of vehicles and bicycles (i.e. stopping distance = reaction distance + braking distance). The reaction distance is the time it takes the driver to respond to a situation and begin applying the vehicle’s brakes. Braking distance is the distance it takes to bring the vehicle to a complete stop once the brakes are applied.

Explain that quick reactions by road users may reduce crash involvement and the level of injury. Demonstrate this to students by writing on the board, the following sequence that represents the actions that occur when a driver sees a cyclist pull out in front of them.

If a cyclist reacts slowly and other factors such as speed and load of the bicycle are included in this example, the possibility of the cyclist being hit and injured is increased dramatically.

Reaction test

Place students in pairs. Give each student a copy of Resource Sheet 5: Touch timer and instruct them to place it face down. Studying the grid beforehand can alter the results.

Explain to students they are going to take turns to test their reactions. Nominate one of the partners to be the ‘timer’ and give them a stopwatch or timer. The other student is the ‘subject’.

The timer’s role is to uncover Grid 1 on the resource sheet and time how long it takes the subject to touch each of the numbers in order from 1 to 12. The subject should do this as quickly as possible. When the subject touches the number 12 the timer stops the stopwatch and records the time in the Grid 1 space provided on the resource sheet.

This procedure is repeated for Grid 2 then partners swap roles.

Students can calculate their average time and check their reaction rating.

Discuss
• Were there any differences between your first and second test? Why?
• Why do you think some of our class scored a higher rating than others? (Tired, not concentrating, hard to do, felt pressure.)
• In traffic there may be situations where you need to have quick reactions. What might these be? (As a driver – stopping quickly if a child or animal ran onto the road; tyre blow out; car stops suddenly in front of your vehicle. As a pedestrian – when a driver doesn’t stop at a crosswalk or give way at a traffic lights. As a cyclist – a driver not realising you are riding next to them, opening a door as you ride by.)
• Why is it important for road users to know about reaction times? (e.g. drivers and cyclists should increase distance between their vehicle and the vehicle in front; take breaks on trips to avoid fatigue; pedestrians need to constantly scan traffic environment for hazards and be prepared to stop.)
Unit 3.2 Why crashes happen

Practice versus reaction

Students can test if practice improves their reaction time using Grid 1 on the resource sheet.

The previous procedure is followed however after the subject has completed touching the numbers in order on Grid 1 and recorded the time in the table on the sheet, they are given the opportunity to practise Grid 1 ten times before doing their second, third, fourth and fifth test. An average is calculated by adding the recorded times and dividing by five.

Discuss

• Did your reaction times improve during the five trials? Why? (Suggest that more experienced drivers who have had more opportunity to practise their traffic scanning skills often react quicker than a learner or new driver who is still concentrating on manoeuvring the vehicle and coping with traffic.)

• What might affect a driver’s reaction time? (Distractions inside or outside the car, fatigue, alcohol and other drugs, weather conditions.)

Reflection

Ask students to write a response to the following question. Responses could include concentrate, don’t wear headphones or talk on mobiles, avoid distractions, scan the environment or be prepared to react. Discuss responses as a class.

• What can you do to increase your ability to react quickly in traffic situations as a pedestrian and cyclist?

Activity 5: Stopping distance

RESOURCES:
➤ Bicycle and helmet.
➤ Long tape measure or trundle wheel.
➤ Six markers (e.g. witches hats, ice-cream containers, books) labelled Point A.
➤ Six markers labelled Point B.
➤ One stopping flag (e.g. a tea towel or hat).

HOW:

This activity simulates how far it takes a cyclist to stop a bike after reacting to a traffic hazard. Set up a ‘track’ approximately 100 metres in length on a bitumen area such as a basketball or netball court.

Give six students a Point A and Point B marker each. Have these students spread out along the track at intervals of around five to ten metres. Give one other student the ‘stopping flag’ and have them stand half way down the track.

Explain to the cyclist they are to ride down the track and apply both the front and rear bike brakes when the flag is dropped. The student closest to where the cyclist applies the brakes marks the spot with a Point A marker and the student closest to where the bike comes to a stop places a Point B marker. Measure and record the distance between both points to determine the stopping distance of the cyclist.

Include the following factors when repeating the activity to observe changes to stopping distance:
• cyclist riding at a faster and slower speed than the first trial
• cyclist carrying a heavy backpack
• spray the court with water (or throw a bucket of water) to reduce friction levels
• have students try to distract the cyclist.

Discuss

• Did the bike come to an immediate stop in any of the trials? Why not? (Stopping distance = reaction distance + braking distance.)

• Which factors increased the stopping distance of the bike? Why?

• Which would take longer to stop – a truck or bike? Why? (Larger, heavier vehicles take longer to stop.)

Reflection

Students can use a think-pair-share (see p325) to respond to the following question.

• Why do you as a road user need to be aware of stopping distances of vehicles, including bikes?

Activity 6: Field of vision

RESOURCES:
➤ Large classroom protractor – one per group
➤ Photocopy Resource Sheet 6: Blind spot – one per student.
➤ Different coloured pencils – a set per group.
Peripheral or side vision develops with age and is the ability to notice what is around the edge of your view. Explain to students that most people can see more than 90 degrees at each side making a total field of vision of over 180 degrees. A field of less than 70 degrees on each side is generally considered hazardous to safe driving as the awareness of movement and objects in peripheral vision is important for noticing and judging traffic.

Place students in groups of four and explain that this activity will test their peripheral vision. Each group will need a large protractor.

Explain the testing procedure to students then allow enough time for students to carry out each test.

1. Student One sits holding the protractor at eye level with their nose in the centre and looking at something in the distance directly ahead.
2. Student Two should stand behind Student One and slowly move the coloured pencil along the edge of the protractor from back to the front.
3. Student One should call out when they can see the pencil.
4. Student Three marks the spot on the protractor.
5. The process is repeated for the other eye.
6. The points where the student first saw the pencil are recorded in degrees on a table (as shown) by Student Four.
7. Repeat this procedure until each member has been tested twice.

Field of vision

<table>
<thead>
<tr>
<th>Test 1</th>
<th>Test 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td>Right eye</td>
</tr>
<tr>
<td>Left eye</td>
<td>Left eye</td>
</tr>
<tr>
<td>Total of four readings.</td>
<td></td>
</tr>
<tr>
<td>Divide the total by 4 to get the average.</td>
<td></td>
</tr>
</tbody>
</table>

Discuss with students the implications of limited peripheral vision for road users in traffic (e.g. noticing other road users to the side of their vehicle or a road sign) and ask students to suggest what can be done to compensate for smaller areas of side vision such as:

- developing the habit of continually glancing left and right, by turning the head if necessary
- reducing speed to compensate for the brief intervals between side glances.

Allow students to take home the protractors and test family member’s peripheral vision. Suggest students test a younger sibling’s peripheral vision as up to the age of ten, children will generally have around a third of an adult’s side vision.

Discuss

- What does this mean to you as a cyclist or driver in the future? (Young drivers tend to not use their peripheral vision in contrast to more experienced drivers. Cyclists need to turn their head and check for traffic to see past the edge of bicycle helmets.)

Testing for blind spots

Explain to students that the ‘blind spot’ in each eye is the part of the retina where the nerve fibres leave the eye and there are no light sensitive cells. In a traffic situation this blind spot may affect the ability of a driver to see pedestrians and cyclists.

Give each student a copy of Resource Sheet 6: Blind spot and explain the procedure for discovering the blind spot. Allow enough time for students to undertake the procedure.

After students have undertaken the procedure ask them to discuss and answer the following questions on the resource sheet. If correctly performed, students should have noticed that the dot completely disappeared at a distance of about 15 to 20cm from their face.

Answers to questions on Resource Sheet 6:

- Knowing that driver’s have a blind spot in their vision, what should a pedestrian or cyclist do to stay safer? (Pedestrian - if you are crossing the road, make sure that the driver has seen you. The best way to check is by making eye contact and waiting until you can see that the vehicle is coming to a stop. Cyclist – ride where the driver will be able to see you and have eye contact with the driver.)
- How might the blind spot affect a pedestrian’s ability to see a car and what can they do to try to overcome this? (Turn their head when looking for cars and check more than once before crossing. Look over their shoulder if necessary.)
- Being visible to drivers can increase a pedestrian’s safety. What factors can make it difficult for a driver to see a pedestrian? (Visibility conditions such as sun glare, low light levels or at dusk and dawn, night time, overcast, wet or foggy weather. How conspicuous the pedestrian is, such as wearing light or reflective clothing at night, having reflective strips on backpacks or shoes, or the size of the pedestrian such as a child compared to an adult. Location of pedestrian such as standing between parked cars, or on the road edge with no street lighting.)

Reflection

Use a think-pair-share (see p325) for students to share their responses to the questions. Suggest students take the resource sheet home and test other family members.

## Crash theory

<table>
<thead>
<tr>
<th>Driver</th>
<th>Environment</th>
<th>Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inexperienced</td>
<td>Wet weather</td>
<td>Foggy windows</td>
</tr>
<tr>
<td>Overconfident</td>
<td>Road works</td>
<td>Faulty brakes</td>
</tr>
<tr>
<td>Risk taker</td>
<td>Busy city street</td>
<td>Gears stick</td>
</tr>
<tr>
<td>Has drunk alcohol</td>
<td>Crying child in back seat</td>
<td>High powered engine</td>
</tr>
<tr>
<td>Distracted</td>
<td>Passenger who has drunk alcohol</td>
<td>Faulty seat belt</td>
</tr>
<tr>
<td>Not wearing a seat belt</td>
<td>Traffic lights not working</td>
<td>Headlights not working</td>
</tr>
<tr>
<td>Changing a CD</td>
<td>Off road track</td>
<td>Faulty indicators</td>
</tr>
</tbody>
</table>
The Big 4

Big 4 risk factor: .................................................................

1. Give three statistics that support the inclusion of this crash factor in the Big 4.

2. This factor increases the level of risk for a road user because: (list 3 reasons)

3. Is this crash factor more of a problem in metropolitan or rural areas? Provide some evidence to support your response.

4. Has the crash factor increased or decreased in the last ten years? Why?

5. What are two myths about this crash factor (e.g. winding down the window helps overcome fatigue; if you wear a seat belt you'll be trapped in the car)?

6. What are two ways you could reduce your risk as a passenger in relation to this Big 4 factor?

Websites
How fast can you stop?

**Reaction distance**
This is the distance a car will travel from when the driver sees a problem and hits the brakes. The time it will take a driver to react - if they're alert and not playing with the radio or chatting with mates – is 1.5 seconds. But if the car is being driven at 60 km/h it will still travel 25 metres in the time it takes for the message to get from the driver’s brain to their foot.

**Braking distance**
This is the number of metres a car will travel between the driver hitting the brakes and coming to a complete stop. The car will cover another 20 metres before this happens, assuming the road is dry, and the car has good tyres and brakes. If the road is wet or the car is a bit dodgy things can change dramatically.

**Stopping distance**
This is worked out by adding the reaction distance to the braking distance. For example if a car is travelling at 20 km/h:

\[
\text{reaction distance} + \text{braking distance} = \text{stopping distance}
\]

\[
8 \text{ metres} + 2 \text{ metres} = 10 \text{ metres}
\]

Let’s assume it’s a dry day, your car is new and the tyres and brakes are in good condition. You’re driving along when a young child runs onto the road about 30 metres in front of your car. How far will it take you to stop?

1. Estimate where your car will stop, travelling at each of the speeds shown below, and place the corresponding speed sign at that distance.
2. Measure your estimation and write the distance in the table.
3. Now check the correct stopping distances and move the speed signs to that distance.

At which speed/s would the car:

- stop in time? ___________
- touch the child? ___________
- hit the child? ___________

<table>
<thead>
<tr>
<th>Speed (in km/h)</th>
<th>Stopping distance (in metres)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Guess</td>
</tr>
<tr>
<td>50</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td></td>
</tr>
</tbody>
</table>

**Why is it important for drivers, cyclists and pedestrians to know about stopping distances?**
Speed signs

40
Speed signs

50
Speed signs
Speed signs

70
Speed signs
Speed signs

90
Speed signs
Speed signs
## Touch timer

Let’s test your reactions. Touch the numbers on Grid 1 in order from 1 to 12 as quickly as you can. Record your time in the table.

Do the same for Grid 2 then work out your average reaction time by adding the two scores together then dividing the answer by 2.

<table>
<thead>
<tr>
<th>Grid 1</th>
<th>Grid Time (sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 10 8 12</td>
<td></td>
</tr>
<tr>
<td>3 6 1 7</td>
<td></td>
</tr>
<tr>
<td>9 5 2 11</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grid 2</th>
<th>Trial Time (sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 8 11 1</td>
<td></td>
</tr>
<tr>
<td>2 9 3 5</td>
<td></td>
</tr>
<tr>
<td>6 7 12 4</td>
<td></td>
</tr>
</tbody>
</table>

Describe and explain your results.

Relate your results to an experienced and inexperienced driver in an emergency situation.

<table>
<thead>
<tr>
<th>Grid</th>
<th>Time (sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Average =</td>
<td></td>
</tr>
</tbody>
</table>

| My rating = |    |
| Less than 5 | Excellent |
| 5-7 | Not bad! |
| 7-9 | Average |
| More than 9 | Steady Eddy! |

<table>
<thead>
<tr>
<th>Trial</th>
<th>Time (sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Average =</td>
<td></td>
</tr>
</tbody>
</table>
Blind spot

The blind spot in each eye is the part of the retina where the nerve fibres leave the eye and there are no light sensitive cells.

- Hold this piece of paper at arm’s length.
- Close your left eye.
- Stare at the cross with your right eye.
- Keep staring at the cross and bring the page slowly towards your face.
- You should be able to see the dot out of the corner of your eye if you keep focused on the cross.

➤ What happens as you bring the page in towards your face? Why?

Now turn the page upside down and repeat the steps for your left eye with your right eye closed.

1. Knowing that drivers have a blind spot in their vision, what should a pedestrian or cyclist do to stay safer?

2. How might the blind spot affect a pedestrian’s ability to see a car and what can a pedestrian do to try to overcome this?

3. Being visible to drivers can increase a pedestrian’s safety. What factors can make it difficult for a driver to see a pedestrian?

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OCS027 | Challenges and Choices - Early Adolescence Resource
The activities in this focus area are designed for typical Year 7 and 8 students.

For students:

**Key understandings**
- Road safety devices and initiatives are based on research, statistics or observations and are continually being developed, advertised, assessed and improved.
- Technological developments are making vehicles and the road environment safer for all road users.
- The effectiveness of safety devices depends to a great extent on correct and appropriate use.
- Vehicle occupants are safer in some vehicles than others.
- Safety should be a high consideration when purchasing a vehicle.
- A road environment should warn, inform, guide, control and forgive road users.
- There is a need to have laws, rules and regulations to promote safe interaction for all road users in the traffic environment.

**Key skills**
- Identify strategies that promote safer interaction with the traffic environment.
- Apply these understandings to personal situations as road users by making safer decisions.
- Share own opinions and attitudes about road user behaviour.

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**Activity 1: Road safety facts**

**RESOURCES:**
- Photocopy and cut out cards from Resource Sheet 1: Quiz quest – one set per group.
- Photocopy Resource Sheet 2: Quiz Quest board to A3 size – one per group.
- 1 minute timer or stop watch (optional) – one per group.

**HOW:**
The questions in this activity are designed to stimulate discussion of road rules, road user attitudes and behaviours, strategies and protective equipment that may minimise harm in the traffic environment.

Divide students into groups of three or four. Name each group either Team A or B. Make sure there are equal numbers of A and B teams.

Place a Team A with a Team B. Each pair of opposing teams will need to have one set of quiz question cards from Resource Sheet 1: Quiz quest and an A3 copy of Resource Sheet 2: Quiz quest board. Each team should select a ‘quiz master’ who will be responsible for reading the questions and keeping track of scores for the opposing team.

The quiz starts with Team A nominating the category and level of difficulty (e.g. ‘protective equipment’ for 20 points). The quiz master for Team B reads the question for Team A to answer within a set time limit (e.g. 1 minute).

If correct, Team A receives the points and chooses another question. The quiz master places the card on the quiz board to show the question has been used.

If the answer was incorrect, the quiz master gives the correct answer and places the card on the quiz board. Team B then chooses a category and level of difficulty and the game continues until all questions have been answered. The team with the highest score are the quiz winners.
After the quiz, teams report back on questions that created discussion or were not answered correctly. Clarify these questions and record any that require further exploration.

Activity adapted from RTA NSW, 2004, Road Risks – Your choice.

Reflection

Give students time to reflect on the information covered in this activity by completing a 3-2-1 reflect (see p328). For example:

- **3 recalls** – write 3 facts about road users and their safety
- **2 so what’s** – write 2 pieces of road safety information that was important to me
- **1 question** – write one question or thought still going around in my head (e.g. What road rules do I need to learn before I start to ride a bicycle or drive a car?).

Students can share their responses with a partner then with the class to ascertain if the main concepts were understood.

**Activity 2: Active and passive safety features of vehicles**

**RESOURCES:**
- Photocopy Resource Sheet 3: Safer cars save lives – one per student.
- A4 paper – one sheet per student.
- Cards labelled ‘agree’, ‘unsure’ and ‘disagree’ – one set.

**HOW:**

Explain that most vehicles today have safety features and devices that are designed in two categories:

1. **passive** safety features that protect and minimise injuries of vehicle occupants in a crash (e.g. air bags, seat belts or crumple zones)
2. **active** safety features that prevent a vehicle having a crash or ensure the driver is in the best position to control the vehicle in any emergency situation that arises (e.g. electronic stability control, ABS, wider vision areas or lighting).

Ask students to use an **ABC graffiti** sheet (see p294) to brainstorm inventions and devices, words or phrases related to the following sentence starter (e.g. A – air bags, B – brakes, C – crumple zones…).

Within a designated time, students complete the graffiti sheet then review their list and circle five words or phrases. Students use these to write one or two sentences that summarise their thoughts about safer vehicles. Have groups share their summaries with the class.

In groups, ask students to use a **Y chart** (see p305) labelled ‘passive’, ‘active’ and ‘others’ to sort the ideas generated in the ABC graffiti. Check the lists for accuracy.

Give students a copy of Resource Sheet 3: Safer cars save lives. Have students research one of the safety features listed on the resource sheet (or alternatively from the ABC graffiti sheet) and present their findings to the class. The presentation could include photographs, illustrations or diagrams, written information, advertisements for the product and examples if available.

After the presentations, have students rank the features according to the protection they offer. Of these, ask students to tick those that are standard features in vehicles. Discuss why the remaining features are not standard items (e.g. cost, seen as added extras or only in more expensive vehicles).

**Considering opinions**

Set up a **values continuum** (see p309) using the ‘agree’, ‘disagree’ and ‘unsure’ cards.

Have students consider one of the following statements and decide which position on the continuum best represents their opinion.

- Safety features should be standard in all vehicles.
- Young people will always choose to drive cars that look cool.
- Safer cars do not make safer journeys.

Ask students standing near each other to share their ideas. Open the floor for discussion and invite the group to present their opinions to the class. Encourage students to agree or disagree with comments made by others. Debrief the values activity.

**Identifying attitudes**

Place students in groups of four and allocate each a number from one to four. Conduct a **rip and review** (see p300) by having students fold a piece of paper into quarters and write one of the following questions in each quarter.
1. Active and passive features are designed to increase the safety of vehicle occupants. In your opinion which contribute the most and why?

2. How well do car advertisements promote safety features?

3. What do young people consider when buying a car?

4. Would knowing the safety features of a car influence a young person’s decision to buy it? Why or why not?

Ask students to respond to each question remembering that other members of their group will be reading their answer.

Students then tear their sheet into quarters and give these to the group member who has the corresponding number (e.g., all responses to question one are given to student number one). Students read their set of responses then take turns to summarise the main points to other members of their group.

Reflection

Ask students to complete the following unfinished sentence (see p328) then share their response with a partner.

- If I could buy any car I would buy a _______ because______________________.

Note for teachers:

Activities 3 to 8 are simulated activities that aim to highlight a range of factors that can affect a road user’s ability to interact safely with traffic. It is not expected that teachers implement all of these activities.

Activity 3: Crash impact

RESOURCES:

- Drinking straws – several packets.
- Boiled eggs or biscuits – one per student.
- Different sized pieces of cardboard, paper, alfoil, bubble wrap – enough for each student.
- Sticky tape and scissors – enough for one between two.
- Ruler – one per group.

HOW:

This activity will simulate the impact of a car crash and demonstrate how crumple zones are designed to collapse during the crash. The crumple zone helps to absorb some energy from the crash, reducing the force transferred to the vehicle occupants.

Ask students to design a container that will protect an egg or biscuit (representing a vehicle occupant) from breaking during a fall using the straws, cardboard, paper, foil and bubble wrap. Explain to students that the container will be dropped from a height of one metre onto concrete or a hard surface (simulating a vehicle hitting a solid object). Set a time limit for the completion of the designs.

In groups, students should measure and mark a one-metre drop then test and observe the effects of the crash on each design.

Ask students to identify why some gave more protection to the egg or biscuit than others. Suggest to students that it is better to design a container which crumples and absorbs the impact rather than one which bounces along or stays in a rigid shape.

Discuss

- Why are vehicles designed with ‘crumple zones’? (If a car doesn’t crumple during a crash, the occupants are more likely to be injured or killed. This is because the car is not absorbing the force of the impact and occupants are thrown around more.)
- Why do people often say that cars made forty years ago didn’t crumple like cars today? (It is commonly believed that ‘modern’ cars are inferior because they collapse more during crashes. This change in car body construction has been purposely introduced to save lives after rigorous crash testing and changes in technology. It isn’t because cars are mass produced or built using inferior products.)
- What other safety features in a vehicle may help the occupants to survive or reduce their injuries in a crash?
Activity 4: Seat belts

RESOURCES:
- Ball of play dough or plasticine – size of a tennis ball.
- 15cm length of 2cm wide fabric (e.g. ribbon).
- Large toy car, roller skate or trolley with wheels – needs to be open.
- Stiff material about 30cm x 50 cm for a ramp (e.g. lid of a box, piece of wood).
- Blocks of wood or pile of books – to height of 30cm.
- One large elastic band.

HOW:

Explain to students that seat belts were introduced in WA in 1971. If worn correctly, seat belts are effective in reducing injuries to vehicle occupants as they restrict the movement of a vehicle occupant in a crash.

To simulate the effects of not wearing a seat belt correctly, have a student mould a handful of play dough into a ball. This will represent a vehicle occupant. Hold the fabric tightly at each end and draw the straight, flat fabric firmly across the play dough. Observe and discuss what happens to the play dough (e.g. the straight fabric will have little effect on the surface of the play dough).

Reshape the play dough and repeat the process using the twisted fabric. Students should now see how the twisted fabric digs into the surface of the play dough.

Discuss

- What differences were there between the straight and twisted fabric on the play dough?
- What injuries do you think a twisted seat belt could cause in a crash? (Deep cuts, cracked ribs or internal injuries.)
- Are seat belts appropriate for young children? Why or why not? (No. A seat belt is designed for a person of certain weight and height. A young child should be seated in a correctly fitted and appropriate for weight and height, child car restraint to reduce injuries in the event of a road crash.)
- What else might cause a seat belt to not work correctly? (Buckle not connecting or frayed at connection points.)

- What other road users need to wear protective equipment and how should it be worn correctly for it to be effective? (Cyclists must wear a helmet that is Australian Standards approved. The helmet straps should fit the cyclist’s head firmly and be buckled in.)

Activity adapted from NSW Road Traffic Authority, 2004, Road Risks – Your choice.

Newton’s First Law of motion

Write Newton’s First Law of Motion on the board and ask students to decide what it means in a road safety context.

Every body continues in its state of rest of uniform motion in a straight line unless acted upon by an external force.

Use the following instructions to simulate how a ‘passenger’ (the play dough) will keep moving or be thrown from a moving vehicle if a seat belt or restraint is not used.

1. Stack several blocks of wood or books high enough to give the ramp an angle of at least 45 degrees.
2. Place the ramp on the edge of the books or wood.
3. Make sure the lower end of the ramp is close to a wall or table leg to increase the impact of the ‘crash’.
4. Make a ball of play dough to represent the ‘passenger’.
5. Place the play dough ball on the ‘car’ then release it down the ramp.
6. Observe and discuss what happens to the play dough.
7. Now attach the play dough to the car using the elastic band.
8. Repeat the procedure and observe any changes to the movement of the play dough.

Discuss

- When wearing a seat belt, what happens to the movement of a vehicle occupant? (The occupant comes to a stop along with the car rather than being thrown from the car.)
- Knowing Newton’s First Law of motion, what other actions should vehicle occupants take to reduce injuries if involved in a crash? (Store luggage and objects in the boot or glove box of the car as these can become lethal projectiles in a crash.)

Reflection

Ask students to respond to the following unfinished sentences (see p328) then share their thoughts with a partner.
Unit 3.3 Reducing road user risks

Activity 5: Air bags

**RESOURCES:**
- Photocopy Resource Sheet 4: Air bags – one per student.
- Access ANCAP ratings on www.rac.com.au
- Balloons – one per group.
- One tall glass/vase/coffee jar (at least 14 cm high) – one per group.
- Two boiled eggs per group.

**HOW:**
This activity will simulate how an air bag is designed to deploy and reduce the injuries of vehicle occupants in a road crash. Each group will need a set of equipment and a copy of Resource Sheet 4: Air bags to carry out the test. Make sure students test the egg without a balloon first.

Discuss students’ observations in relation to vehicle air bags. Remind students that front-impact air bags are not fitted in all vehicles, and only some have side-impact air bags.

**Discuss**
- What safety benefits do air bags offer vehicle occupants?
- If a vehicle does not have air bags installed, what other features offer protection to occupants in the event of a crash?

Check the ANCAP ratings and information and footage on cars undergoing tests with and without dummies and air bags on the suggested website.

Activity adapted from NRMA and Questacon, RoadZone: Educating tomorrow’s drivers education kit.

Activity 5: Reducing riding risks and injuries

**RESOURCES:**
- Hard boiled eggs (peeled) – 2 per group.
- Small plastic container with a lid – one per group.
- Access to water or a bucket full.
- Photocopy Assessment Task – one per student.
- Photocopy Resource Sheet: Decision-making model (see p318-320) – one per group.
- Computers with internet access.
- Photocopy Parent and Student Information Sheet: Cycling safety (see p393) – one per student.

**HOW:**
Give each group a set of materials (i.e. eggs, container and water) and ask students to carry out the following test.

1. Place one egg in a container without any water and seal the lid.
2. Shake vigorously for 10 seconds then look at the egg.
3. Discuss observations.
4. Clean out the container and fill it with water.
5. Place the second egg in the container of water and seal the lid.
6. Shake vigorously for 10 seconds then look at the egg.
7. Discuss observations.
Discuss why the egg surrounded by water had less damage than the egg without water in the container. Explain to students that the brain ‘floats’ in a watery fluid called Cerebrospinal Fluid (CSF) and that the CSF acts as a ‘shock absorber’ to stop the brain being bruised or damaged if it gently hits the skull. During a severe crash the natural protection of CSF is inadequate. Only a bike helmet can provide the extra protection.)

**Discuss**

- Why did the egg surrounded by water have less damage?
- What protection does a helmet offer a cyclist who is involved in a road crash? (The helmet absorbs the impact.)

Activity adapted from NRMA and Questacon, RoadZone: Educating tomorrow’s drivers education kit.

**Physical consequences of a road crash**

Conduct a scavenger hunt (see p301) to investigate acquired brain injury, a possible consequence of a road crash, and how it can affect people. The following questions will help to focus students’ research.

**Scavenger hunt**

1. What does the term ‘acquired brain injury’ mean?
2. How does brain injury occur?
3. What are the short and long term effects of a brain injury?
4. How does a helmet offer protection to the brain in a crash?
5. What might reduce the level of protection?
6. Do some helmets offer better protection than others? Why?

Suggest that students access these websites then share their findings with the class.

- www.headway.org.uk/ (Headway National Head Injuries Association of UK)
- www.biausa.org (Brain Injury Association, Inc)
- www.headwest.asn.au (Headwest – Head Injured Society of Western Australian Inc)

**Effectiveness of helmet legislation**

The compulsory bike helmet legislation introduced in WA in 1990 was aimed at reducing the number of cyclist injuries and fatalities. Students will be asked to investigate the effectiveness of this legislation and identify why cyclists, and in particular teenagers, refuse to wear a helmet.

Give each student a copy of Assessment Task: Helmet hunt. Explain to students that the websites listed on the resource sheet are a suggestion only. Decide key words that could be used when searching the internet.

After completing the investigation, students can present their findings and conclusions on the issue to the class.

**Reducing risk**

Place students in groups. Give each group one of the following scenarios and a decision-making model (see p312).

Ask students to read the scenario, define the problem then identify the choices the character can make to stay safer.

**Scenario 1**

David and his mates are going to ride their bikes to footy training. David knows that none of his mates wear helmets. David’s parents have told him they will confiscate his bike and ground him for a week if they find out that he hasn’t been wearing a helmet. He’s worried his mates will think he’s a loser and kick him out of the group.

**Scenario 2**

Chantelle has just bought a skateboard and wants to learn how to use it. Her friend James has offered to teach her at the local skate park. When Chantelle gets there she starts to put on her helmet, elbow and knee pads but suddenly notices that none of the other kids are wearing any. Chantelle doesn’t want to get hurt especially as she is having her birthday party on Saturday night.

As a class, discuss the decisions made by each group. Ask students to decide if they faced a similar situation would they feel comfortable to use these ideas. Stress to students that predicting problems and having prepared responses or strategies to deal with these is worthwhile.

**Identify attitudes on helmet use**

Conduct an oxford style debate (see p309) to assess students’ attitudes towards using helmets. Each of the following statements should be written on a card (i.e. one statement per card).

The most effective way to reduce cyclist injuries and deaths is:

1. compulsory helmet wearing
2. giving accurate information about the protection a helmet offers
Focus Area 3: Road user issues

3. making it compulsory for bike riders to pass a practical on-road test
4. having guest speakers present information about acquired brain injury.

Select four students and ask them to stand in a corner of the room with one of the statement cards. The four students take turns to read the statement on their card.

When all statements have been read ask the rest of the class to decide which statement they support and to move to that corner. Students standing together should then discuss why they have chosen the statement and list three dot points supporting their response.

Have one student from each group present the three dot points. Open the debate and encourage students to justify their responses and question others’ attitudes and opinions about helmets.

Give students a copy of the Parent and Student Information Sheet: Cycling safety and Parent and Student Information Sheet: Bicycle safety to take home and share with their family.

Reflection
Debrief the activity by having students write down their responses to each of the thought shapes (see p327) then sharing these with a partner or small group.

Activity 6: Safer roads

RESOURCES:
➤ Large sheet of paper – one per group.

HOW:
Research and designs, both internationally and nationally, are focusing on making traffic environments safer for all road users. One example of this is a wire rope barrier that absorbs the force of impact of a vehicle and directs it back onto the road rather than the vehicle running off the shoulder into oncoming traffic or vegetation along the road edge.

Explain to students that a safer road environment should:
- **warn** road users of approaching features of the road (e.g. bridges, T junction, curves and speed signs)
- **inform** road users of the type of unusual conditions that are likely to be encountered (e.g. slippery when wet road sign, road works and gravel road)
- **guide** road users (e.g. guide posts and cats eyes)
- **control** road user movement and direction of travel (e.g. traffic lights, line markings, stop and give way signs, roundabouts and overtaking lanes)
- **forgive** road users inappropriate behaviour or errors in judgment (e.g. road shoulder sealing, guard railing and rumble strips)

Ask groups to create **mind maps** (see p304) highlighting safety features and devices in the traffic environment which includes the design and management of roadways, adjoining areas and road user’s interaction with traffic. The previous headings may prompt students’ thoughts and discussion.

Ask groups to tick the features found in their local area then identify traffic ‘black spots’ that require further modification to increase road users’ safety (e.g. installation of a roundabout at an intersection, increase the shoulder sealing or install a ‘rumble strip’ or audible edging on a long straight stretch of road where many crashes have occurred).

Written response
Have students write letters to the local newspaper highlighting a road safety issue in their local area or around the school. The letter should explain the level of risk that these areas pose to all or specific road users and propose a plan for changes to reduce harm. For example, traffic travelling past the school is still not slowing down to the 40 km/h speed limit and poses a risk to students coming to and leaving school. The installation of a speed hump would make motorists slow down and flashing speed signs would highlight the school zone.
## Quiz quest

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Protective equipment</td>
<td>Q: In what year were seat belts made compulsory in WA?</td>
<td>A: 1971. Seat belts were required to be fitted to cars for all seats and wearing of seat belts was compulsory.</td>
</tr>
<tr>
<td>Protective equipment</td>
<td>Q: It is compulsory to wear a helmet when riding a scooter?</td>
<td>A: No. Only cyclists are required to wear a bicycle helmet.</td>
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<tr>
<td>Protective equipment</td>
<td>Q: What are three features in a family car that are designed to protect you in a crash?</td>
<td>A: Seat belts; air bags; safety glass; padded door trims; crumple zones.</td>
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<tr>
<td>Road users</td>
<td>Q: What are three features of a highway designed to warn or protect you in the event of a crash?</td>
<td>A: Speed signs; rumble strips on side of road; guard rails; median strips; truck arrester areas; warning signs.</td>
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<tr>
<td>Road users</td>
<td>Q: Who is over-represented in crash statistics – males or females?</td>
<td>A: Males are usually over-represented in most road user categories.</td>
</tr>
<tr>
<td>Road users</td>
<td>Q: What two ways can seat belts protect you in a crash?</td>
<td>A: Minimise contact with the car interior; spread the crash force over the body; reduce chance of being thrown out of the vehicle.</td>
</tr>
<tr>
<td>Road users</td>
<td>Q: What are the Big 4 in road safety?</td>
<td>A: Speed; restraints; drink driving; fatigue.</td>
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<tr>
<td>Road users</td>
<td>Q: Give 3 reasons why young drivers involved in crashes?</td>
<td>A: Overconfident; inexperienced; take risks; speed; drink driving; tired.</td>
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<tr>
<td>Road users</td>
<td>Q: Which factor contributes the most to crashes - driver, vehicle or environment?</td>
<td>A: In nearly 90% of crashes the driver is the contributing factor.</td>
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### Quiz quest

#### Road rules 10

**Q:** What should pedestrians do before stepping out onto the road?

**A:** Stop, look, listen and think before they cross.

#### Road rules 20

**Q:** When are pedestrians allowed to walk on the road?

**A:** If there is no footpath pedestrians are allowed to walk.

#### Road rules 30

**Q:** At what age can you sit the Learner’s Permit Theory Test?

**A:** You can sit the Learner’s Permit Theory Test at 16 years of age.

#### Road rules 40

**Q:** Is the Blood Alcohol Concentration limit for P plate drivers the same as fully licensed drivers?

**A:** No. The legal Blood Alcohol Concentration levels for P-platers is 0.00% and fully licensed drivers 0.05%.

#### Road rules 50

**Q:** What are two road rules that apply to drivers and cyclists?

**A:** Use lights after dark; be fitted with working brakes; travel on the left side of the road; obey Stop and Give way signs.

#### Reducing risk 10

**Q:** What are two things that cyclists and drivers should do in wet weather?

**A:** Slow down and increase the distance between themselves and the vehicle in front.

#### Reducing risk 20

**Q:** What is one skill that cyclists and drivers use?

**A:** Scanning for hazards and possible dangerous situations.

#### Reducing risk 30

**Q:** What are three things young drivers can do to reduce their chance of being in a crash?

**A:** Travel at posted speed; don’t drink and drive; don’t drive tired; avoid driver distractions.

#### Reducing risk 40

**Q:** What are three things a passenger can do to help the driver?

**A:** Answer mobile phone; navigate; sit quietly; deal with noisy children; hold food.

#### Reducing risk 50

**Q:** Where are three places that are safer for pedestrians to cross?

**A:** Pedestrian or school crossing; pedestrian phased signals; straight stretch of road.
### Quiz quest board

<table>
<thead>
<tr>
<th>Road rules</th>
<th>Reducing risk</th>
<th>Protective equipment</th>
<th>Road users</th>
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Focus Area 3: Road user issues
Safer cars save lives

Vehicle designs are now focusing on safety features that can be divided into two groups:

Group 1 - Passive safety
Passive safety is how well the car will protect you in a crash. It is determined by the structural and interior design of the car and the inclusion of features such as air bags, seat belts, seating and controls that will minimise injuries in the event of a crash.

Group 2 – Active safety
Active safety relates to the features that prevent you from having a crash in the first place such as electronic safety control, good braking system and steering, vision and lighting. These features will ensure that you are in the best position to control the vehicle in any emergency situation that arises.

- automatic braking system (ABS)
- bi-xenon headlights
- crumple zone
- electronic brake distribution
- pretension seat belts
- electronic braking system
- front and side impact air bags
- child car restraints
- cruise control with distance sensors
- electronic stability control
- safety glass
- reflectors

Research a safety feature from your ABC graffiti or the list provided. Answer the following questions.

- Who first patented the idea and when?
- Has the original design been altered in any way? If so, why?
- Is it a passive or active safety feature? Why?
- How does it work?
- What evidence is there to prove that it has reduced occupant injuries?
- What costs are involved (e.g. purchase and installation)?
- Is it now in all vehicles and if so when did it become a standard feature?
- Which vehicles have the feature fitted as standard?
- Are these vehicles expensive or within the budget of most people?
- Would you choose to have it in your car?

Present your findings to the class. Include a written report, timeline of development, photographs, diagrams, illustrations and advertisements.
Air bags

Have you ever wondered how an air bag works? Air bags inflate in less than half a second during a crash. They reduce the impact and protect the head and chest of front seat passengers. Head and chest injuries are the most common cause of death for passengers in cars.

This activity will simulate how a cushion of air can help to reduce occupant injuries in a crash.

You will need:

- two boiled eggs – these represent your head
- one balloon slightly inflated – represents an inflated air bag
- one tall glass/vase/coffee jar – represents the dashboard or steering of a car

What to do

1. Inflate the balloon with a small breath and tie it off. Don’t put it in the glass just yet! The balloon should be small enough to fit into the glass and cover the bottom of the glass with a layer of air. If the balloon is over inflated the egg will bounce off. If under inflated the egg may crack very easily.

2. Drop one egg into the glass from the top and watch what happens. Drop the egg from the mouth or opening of the glass. If you drop it too high the egg may miss the glass or bounce out and crack more.

3. Remove the egg and put it aside.

4. Place the balloon in the bottom of the glass.

5. Drop the second egg onto the balloon in the glass and record your observations.

Record your observations. Relate this information to the protection an air bag offers a vehicle occupant.

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<th>Without the balloon</th>
<th>With the balloon</th>
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Research and draw a diagram of what occurs when an air bag is activated in a crash. The web site http://whyfiles.org/032air_bag/how_work.html will help you.
You have been contracted by the Road Safety Council to determine if the introduction of compulsory bicycle helmet legislation has helped to reduce the number of cyclist injuries. The Council also want you to identify why cyclists and in particular teenagers are not complying with the current legislation.

Task 1

Write a report that includes answers to the following questions.

- Why was the wearing of bike helmets made compulsory?
- Has compulsory bike helmet legislation been effective in reducing the number of cyclist injuries and deaths?
- Has the number of cyclist injuries and fatalities for teenagers increased or decreased in the last 10 years? Why?
- What may affect the level of protection a helmet offers?
- What other laws or standards are in place to control the production of bicycle helmets?

Task 2

Give an oral presentation that includes statistics, graphs, photos and suggestions to encourage teenagers to wear bicycle helmets.

Web sites to use

- Monash University Accident Research Centre (MUARC)
  www.general.monash.edu.au/muarc/
  This site contains a range of research information and reports from ‘Hazard’ which is a magazine produced by MUARC on bike crashes and helmet wearing.

- Bicycle Helmet Safety Institute
  www.bhsi.org
  This United States website has a range of information about bike helmets including a report on helmet effectiveness written by an Australian researcher Dr Michael Henderson.

- WA Department of Health
  This includes a report Bicycle Injury Hospitalisations and Deaths in Western Australia 1981 -1995.

- Office of Road Safety
  officeofroadsafety.wa.gov.au
  This site includes the latest statistics for all road users in Western Australia.
  www.cycle-helmets.com
  This website provides a compendium of reports and studies into cyclist injuries and cycling participation rates in a mandatory rather than voluntary bicycle helmet jurisdiction in Western Australia.
Focus Area 3: Road user issues

Unit 3.4
Unit 3.4 Consequences of crashes

The activities in this focus area are designed for typical Year 7 and 8 students.

For students:

Key understandings

➤ Risk-taking in the traffic environment has far reaching and varied costs and consequences. These can be considered in terms of physical, emotional, social, financial and legal consequences.

➤ The decisions made about road use can have a range of short and long term consequences.

➤ Crashes are not uncontrollable events but have definite causes and, by implication, can be avoided.

➤ Trauma is the emotional and physical shock resulting from a road crash.

➤ In the context of road trauma, resilience is important for an individual, group and community.

Key skills

➤ Apply these understandings to their own personal situations as road users, and to the traffic environment.

➤ Predict problems in a range of traffic-related situations.

➤ Make decisions and plan strategies for reducing or avoiding harm to themselves or to others in traffic situations.

➤ Practice using responses suitable for traffic-related situations.

➤ Evaluate others attitudes and values about road user behaviours.

Activity 1: Identifying crash factors and resulting consequences

RESOURCES:

➤ Photocopy Resource Sheet 1: News headlines – one per student.

➤ Photocopy Resource Sheet 2: Crash – one per student.

➤ Photocopy Resource Sheet: Decision-making model (see p318-320) – one per group.

➤ Photocopy Parent and Student Information Sheet: Getting home safely (see p393) – one per student.

➤ A4 paper – one per group.

➤ A3 paper – one per group.

HOW:

Explain to students that a road crash is the result of three interacting factors – the road user, vehicle and environment – and in 90% of crashes driver behaviour is the major contributor.

Place students in groups and hand out copies of Resource Sheet 1: Newspaper headlines. Ask students to read the newspaper articles and highlight the factors that contributed to each crash.

Groups then write these factors on a Y chart (see p305) labelled ‘vehicle’, ‘road user’ and ‘environment’. Examples may include:

- road user: speeding; drink driving; young; tired; risk taker; under influence of alcohol
- vehicle: high powered; vehicle not driven before
- environment: country road; higher speed limits; local road; glare of oncoming traffic; poor street lighting.
As a class, discuss the crash factors that groups identified on the Y charts then ask students to decide which of these factors contributed the most in each crash. This will highlight to students that the driver is usually the major contributor in crashes.

**Making safer decisions**

Give each group a copy of Resource Sheet: Decision-making model (see p318-320). If students have not previously used a decision-making model, it may help to model the process before students begin this activity.

Ask students to select one of the newspaper articles on the resource sheet and identify the actions or decisions that the driver and/or passengers could have made to change the outcome of the crash.

Remind students that in any situation there are always a number of choices that can be made and each may have positive and negative outcomes. The group should consider these and reach a consensus on a decision (i.e. something they would really do). Remind groups that their decision should reduce the level of risk for all road users.

As a class, discuss the actions or decisions that groups identified using the decision-making model. Ask students to decide if young people, faced with a similar situation, would use these strategies.

Talk about other traffic-related situations where students have felt unsafe, the decisions they made to reduce their risk and whether it was easy or difficult to carry through with their decision.

**Discuss**

- **As a passenger, how comfortable do you feel telling someone you know (e.g. friend, family member or relative) that you don’t feel safe?**
- **What might stop you from telling someone you are worried about your safety in a car?**
- **What strategies might you use to keep safer as a passenger?**

**Identifying strategies to reduce harm**

Suggest to students that road users, by making decisions at crucial times, can keep themselves and others safer in the traffic environment. Ask students to construct a timeline to show the events and factors leading up to the crash as described in the ‘fireworks’ crash article on the resource sheet. For example: the driver had been drinking; late at night; country road; vehicle not previously driven by the teenager.

When timelines have been completed, ask students to identify where different actions and decisions by the driver and/or passengers could have averted the crash and altered the outcome of the journey. Discuss why these decisions may not have been made at the time.

After the discussion, suggest to students that learning to recognise situations that may become unsafe is crucial and that having a ‘tool kit’ of strategies to deal with these situations will make them feel more confident if the need arises.

**Identifying consequences of crashes**

Explain to students that each road crash on WA roads is estimated to cost around one million dollars. This figure represents the physical, financial and legal costs and also the social and emotional costs of a road crash which cannot simply be measured in dollars (e.g. mental anguish; pain and physical suffering; family disruption; shattered career plans; medical fees; insurance premiums; time away from work, school or university).

To highlight the impact a road crash has on an individual, family and the community have students complete mind maps (see p304) using Resource Sheet 2: Crash. It may help students if the process for creating a mind map is modelled.

Ask students to consider not only the road crash article but crashes in general when building their mind map. Remind students to think beyond the immediate consequences and effects and include the possible long-term consequences for people both directly and indirectly involved in the crash. Some examples for each consequence are provided.

- **Physical** – short and long term injuries; facial disfiguration; plastic surgery; loss of limb; acquired brain injury.
- **Emotional** – dealing with grief and loss; sense of guilt; depression; difficulty sleeping.
- **Social** – rejected by family or peers; ostracised in the community; lose driver’s licence and independence; stigma of criminal charge or imprisonment.
- **Financial** - lawyers for court cases; repairs to vehicle if not covered by insurance; loss of wages while in hospital; attendance at the scene by emergency and police officers; funerals; alterations to home to accommodate wheelchair access; ongoing rehabilitation costs; expenses for medical issues related to initial injuries.
- **Legal** – criminal record; not allowed to enter some countries; loss of driver’s licence; prison sentence.

Select groups to present the examples generated for each of the mind map headings and further discuss these as a class.
Discusses

- What did the mind map highlight to you?
- Which of the consequences identified in the mind map would most affect you or change the way you act as a passenger or driver? Why?
- Which legal consequences would most deter you from driving dangerously? (Highlight to students that some countries will not allow entry if the person has been charged with a criminal offence.)

Give students a copy of the Parent and Student Information Sheet: Getting home safely to discuss with their family.

Reflection

Several suggestions are provided to allow students to reflect on this activity.

- To explain the consequences of a road crash from the perspective of a family member or relative of the driver in one of the newspaper articles, have students write a letter to the editor of a newspaper or a diary entry describing the impact on their life and those directly or indirectly involved in the crash. Students should outline how long it has been since the crash, how the person has been affected, what they are feeling and plans for the future.
- Ask students to design a road safety campaign encouraging young people to drive safely. Messages related to the impact a road crash can have on individuals, families and the community should be included. (Research indicates that young males are more concerned about injuring others and losing their driver’s licence then causing harm to themselves.)
- Use a circle talk (see p298) to enable students to discuss the following questions and reflect on their learning during these activities.
  - How would people involved in a crash be affected – immediately after the crash; after one year; and after five years?
  - What changes would happen if someone in your family was permanently disabled?
  - How would your life change if you were permanently disabled?
  - What is one action that you can take now to reduce the likelihood of being involved in a crash as a passenger and pedestrian?

Activity 2: Decisions influencing crash involvement

RESOURCES:

- Photocopy and cut out cards on Resource Sheet 3: Passenger scenarios – one set.
- Photocopy and cut out cards on Resource Sheet 4: Pedestrian scenarios – one set.
- Photocopy and cut out cards on Resource Sheet 5: Wheel user scenarios – one set.
- Photocopy and cut out cards on Resource Sheet 6: Future driver scenarios – one set.
- A3 paper – one per group.

HOW:

This activity will help students identify the factors and road user decisions that contribute to a road crash and encourage them to consider how making a safer and timely decision can alter the outcome and reduce road user harm.

Place students in groups and give each a scenario from one of the resource sheets and an A3 sheet of paper.

Ask groups to read the scenario and presume that it results in a crash. Groups must then identify the contributing events or factors of the crash and represent these in a chain (or flow chart) on the A3 paper.

The chain can include drawings of the characters and their mode of transport, relevant information (e.g. location, weather, time of day) and thought bubbles for each character (e.g. in the chain of events for wheel use scenario 4, illustrated on the following page, the cyclist might be thinking ‘I’ll need to ride faster so I don’t get soaked’ or ‘Lucky I don’t have too far to go. I might get picked up for not having any lights!’)

When the chain of events has been completed, nominate one member from each group to act as an envoy. This student moves to another group to show and describe the scenario’s chain of events, identifying the factors that contributed to the crash. Envoys then stay with their new group.

Planning ahead

Explain to students that everyone makes decisions differently (e.g. off the top of their head, tossing a coin or after talking to others) however the decision is usually considered in light of the positive and negative
consequences and how you are feeling at the time.

Ask each group to mark on the chain of events the point or points where a different decision or alternative action would have produced a safer outcome for each of the road users. Groups should be able to justify their decision with the rest of the class.

Envoys then return to their original group and present the decisions and actions identified. Groups must decide if these would change the outcome for each road user in the scenario. If groups disagree they should justify their decision.

Share some of the flow charts and talk about how predicting problems and having plans in place can contribute to the safety of all road users.

Ask students to individually write two or three ways they could plan ahead to make their journey safer as a passenger, pedestrian and cyclist (e.g. know the safest route to walk or ride; have a ‘getting home’ arrangement with their family such as catching a taxi and parents pay the cost or ringing for a lift no matter what the time).

Discuss these as a class to allow students to listen to a range of strategies that they may be able to use in traffic situations.


Practising decisions in traffic-related situations

Explain that in most real-life situations, students will need to be able to make quick decisions. These may be made by mentally using a decision-making process however the time allowed may influence the student to not make the safest decision.

Conduct snap decisions (see p317) using one of the scenarios described on the road user resource sheets.

Select one student who becomes the ‘character’ facing the dilemma in the scenario. Two other students should stand either side of the character and provide ‘positive’ and ‘negative’ ideas for the ‘character’ to consider and make a snap decision. The character must not use their own thoughts only those provided as for and against arguments.

Repeat the activity several times, using different scenarios and students.

Discuss

• Did it help you to make a decision by hearing the positive and negative suggestions? Why or why not?

• Would you have made the same decision if you could have considered your own opinions and thoughts? Why or why not?

Activity 3: Effects of a crash

RESOURCES:

➤ Photocopy and cut out cards on Resource Sheet 7: Crash scene – one set.

HOW:

Explain to students that a road crash can involve a range of people either directly or indirectly and the effects of the crash on each person may vary. To set the scene for a role-play (see p315), give selected students a card from Resource Sheet 7: Crash scene and ask them to read their card to the class.

As a class:

• brainstorm other people who may be affected by the crash (e.g. family, friends, emergency staff, tow truck operator and police). Ask students without a role card to choose one of these characters for the role-play
• decide the type of vehicles being driven and where the crash occurs
• identify factors that contributed to the crash.

Students with role cards should develop their character using the provided information.

Nominate one student to be a journalist for a local television station. This student should interview those directly or indirectly involved in the crash to listen to their story and how the crash will affect them. The interview should explore the emotional, practical and social implications of the person’s involvement in the crash.

Discuss

• Was each character affected in the same way? Why or why not?
• Why didn’t each character have the same reaction or perspective to the crash?
• Were those directly involved in the crash scene more likely to be affected? Why?
• If you were the 19 year old driver, how would you feel and what might you do?
• What could have changed this situation? (E.g. the 19 year old driver and passenger should have called a taxi, friend or family member for a lift home.)

Reflection
Ask students to write some of the short and long term consequences for one of the characters involved in the crash scenario.
Discuss these as a class and talk about what help the character may require and who they could go to for help. For example, those emotionally affected could seek help and support from family, friends, school counsellors or services such as the Road Trauma Counselling Service 131 114.

Activity 4: Strategies to reduce road crashes

RESOURCES:
➤ Access to www.officeofroadsafety.wa.gov.au (road safety topics and archived campaigns) or the road safety campaign ads on Challenges and Choices DVD.
➤ Number cards one to four – one set.
➤ A4 and A3 paper – one sheet per student.

HOW:
Explain that throughout each year the Office of Road Safety run road safety campaigns focusing on the Big 4 (e.g. speed, drink driving, restraints and fatigue). Each campaign has a slogan which conveys the road safety message. Some are listed.
• If you drink and drive you’re a bloody idiot.
• Drop 5. Save lives.
• We’ll nail you.
• There’s no excuse. Belt up.
• The faster you go. The harder you hit.

Ask students to select one of the Big 4 issues and explore the advertising campaigns using the Office of Road Safety website or watch the Challenges and Choices DVD. The campaigns are archived on the website under ‘road safety topics’ and include television, radio and print advertisements for both metro and regional areas.

Students should choose one advertisement to analyse and write responses to the following questions.
• What was your immediate response to the ad? (Distress, concern, disbelief, surprised.)
• What do you like or dislike about the ad?
• Who do you think the ad is targeting?
• What messages are being conveyed and are they supported by research?
• Was music or other gimmicks used to attract the viewer’s attention? If so, how?
• Given the purpose of the ORS campaigns, what do you consider should be the prime advertising time for the ad and should they be limited to adult timeslots? (Refer to the target audience and the nature of the ad.)

As a class, discuss the advertisements and how effective they would be in reaching the target audience of young people aged 17 to 25 years.

Talk about the use of scare tactics and fear approaches that have been used in other health campaigns (e.g. smoking and AIDS). Ask students to discuss if showing more graphic images of the effects and consequences of road crashes would change a road user’s behaviour.

Influencing road user behaviour
Ask students to select one of the Big 4 issues and create a road safety message targeting young people. For example:
• a 30 second television commercial
• a radio jingle or rap
• a newspaper advertisement
• bumper stickers, posters or pamphlets.

The advertisement should highlight strategies that road users can use to reduce the level of risk for themselves and others. Suggest that students consider the use of humour, artistic images, lyrics of a song, and research or statistics to support the information.

Have students present their ideas to the class then ask students to decide which of the advertisements would have the most impact on young road users. This decision should be reached after considering:
• the message conveyed
• relevance to target audience
• accurate information presented.
Road user attitudes

Conduct a *choose a corner* (see p308) using the following statement to allow students to discuss their views on road safety campaigns.

**Road safety campaigns should:**

1. show real crashes and people injured or killed
2. let people know what it’s like to become a paraplegic or quadriplegic
3. be created by young people who know how young people think
4. focus on pedestrians, cyclists and motorcyclists, not just drivers and passengers.

Reflection

Have students complete a *one minute challenge* (see p295) by reflecting on these activities and writing their thoughts about what young road users need to know and how best road safety experts should present this information to make the greatest impact.
18 year old P-plate driver involved in a road crash in which two passengers died had a 0.06 BAC, a coroner has found. The head-on crash happened when a 4WD and a delivery truck collided just out of Bunbury on the South West Highway in January.

The victims, Neil White aged 17, an apprentice mechanic from Busselton, and Gina Rodgers, aged 14, a student from Parker Beach High School, both died at the scene of the crash.

Emergency crew had to cut the driver of the truck from his vehicle. He suffered severe injuries. The truck was a right-off.

The driver of the 4WD, a rising AFL player, suffered facial injuries, a broken pelvis and suspected spinal injuries. He was airlifted to Bunbury Regional Hospital and was later transferred to Royal Perth Hospital.

Yesterday, Coroner Tracy Mitchell rejected poor weather, mechanical failure, sudden illness of the truck driver or a deliberate act on the part of the truck driver as probable causes of the crash.

Ms Mitchell said the crash was probably caused when the driver fell asleep at the wheel and the 4WD veered onto the wrong side of the road into the path of the truck.

“The consumption of alcohol combined with fatigue would have increased the likelihood of crashing,” said Ms Mitchell. The legal blood-alcohol limit in Western Australia is 0.05.

The driver and passengers traveling in the 4WD were returning home after the Australia Day fireworks in Perth. The driver had borrowed his father’s 4WD and had not driven this type of vehicle before.

Michael Richards, principal of Parker Beach High School, said Gina Rodgers was a popular and responsible student, and that the school community was shocked by her death.

‘Unfortunately our school has had to go through this before. We’ve lost two other students due to road crashes. Young people just don’t seem to understand that alcohol and driving don’t mix.’

The driver will appear in the Bunbury Court on 22 April to face charges of drink driving and manslaughter.

14 year-old pedestrian death

A 14 year-old girl from Karratha was killed yesterday when she was hit by a car near the town.

It is believed the girl had been at a friend’s party for several hours before deciding to walk home.

Police say that the driver of the car swerved to avoid the girl as she stumbled out onto the road. ‘We have been told that the girl had been drinking with some friends and refused to be driven home.’

Her parents said that they didn’t know their daughter was at the party and blamed her friends for letting her walk home alone.

The 45 year-old driver of the car said that if the street had better lighting he may have been able to see the girl. The teenager was wearing dark jeans and jacket.

The local council refused to comment on the state of the street lighting when contacted.
Cyclist holding onto bus injured
Meekatharra police are investigating a crash involving a 15 year-old cyclist yesterday.
It is believed that the high school student was holding onto the back of the school bus as it moved away. 'She was holding onto the bus with one hand and her friends were hanging out of the bus window encouraging her. The driver must have realised what was going on and braked suddenly.'
The cyclist's front wheel is thought to have hit the back of the bus throwing the girl onto the road where she was hit by a car following the bus. The teenager was not wearing a bike helmet.
The girl received head injuries and a broken pelvis. She was airlifted by the Royal Flying Doctor Service to Perth where she is reported to be in a critical condition.

Teenager kills friend
A P-plater who crashed her new Porsche, killing one of her friends and seriously injuring two others, will spend at least six months in custody after her sentence was increased on appeal.
The 19 year-old woman from Cottesloe, lost control of the high powered vehicle in Nedlands, in July 2006.
Suzie Cato, 18, died on impact while two other girls, both 17, were seriously injured.
Judge Taylor Kenwick said evidence had shown the girl was driving at speeds between 85kmh and 95kmh in a 50kmh zone when she lost control of the car on a roundabout. The car mounted the kerb and traveled 50 metres before slamming into a brick wall.
She was initially sentenced to a maximum 18 months, with a non-parole period of two months.
The teenager was re-sentenced yesterday following an appeal by the Director of Public Prosecutions. Judge Kenwick increased her sentence to 20 months in a juvenile justice facility with a six-month non-parole period.

13 year-old trail bike rider killed
A teenager from Narrogin was fatally injured when his trail bike collided with a Commodore station wagon.
The 13 year-old, whose name has not been released, had been riding in local bush with two other youths from Narrogin. Witnesses say the boy shot out of the bush and tried to cross the road in front of the station wagon.
The driver of the Commodore tried to avoid the rider but clipped the side of the bike, tossing the teenager onto the road. The driver was uninjured in the crash.
Alcohol is believed to have contributed to the youth's unsafe behaviour as witnesses told police they had seen him drinking with mates prior to the crash.
'The community has been shocked by this latest tragedy,' said local councillor, Jack Stewart. 'We know kids just want to get out there and have fun but when will they realise that drinking and driving just doesn’t make sense.'
Crash

- Financial
- Emotional
- Social
- Legislative
- Physical
Passenger scenarios

Passenger 1
Mike and Anne have been going out together for about a month. Anne’s parents have just bought her a new car and she is taking Mike for a drive on the freeway. Mike asks her how fast it travels so Anne accelerates to 120 km/h. Mike is impressed at first but is soon feeling a bit scared especially when Anne turns off the highway onto a local road and is still speeding.

Mike sees a young child on the side of the road up ahead. He wants to ask Anne to slow down but doesn’t want to look like a ‘dag’.

Passenger 2
It’s a cold winter’s night and Tamara has just finished soccer training. A friend’s mother has offered Tamara a lift home but her friend Cam has promised to pick her up.

When he arrives he has a car full of friends. He asks Tamara to get in and sit on one of his friends’ laps. Tamara likes his friends but doesn’t feel comfortable getting in such an overcrowded car where there aren’t enough seat belts.

Passenger 3
Julia’s older sister Jenny has a friend over. The friend has borrowed her parent’s new convertible. Jenny and her friend plan to go for a short drive despite the fact that her friend only has a Learner’s Permit.

They ask Julia to go along too and tell her to squeeze in the back even though there isn’t a seat or seat belt.

Passenger 4
Tim’s brother Mal has just got his P-plates. Mal wants Tim to come for a drive around town. Mal stops to pick up a couple of friends.

They’ve been drinking and urge Mal to lay a few donuts on the football oval just out of town.

Passenger 5
After basketball practice Natasha had an argument with her friend Matt. He drove off leaving Natasha behind, even though he had promised to give her a lift home.

The basketball coach has had a couple of glasses of wine in the clubhouse but has offered to drive Natasha home.

Passenger 6
Jack has driven Tim to a party in a nearby town about 25 kms away. Jack drives a V6 ute. He has agreed to be the ‘skipper’ for the night.

When it’s time to go, Tim finds out that Jack has offered to take four other people home too. They’re really happy about the lift because they know Jack hasn’t been drinking. Jack tells two people to sit in the cab and Tim and two others to sit in the back of the ute.
Pedestrian scenarios

Pedestrian 1
Rick and Jodie are at a party about two kilometres away from Rick’s home. Rick has had quite a bit to drink and is having trouble standing up. Jodie has only had two beers all night.

When it comes time to leave Rick doesn’t want his parents to know he’s been drinking so he asks Jodie to walk home with him. Jodie knows the way there but is worried about getting Rick home safely.

Pedestrian 2
Dee and her friend Lucy are late for school. Lucy starts to cross the road between vehicles that are queued up along the road waiting for traffic signals.

Dee knows there is a pedestrian crossing a little further down the road but Lucy is urging her to do the same.

Pedestrian 3
Kelly and Troy are going to the local footy match. They have to walk a few kilometres to the oval and need to go across the railway lines just out of town.

A train goes through the railway crossing just as they get there. The warning bells and lights haven’t stopped but Troy doesn’t want to be late so he starts to cross, telling Kelly to hurry up.

Pedestrian 4
Claire has a really bad headache and cold. The school has given her permission to walk home. She has taken a couple of cold and flu tablets and is feeling a little sleepy.

Claire has to cross a multi-lane highway which has a speed limit of 100 km/h. There is a pedestrian bridge about 50 metres down the highway but Claire just wants to get home quickly.

Pedestrian 5
Lee lives just around the corner from a roundabout. He is playing cricket in the driveway of his home with his cousin Josh. Lee decides to start his bowling run-up from across the road.

He has to wait for a couple of cars to pass before he starts to run into bowl. Lee starts his run up.

Pedestrian 6
Mark has finished his shift at the local supermarket and is waiting to be picked up by his parents but gets a call to say they can’t get there. Mark decides to catch a bus so he heads to the bus stop.

While Mark’s waiting for the lights to change he sees his bus is starting to leave. There is still traffic coming through the lights so Mark quickly checks for traffic and runs across the road towards the bus. A car coming around the corner doesn’t give way.
Wheel user scenarios

Wheel user 1
Max’s friend Rowan has dropped in for a visit. He tells Max about the bike jumps he and some others made in the local bush. Rowan asks Max to go for a ride and check out the jumps.

Max goes to put on his helmet but Rowan laughs and says, ‘You’ve got to be joking. What are you putting that on for? Only losers wear helmets. Come on.’

Wheel user 2
Tegan rode her bike to a party at a friend’s house about 10 minutes away from her home. She wasn’t going to stay very long and now it’s nearly 10pm. Her bike doesn’t have any lights.

Tegan didn’t plan to drink but has had three glasses of wine. Her parents aren’t home and she didn’t take any money with her for a taxi.

Wheel user 3
Brayden lives on a farm and has invited Rikki to visit. He has offered to take Rikki for a ride on the farm motorcycle when he’s finished rounding up the sheep.

Rikki has become impatient and has gone back to the shed. Brayden notices Rikki riding the motorcycle, without a helmet, along the gravel road that leads to the main highway into town.

Wheel user 4
Niamh puts her helmet on and rides over to Chad’s house about 15 minutes away. She loses track of time and gets a text message from her dad saying that tea is ready and to get home straight away.

When she goes outside it’s just on dusk and starting to rain. To make matters worse, the light on Niamh’s bike isn’t working and she is wearing her dark school uniform.

Wheel user 5
Liam and his friends have been watching a DVD when Billy rings and invites them over for a swim. Billy only lives a couple of blocks away so they decide to ride their skateboards and scooters. Liam and his friends put their gear on. Liam has only just got his skateboard for Christmas.

On the way over Liam’s friends decide to take a short cut that has a steep hill. It has a T-intersection at the bottom. The road is uneven and has a few potholes. There is a footpath all the way down the road.

Wheel user 6
Shelby is riding to work. He’s running late and it’s starting to rain. He has to go through several intersections.

The first is a T-intersection. Shelby can’t see any traffic coming so he turns left and keeps on going. The second T-intersection approaches and Shelby checks for traffic on his right and turns the corner. The last intersection has a stop sign at the bottom of a hill. Shelby races towards the intersection and takes a quick look.
Future driver scenarios

Future driver 1
Driving on the freeway with his brother Will’s best friend, Quentin senses that Todd is doing more than the 100 km/h limit. He has been moving from one lane to another to try and get through the heavy traffic.

Will asks Todd what the speed limit is on the freeway but he just says, ‘Whatever, don’t worry about it. No-one ever gets booked along here.’ Todd starts to look for a CD in the centre console of the car.

Future driver 2
Danni, Kristy and Marie are heading off to a hockey match in another town about 3 ½ hours away. They throw all the hockey sticks and bags in the back and leave just before dark. Danni intends to do all of the driving as she is reluctant to let Marie drive her car.

Danni is feeling a bit tired after staying up late studying. Kristy notices that Danni isn’t joining in the conversation and is rubbing her eyes a lot.

Future driver 3
Mark’s family is heading down south for the long weekend. It’s about 8pm and it has started to rain. There is a line of traffic and Mark notices that his father has been getting closer and closer to the car in front of them.

From his side of the car, Mark sees a sign indicating that there is an overtaking lane about 500m ahead but his father looks like he is getting impatient. Mark goes to say something but sees the look on his father’s face.

Future driver 4
Driving home after a weekend away, Steve’s mum decides to stop and buy a coffee and drink it along the way. Steve offers to hold it for her but she places it in the console.

Steve notices that his mum has to take her eyes off the road to find the coffee cup each time. It’s still a fair way home and there are two roundabouts and 4 sets of traffic lights to go through.

Future driver 5
Cara’s best friend Dee is a very poor driver but she has offered her a lift to the shopping centre where they both work. Cara thinks Dee doesn’t know her way around very well as she often has to change lanes quickly to make a turn or get onto the freeway.

On the way Cara answers a call on her mobile phone. Dee sees a bike up ahead but Cara is too busy talking on the phone.

Future driver 6
Eva notices her dad is travelling over the speed limit and is too close to the car in front. Her dad is always running late and never leaves enough time to get to places. He says it’s just his luck that he gets stuck behind slow cars.

Eva’s dad sees the light ahead has changed to amber and speeds up to get through before it turns red. There are two cars waiting at the lights to do a right hand turn.
## Crash scene

| You are the **19 year old driver of one of the vehicles.** The vehicle, a van, belongs to your father. You really need your driver’s licence for work and don’t want to lose it. You’ve been at a party and smoked a couple of joints. |
| You are the **intoxicated friend of the 19 year old driver** travelling as a passenger in the vehicle. You were meant to be home before 1am but it’s nearly 4.30am. Your parents don’t like you drinking. |

| You are the **pedestrian walking home** after having a few drinks at a party in a nearby street. The crash happened just as you turned the corner. You tried to help the injured passenger but didn’t know what to do. |
| You are the **ambulance driver** who has been called to attend the crash scene. You have been given a report that one person is injured. It’s your first night on the job and you have two teenagers in your family. |

| You are the **passenger in the other car** that was hit by the 19 year old driver. You can’t move your legs and there is blood all over your face. You play footy for an AFL team. |
| You are the **driver of the other car.** You and your friend were driving to the airport to catch a flight overseas. Your car is very new and has been extensively damaged. It isn’t insured. |

| You are the **father of the 19 year old driver** waiting at home. You run a delivery business and need to start work early in the morning. |
| You are the **owner of the house right near the crash scene.** You saw the crash and have run over to help. |
For students:

**Key understandings**

➤ Road laws apply to all road users and in particular drivers, pedestrians and cyclists.
➤ There are penalties for non-compliance with road laws.
➤ Each individual can make a difference to the level of safety in the traffic environment by taking a pro-active and positive approach to road safety issues in the community.
➤ Safety initiatives for passengers, pedestrian and drivers will make little impact on safety unless all road users are prepared to recognise and act on the need for personal responsibility.
➤ Road users have a personal and civic responsibility to ensure their own and the safety of others.
➤ Road safety is a shared responsibility between friends, families and communities.

**Key skills**

➤ Identify a range of effective strategies for personal safety and have a plan for traffic-related situations.
➤ Practise the road rules as a cyclist and pedestrian.
➤ Share and listen to others’ attitudes and opinions about compliance with road rules.

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**Activity 1: Identifying road rules**

**RESOURCES:**

➤ Photocopy and cut out the cards on Resource Sheet 1: Future driver questions – one set.
➤ Photocopy and cut out the cards on Resource Sheet 2: Pedestrian questions – one set.
➤ Photocopy and cut out the cards on Resource Sheet 3: Riding questions – one set.
➤ Photocopy and cut out the cards on Resource Sheet 4: Passenger questions – one set.

**HOW:**

Discuss with students why they believe it is necessary to have road rules (e.g. so that all road users can be safe, maintain traffic flow or avoid crashes).

Explain to students that there are many rules that drivers, passengers, pedestrians, cyclists and riders of wheeled recreational devices (e.g. skateboards, scooters and rollerblades) should know and understand. Some of these have been common understanding for a long time (e.g. driving on the left hand side of the road) however rules continue to be developed and changed (e.g. roundabouts are a recent traffic control measure) to increase road users’ safety.

Photocopy the resource sheet for one road user group (or use all, depending on students’ prior knowledge and the number of students in the class).

Conduct a question partner (see p295) using the resource sheets which explain the rules related to road user groups (i.e. drivers, passengers, pedestrians and riders of bikes and other wheeled recreational devices).

Distribute one card to each student. Explain to students that there is another person in the room who has the matching question or answer to their card. Ask students to move around the room, interacting and discussing their cards with other students until they find their partner. When partners meet they should sit down together.
Focus Area 3: Road user issues

Unit 3.5 Road user rules and the law

When all students are seated ask each pair to read their question and answer. Clarify any questions related to the information raised.

Discuss

• Were any of the road rules for motor vehicles and bikes similar? Why?
• How important is it for young people to know road rules?
• Which road rules are most often followed by people your age? Why?
• Which road rules are not followed by people your age? Why?
• How are road rules promoted in the community?
• Do these processes need to be improved and if so, how?

Variation

Students can use the following websites to research road rules then devise their own set of question and answer cards to use in the above activity.

www.dpi.wa.gov.au/licensing/learnerdrivers/1464.asp (Department for Planning and Infrastructure – Drive Safe Book)

Reflection

Write the following road user scenarios on the board.

• A young cyclist, riding along a country road and is dinking his mate.
• A distracted driver, who doesn’t know how to enter a roundabout.
• A pedestrian who is jaywalking near a busy intersection.

Ask students to predict what might happen in each of these situations; the rules that are not being followed; and then write what could be done to reduce the risk for the road user.

Activity 2: Road rules for cyclists and other wheeled recreational devices

RESOURCES:

• Photocopy and cut out domino cards on Resource Sheet 5: Riders rule! – one set per group.

• Cards labelled ‘agree’ and ‘disagree’ – one set.

• Photocopy Parent and Student Information Sheet: Scooters, roller skates and skateboards – one per student.

• Access to suggested internet sites – optional.

HOW:

Explain to students that there are road rules applicable to cyclists. These relate to cyclists interacting with traffic and the legal requirements for a bicycle (e.g. head light, reflectors and brakes in working order) as it is classified as a vehicle. Some road rules also apply to riders of other wheeled recreational devices such as skateboards, scooters and roller skates.

Place students in groups and give each group a set of cards to play quiz dominoes (see p296). Explain that students should deal out the cards then nominate one student to read the question on one of their cards. This student places their card on the table. The student who has the matching answer places their card so that the question and answer are touching, similar to dominoes. Ask students to discuss the riding rules and safety ideas as each matching card is placed. Groups continue playing until all cards have been placed.

Go through the rules one at a time and discuss any that require further clarification. Suggest that students go to www.dpi.wa.gov.au/cycling/1976.asp and read the brochure ‘Cyclists and the law’ for further information.

Discuss

• Which road rules aim to increase the safety of cyclists?
• Should riders of skateboards and scooters have to follow the same rules as cyclists (i.e. wear a helmet and maintain their wheeled recreational device)? Why or why not?
• Which road rules are most often followed/not followed by people your age? Why?
• What could be done to encourage cyclists your age to follow road rules?

Variation

Students research rules relating to cyclists and riders of other wheeled recreational devices to create their own domino cards or place students in groups and run a quiz using the resource sheet questions.

Identifying attitudes towards road rules

Set up a values continuum (see p309) with the ‘agree’ and ‘disagree’ cards. Ask students to consider...
Unit 3.5 Road user rules and the law

one of the following statements and place themselves on the continuum.

- Cyclists my age would have fewer crashes if they knew the road rules.
- Teenagers are old enough to decide whether they should wear a helmet or not.
- Fines for not wearing a helmet are a waste of time.
- Young riders would act differently if they knew about acquired brain injury.
- If young people ride dangerously and do stupid things on a bike or scooter, they’re probably going to do the same when they get their driver’s licence.
- Young people wouldn’t be injured riding skateboards and scooters if councils built more skate rinks or bowls.

Invite students to share their opinion with others standing nearby then open the discussion to the group. Allow students to change their position on the continuum after hearing others’ opinions.

Repeat this procedure with some of the other statements.
### Future driver questions

**Question**
Under the ‘anti hoon’ legislation, drivers and motorcyclists who endanger lives through reckless behaviour can have their vehicles impounded or confiscated.

**True**
People caught racing or doing ‘burnouts’ can lose their vehicles for 48 hours. If a second offence occurs, the vehicle can be impounded for up to 3 months and their driver’s licence suspended. On a third offence the vehicle can be confiscated altogether and the driver’s licence permanently disqualified.

**Question**
Drivers turning left or right or making a legal U turn must give way to any pedestrian at or near the intersection on the road or part of the road the driver is entering.

**True**
Motorists must give way to pedestrians before proceeding to turn left or right or while making a legal U turn.

**Question**
Learner drivers are not allowed to drive on freeways until they have completed Learner Phase 1.

**True**
Learner drivers are not allowed to drive on freeways until they have completed Learner Phase 1.

**Question**
It is legal for a driver to make or receive calls using a ‘hand held’ mobile while their vehicle is stopped in traffic.

**False**
It is illegal for a driver to make or receive calls using a ‘hand held’ mobile phone while the vehicle is moving or stopped in traffic. This includes SMS texting or using other phone functions (e.g. playing games).

**Question**
You can get your driver’s licence when you turn 17.

**True**
A driver’s licence may be issued if the driver has completed Learner Phase 1 and 2 requirements and has passed the Hazard Perception Test.

**Question**
If you have a passenger who is up to the age of 16, it is their responsibility to wear a restraint (i.e. seat belt).

**False**
Drivers are legally responsible for ensuring that children up to the age of 16 are suitably restrained in a vehicle.
## Pedestrian questions

<table>
<thead>
<tr>
<th>Question</th>
<th>True/False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrians must give way to vehicles entering or exiting a driveway.</td>
<td>False</td>
</tr>
<tr>
<td>Motorists entering or exiting a driveway must give way to pedestrians walking on the footpath.</td>
<td></td>
</tr>
<tr>
<td>You may walk along the road, even if there is a footpath available, providing you do not obstruct traffic.</td>
<td>False</td>
</tr>
<tr>
<td>You must not travel on a road if there is a footpath available for you to use.</td>
<td></td>
</tr>
<tr>
<td>When there is no footpath and you have to walk on the road, you should walk on the right-hand side facing the oncoming traffic.</td>
<td>True</td>
</tr>
<tr>
<td>Walking on the right-hand side facing the oncoming traffic lets you see approaching traffic and enables you to make sure that drivers have seen you.</td>
<td></td>
</tr>
<tr>
<td>You can cross a road near a pedestrian crossing if the road is clear or the traffic has stopped.</td>
<td>False</td>
</tr>
<tr>
<td>You must use a pedestrian crossing if one is available and you are within 20 metres of the marked crossing.</td>
<td></td>
</tr>
<tr>
<td>It’s okay to start crossing if the don’t walk signal is still flashing.</td>
<td>False</td>
</tr>
<tr>
<td>Pedestrians should not begin to cross if the don’t walk signal is flashing. Signals are designed to give pedestrians enough time to cross from the start of the walk signal to the end of the don’t walk signal.</td>
<td></td>
</tr>
<tr>
<td>Pedestrians are not allowed to jaywalk.</td>
<td>True</td>
</tr>
<tr>
<td>Pedestrians must cross by the shortest route and not stay on the road longer than needed to cross safely.</td>
<td></td>
</tr>
<tr>
<td>Pedestrians should not cross a railway line at a level crossing if there is a path, bridge or other structure within 20 metres designed for the use of pedestrians at the crossing.</td>
<td>True</td>
</tr>
<tr>
<td>Pedestrians must always cross a railway line using a path, bridge or other structure within 20 metres of a level crossing.</td>
<td></td>
</tr>
</tbody>
</table>
### Riding questions

**Question**  
A cyclist must get off their bike and walk it across a crosswalk or at a pedestrian signal crossing.  
**Answer** True  
Bikes must be wheeled across crosswalks and pedestrian signal crossings (unless there is a bike crossing signal).

**Question**  
It is compulsory to wear a helmet if you are riding a bike or scooter.  
**Answer** True  
It is only compulsory to wear a helmet when riding a bike.

**Question**  
Cyclists can ride on the footpath.  
**Answer** False  
Cyclists may ride on the footpath if they are under the age of 12 or if they are an adult riding with a child under 12 years of age.

**Question**  
When riding at night your bike must have a front light and rear reflector.  
**Answer** False  
When riding at night your bike must have a white front light (visible up to 200 metres ahead), a rear red light (visible up to 200 metres to the rear) and a red reflector that is visible for at least 50 metres from the rear of the bike.

**Question**  
A cyclist, scooter rider or skater has ‘right of way’ over pedestrians on a shared path.  
**Answer** False  
Cyclists and other riders should give way to pedestrians on shared paths. However a pedestrian does not have the right to intentionally obstruct a cyclist on a shared path.

**Question**  
Cyclists need to know the different types of traffic signs installed along our roads and what each sign indicates to road users.  
**Answer** True  
There are four categories of road signs. Regulatory (e.g. give way, stop, speed limit), warning (e.g. T-junction, pedestrian crossing), guide (these give distances and directions) and road work signs (e.g. detour).

**Question**  
Cyclists can ride ‘two abreast’ or beside another cyclist on the road.  
**Answer** True  
You can ride in pairs, however it is safer to ride in single file when the road is narrow or there are vehicles approaching from behind.
## Passenger questions

<table>
<thead>
<tr>
<th>Question</th>
<th>True/False</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is okay to travel in the open space of vehicle.</td>
<td>False</td>
<td>It is against the law to travel in the open space of a vehicle where restraints are not provided (e.g. the back of a van, ute or wagon).</td>
</tr>
<tr>
<td>All vehicle occupants must wear a restraint.</td>
<td>True</td>
<td>Every person travelling in a motor vehicle must use an appropriate restraint where one is available.</td>
</tr>
<tr>
<td>If there aren’t enough seat belts you can ‘double up’ or fasten a seat belt around two people.</td>
<td>False</td>
<td>Seat belts are designed to be used by only one person at a time. ‘Doubling up’ is both illegal and unsafe.</td>
</tr>
<tr>
<td>Babies and young children can be held by an adult if a child car restraint is not available.</td>
<td>False</td>
<td>Children under 12 months must wear a suitable child car restraint. An adult’s lap is not safe enough for a child when there is a crash.</td>
</tr>
<tr>
<td>It’s okay to have your arm out of the window of a bus or car.</td>
<td>False</td>
<td>Passengers and drivers must not place any part of their body outside of the vehicle.</td>
</tr>
<tr>
<td>Seat belts don’t have to be worn in the back seat.</td>
<td>False</td>
<td>It is compulsory to wear a seat belt whether you are in the back or front seat of a vehicle. In a crash, a seat belt can keep you from hitting some part or other people in the vehicle, or from being thrown out.</td>
</tr>
<tr>
<td>It is illegal for passengers to have a BAC over 0.05.</td>
<td>False</td>
<td>There is no BAC limit for passengers. However passengers should be aware of their behaviour as driver distractions may cause a crash.</td>
</tr>
</tbody>
</table>
Riders rule!

**Question**
You must not ride your bike on any path.

**Answer**
Cyclists can ride on footpaths if they are under 12 or if they are an adult riding with a child under 12. They may also ride on shared paths but must give way to pedestrians.

**Question**
You may ride close behind or hang onto another vehicle while riding your bike or scooter providing you don’t exceed the speed limit.

**Answer**
Cyclists and scooter riders must travel at least 2 metres away from the vehicle in front and must not hold another vehicle or be towed.

**Question**
When can a cyclist legally carry a passenger?

**Answer**
When the rider is at least 16 and when the passenger is a child under 6 sitting in a specifically designed bike child seat and the child is wearing a helmet. Double dinking is illegal.

**Question**
You must keep at least one hand on the handlebar at all times.

**Answer**
Cyclists need to ride with only one hand on the handlebar at certain times such as when they are indicating to turn however it is illegal to ride with both hands off the handlebars.

**Question**
You must turn right from the centre of the road or the right hand turn lane at an intersection with traffic lights.

**Answer**
Cyclists can use a hook turn when turning right unless there is a sign that prohibits it. In a hook turn you move to the left of the through traffic in an intersection and wait near the far side of the road until the lights have turned green to proceed in the new direction. Hook turns can often be a safer option for cyclists.

**Question**
Do the brakes on a bike have to be in working order?

**Answer**
A bike is defined as a vehicle and therefore must be roadworthy.
Riders rule!

**Question**
You have to wear a helmet when riding a bike, scooter or skateboard.

**Answer**
It is only compulsory to wear a helmet when riding a bike. Children riding bikes with training wheels or sitting in a baby seat behind an adult must wear a helmet.

**Question**
The distance it takes a bike to stop in the rain is twice the distance when dry.

**Answer**
The distance it takes a bike to stop in the rain or on wet roads is up to four times further than when it is dry. This means cyclists should ride slower and allow a greater distance when following behind other cyclists or vehicles in the rain.

**Question**
You can ride your bike across a crosswalk so long as you give way to pedestrians.

**Answer**
Cyclists must walk their bikes across all crossings except where a bike crossing signal is installed.

**Question**
Cyclists have the right of way on a shared path.

**Answer**
On paths dedicated for the exclusive use of bikes, cyclists have the right of way.

**Question**
You must be 17 to ride a motorbike, trail bike and other off-road vehicles.

**Answer**
To ride a motorbike you must be aged 16 years or over and hold the appropriate driver’s licence or permit. A motorbike, trail bike or other off-road vehicle may be ridden on fenced-off roads or tracks on private property.

**Question**
You can ride a motorised scooter on the footpath.

**Answer**
Any vehicle with a motor is not to be ridden on paths.

**Question**
Where can you legally ride a skateboard or scooter?

**Answer**
You can ride a scooter or skateboard on footpaths and shared paths, provided you keep to the left and give way to pedestrians. It is illegal to ride on any road that has a dividing line or median strip, or on a one-way street with more than one marked lane or any road with a speed limit of more than 50 km/h.
Focus Area 4
Predicting and responding to road use risks and consequences

(For typical Year 8 and 9 students)
Focus Area 4  
Road user risks and harm reduction strategies

The activities in this focus area are designed for typical Year 8 and 9 students.

### Overview of Focus Area 4

This section provides an overview of the units included in the *Road user risks and harm reduction strategies* focus area and the content related to young people as future drivers, passengers, pedestrians, cyclists and riders of wheeled recreational devices (e.g., scooters, skateboards and rollerblades). It includes the consequences of a crash, dealing with loss and grief, support networks and agencies, purchasing vehicles and vehicle insurance, and predicting risks in a range of traffic-related situations.

This focus area has two units that allow students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer road user behaviours.

### Unit 4.1 Seeking support and advice

This unit focuses on the short and long term effects of a road crash and procedures to follow, including administering first aid at the scene of a road crash. Students will consider alternative modes of transport and the rights and responsibilities of having a driver’s licence. Students will identify strategies to deal with loss and grief and those who can provide support and advice in a range of traffic-related situations.

### Unit 4.2 Predicting risks and identifying strategies to reduce harm

This unit focuses on the contributing factors of road crashes such driver behaviour, vehicle condition and environment and other interacting factors such as speed, drink driving, fatigue and not wearing restraints and the issues for young people in the traffic environment. Students will identify and practise relevant self-management (e.g. predict problems and make decisions) and interpersonal skills (e.g. negotiate and assertively communicate) to avoid or reduce harm in a range of traffic-related situations.
Focus Area 4: Road user risks and harm reduction strategies

Overview of content: Road user risks and harm reduction strategies

The table below describes the content addressed in this focus area that will contribute to the achievement of the Curriculum Framework Health and Physical Education Learning Outcomes in the context of drug education. The content has been listed under the organisers from the Early Adolescence Phase of the Curriculum Framework Curriculum Guide-Health and Physical Education. The content for Attitudes and Values is incorporated in the outcomes (shown in italics).

<table>
<thead>
<tr>
<th>Unit 4.1 Seeking support and advice</th>
<th>Unit 4.2 Predicting risks and identifying strategies to reduce harm</th>
</tr>
</thead>
</table>

**KNOWLEDGE AND UNDERSTANDINGS**

**PROMOTING WELLBEING**

The meaning and dimensions of health

- social, cultural, environmental and political factors that influence health and attitudes towards it (e.g. social factors influence people’s road user behaviours and their attitudes towards safer road use)

Growth and development

- personal behaviours that influence growth and development (e.g. risk-taking behaviours such as travelling in an overcrowded vehicle or with a driver who has been drinking)

Social-emotional wellbeing

- setting goals to minimise risk as a road user
- making decisions in a range of traffic-related situations
- assessing risks or hazards
- discussing concerns and worries as a road user in a range of traffic-related situations

**Ways to keep healthier and safer**

- seeking help or advice (e.g. grief counselling to deal with road trauma)
- assessing risks or hazards in traffic-related situations
- adhering to product warnings and advice (e.g. bicycle helmets and seat belts)
- learning simple first aid procedures
- identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours
- rules and laws to promote safer traffic environments (e.g. drink driving laws)
- acceptance of personal responsibility for safety in traffic
- appreciating the need and responsibility to behave safely as a road user

**SELF-MANAGEMENT SKILLS**

**SELF UNDERSTANDING**

Managing emotions

- modifying actions in response to stressful or unsafe situations
- using positive ‘self talk’

**DECISION-MAKING**

Reviewing the situation

- elements to consider when reviewing a situation (e.g. considering all potential helpers when an issue can’t be addressed on their own; choosing the most appropriate helper; initiating their role in the decision-making process)
- factors to consider in choosing the most appropriate person to help (e.g. the context and what help is needed)
- why some traffic-related situations can be high risk

Planning before deciding

- predicting and identifying options in a traffic-related situation
- considering attitudes of self and others towards particular road user behaviours and issues
- appreciate the need for safer road user practices
- consider their rights and responsibilities in the traffic environment

Deciding and acting

- positive and negative consequences in relation to road user situations
- considering personal and community safety, risks and benefits
- strategies to manage influences of unsafe road use from peer and family (e.g. assertiveness and protective behaviours)

Monitoring and evaluating

- being responsible for actions and consequences of safety decisions
- identifying the effectiveness of strategies to cope with peer influence
- reflect individually to determine if a goal is progressing

**INTERPERSONAL SKILLS**

**RELATIONSHIP SKILLS**

Communicating

- effectively communicate in traffic-related situations where safety is a concern
- expressing an opinion about safer road user behaviours or opinions when asking for help

Building and nurturing relationships

- ways to cope with loss and grief and offer help to friends, family or others

Preventing and managing conflict

- practising ways to adapt assertiveness in challenging or difficult traffic-related situations (e.g. recognising when to be assertive and when to withdraw such as dealing with a passenger who is intoxicated)
- practising ways to negotiate (e.g. expressing own attitudes and opinions about safer road user behaviours and road safety issues)

**WORKING WITH OTHERS**

Cooperating and collaborating in groups

- appreciate the need to accept differing attitudes and opinions
- follow instructions and respond to questions, ideas and advice of others

Leading, initiating and facilitating

- explain safer road user behaviours to peers and younger students
- value the need to encourage peers, family and the wider school community to participate in safer road user behaviours
It should be recognised that the majority of young people want to, and do, stay safe in the traffic environment and consequently make decisions that reflect this attitude. However, students need to explore issues and situations that may impact their safety and well-being. The following key messages for young people are:

- **predict situations and influences** that can increase your level of risk in traffic
- **make decisions that increase your safety** in the traffic environment
- **have a range of strategies and responses** to use in traffic-related situations
- **take responsibility** for your own safety and the safety of others.

The frequency of road crashes within our community means it is possible there will be students who have been touched by such trauma either directly or indirectly. Issues surrounding grief and loss are sensitive and need to be handled with care. When implementing road safety programs:

- anticipate content which might stimulate strong student responses
- check visual resources prior to using them in the classroom
- inform students about the sensitive nature of these activities and the need to be supportive of other class members who may recall similar personal experiences
- outline the lesson content and ask students if they would prefer not to participate. Arrange for these students to move to another supervised location.
- give students the opportunity to debrief sensitive content.

A Road Trauma Counselling Service is available by phoning 131 114.
The activities in this focus area are designed for typical Year 8 and 9 students.

For students:

**Key understandings**
- Road crashes have short and long term effects and consequences.
- Trauma is the emotional and physical shock resulting from a road crash.
- In the context of road trauma, resilience is important for an individual, group and community.
- People, who have had direct or indirect experiences with road trauma and are emotionally distressed, need to identify others who can offer support and how they can help themselves.
- Following an emergency procedure and offering assistance to crash victims is a responsible action.

**Key skills**
- Apply these understandings to their own personal situations as road users, in the traffic environment.
- Predict situations and ways to deal with a range of traffic-related situations.
- Identify those who can offer support and advice.
- Make decisions and plan strategies to help others or themselves deal with road trauma.
- Anticipate and practise assertive and help seeking behaviours suitable for traffic-related situations.
- Share and listen to others’ attitudes and opinions.

**Activity 1: Road crash effects**

**RESOURCES:**
- Photocopy Resource Sheet 1: Roll the die – one per student.
- Large sheet of paper – one per group.
- Large Post-it notes – one per student.
- Die – one per group.
- A4 paper – one sheet per student.
- Different coloured pens or pencils – two per student.

**HOW:**
Place students in groups of six. Give each group a large sheet of paper, six Post-it notes and copies of Resource Sheet 1: Roll the die.
Ask groups to draw the overhead view (i.e. birds eye view) of a car on the large sheet of paper. The drawing should fill the paper.

Explain that each student will be writing a description of a character who is travelling in the car by answering the questions on the resource sheet. The characters are to be about their age or slightly older.
Allow time for students to write their description on a large Post-It note.
Ask each student to place their Post-it note inside the outline of the car. Each character should be in a different position of the car (i.e. driver or rear left passenger).
Tell students that only two of the people in the car will be wearing a seat belt. Each group should decide who this is and place a tick on the two corresponding Post-it notes.

Explain to students that in a real-life crash, events will not follow a strict pattern as to who lives, dies or is injured. To simulate this element of chance, read the following crash scenario.

**Crash scenario**
You’re all on your way home after watching a sporting event. Everyone has had a great time...
especially since the team you all follow has won. Some of you have been drinking and the music is up really loud. Only two of you are wearing a seat belt. There’s a slow car in front and someone yells to the driver to overtake it. The driver starts to speed up and overtake but there’s a curve ahead and suddenly a car’s headlights appear. Crash!

Ask students to take turns throwing the die. The level of injury is determined by the number on the die and is described on the resource sheet. Remind students to deduct one from the number thrown if their character was wearing a seat belt to reduce their injury (e.g. throw a four, go back to three). For those not wearing a seat belt, add one to the number thrown to increase their injury (e.g. throw a three, go forward to four). Note: If one is rolled and the character was wearing a seat belt they remain uninjured.

Each character’s injuries should be written on the Post-it notes. If fatally injured, students should draw a cross through the Post-it note. Note: if ‘one’ is rolled and the character was wearing a seat belt they remain uninjured.

Give each group time to process the activity by discussing the consequences of the crash for each occupant of the car. Have students individually complete the questions on the resource sheet.

Use a circle talk (see p298) to let students share their responses and further discuss the consequences (i.e. physical, emotional, social, financial and legislative) of crashes.

Identifying circle of support

Draw three concentric circles on the board. Label the centre circle ‘me’, the second circle ‘often’ and the third ‘occasionally’.

Suggest to students that everyone has a ‘circle of support’ that includes people they talk to when faced with a problem or are feeling upset, and that the person they choose to talk to may depend on the problem or situation. Also confirm with students that not everyone feels comfortable sharing their problems with others and may not move out of the ‘me’ circle.

Use the example of ‘being worried about failing an important exam’ or ‘having an argument with a friend’ to show how the circles can be used to identify those who may offer support or advice in one of these situations. Ask students to give some examples and write these in the circles.

Ask students to draw and label their own ‘circle of support’ on a piece of paper then write the names of people who they always ask for advice or to listen to their problems, in the circle labelled ‘often’.

Students repeat this for the ‘occasionally’ circle.

Ask students to give some examples and write these in the circles.

In pairs, students should share and discuss why they have used these people to offer advice or support (e.g. a friend may be a good listener or someone to bounce ideas off or a teacher who is always willing to help students who are struggling at school).

Seeking support

Suggest to students that how a person reacts to road trauma, either directly or indirectly, and who they seek help from, may be different to those people identified in the previous activity.

Read the following scenario to students.

Your mum is driving everyone home after the movies. She pulls up at a red light. All of a sudden a car speeds through the red light, crashes into another car and rolls it onto its side. You can hear people screaming and can see one person lying on the road. Your mum runs over to the rolled car to see if she can help and asks you to check the other car. You are shaking and very upset.

Ask students how they might react to this situation both in the short and long term and who might help them deal with their reactions (e.g. a parent, doctor, friend, school counsellor, person with similar experience, church member or Road Trauma Counselling Service).

Have students write these names on their circle of support sheet using a different colour pen. Ask students to tick the names of people previously identified.

Have students share their responses then discuss the following questions as a class.

Discuss

• What changes did you notice to your circle of support when faced with a road crash situation? Why?
• Who would you ask for help you if you were involved with a road crash?
• Why is it important to talk to others about your feelings?
• How could you help a friend or family member deal with their reaction to a crash?
• If someone is sharing a problem with you, what can you do to show them that you are interested and sincere? (E.g. paraphrasing, eye contact, sitting face on, nodding head to confirm understanding or show empathy.)

Reflection

Ask students to complete the unfinished sentences (see p328) and discuss their responses with a partner or their family.
Activity 2: Dealing with loss

RESOURCES:
- Photocopy Resource Sheet 2: Crash report – one per student.
- Highlighters – one per student (optional).
- Photocopy and cut out cards from Resource Sheet 3: Coping strategies – one set.
- Cards labelled ‘very helpful’, ‘helpful’, ‘useless’ and ‘harmful’ – one set.

HOW:

Explain to students that at some time in their life they will experience the loss of, or injury to, a family member or friend and that a number of factors, such as how the death occurred, may influence their reaction. Reactions can differ from person to person and may include shock, disbelief, anger, sadness, frustration, guilt or grief.

Have students read the newspaper article ‘Tragedy hits school’ on Resource Sheet 2: Crash report. As a group, ask students to share their personal reactions and opinions about the road safety issues highlighted in the article.

With a partner, students highlight the factors that contributed to the crash (e.g. alcohol, night time driving, inexperienced young driver and modified vehicle) and write these on one side of a T chart (see p305) labelled ‘crash factors’.

Students then discuss actions or decisions that may have changed the outcome (e.g. catching a taxi or ringing a parent for a lift rather than travelling with a driver who had been drinking) and write these on the other side of the T chart labelled ‘safer actions or decisions’.

Share the ideas as a class discussing the effectiveness of the decisions and actions.

Identifying coping strategies

Suggest to students that everyone responds to stress or challenges differently and that some people cope using one or two strategies whereas others may use a range of strategies depending on the situation.

Students talk about how they cope with difficult or emotional situations (e.g. physical activity, talk to a friend, watch a movie or eat comfort foods). Write some of these ideas on the board.

Sit the class in a circle and spread out the coping strategy cards from Resource Sheet 3: Coping strategies for students to read. Explain that these describe ways that people may deal with a stressful situation. Ask each student to choose one card (or more depending on the number of cards and the size of the class).

Conduct a choose a corner (see p308) by labelling the corners of the room with the ‘very helpful’, ‘helpful’, ‘useless’ and ‘harmful’ cards. Read one of the following statements that describe a situation of direct or indirect road trauma involvement, to the class.

- You witness a fatal road crash and offer assistance to the victims.
Focus Area 4: Road user risks and harm reduction strategies

Unit 4.1 Seeking support and advice

• Someone at your school, who you don’t really know is killed in a road crash.
• Your best friend has been seriously injured in a road crash.
• You were the driver of a vehicle involved in a serious road crash and are charged with manslaughter.
• Your best friend/girlfriend/boyfriend has become a quadriplegic after a road crash.
• You have to attend the funeral of a family member or close friend who was killed in a car crash. The person who was driving the car will be at the funeral.

Explain that students are to consider the situation and decide which corner best describes their coping strategy card. Students move to that corner. Remind students there is no right or wrong answer.

Students standing in each corner compare coping strategies and discuss each in relation to the scenario.

Invite students from all corners to explain why they thought their strategy was very helpful, helpful, useless or harmful.

Repeat this procedure with each scenario to highlight to students that some strategies are useful regardless of the situation or, depending on the situation, it may be necessary to use different coping strategies.

Discuss

• Which of these coping strategies do you use now? Why are they helpful?
• Which of these strategies have you seen others use? Are they the same as the strategies you use? Why or why not?
• Which strategies had you not considered to be ‘coping’ strategies? Why? Would you use these now?
• When could an action like ‘get angry’ or ‘take risks’ be an unhealthy thing to do?
• In what situation could ‘ignore the problem’ or ‘withdraw’ be a useful coping strategy?

Adapted from Cahill, Helen, Enhancing resilience 2: Stress and coping, MindMatters.

Reflection

Devise two or three unfinished sentences (see p328) related to dealing with loss or grief or alternatively use the examples given. Ask students to write their responses before sharing these with a partner.

• When I’m upset I usually ________ because it _________.
• Talking about coping strategies has ________.
• I feel _____ (okay, not sure, worried) about helping someone who is grieving and would ________.
• If I thought my friend or someone in my family needed help I would ________.

Activity 3: Before help arrives at a road crash

RESOURCES:

➤ Photocopy Resource Sheet 5: Basic life support guidelines (Focus Area 2, see p117) – one per student.
➤ Photocopy Resource Sheet 4: Before help arrives – one per student.
➤ Photocopy Resource Sheet 5: First aid scenarios – one per student.
➤ Large sheet of paper – one per group.
➤ Cards labelled ‘agree’, ‘unsure’ and ‘disagree’ – one set.

HOW:

This activity is designed to encourage young people to know what to do in the event of an emergency and a procedure to follow if they or others are involved in a road crash.

Ask students to brainstorm (see p298) what they should do at the scene of a road crash (e.g. check for injuries, call emergency services if required or give a witness report to police if required).

Discuss the ideas generated by students and as a class sequence these according to priority. Check against the information provided on Resource Sheet 4: Before help arrives.

Stress the importance of students always checking for their own safety before assisting victims (e.g. not touching a car or person when electrical wires are nearby or when fuel is escaping from an overturned vehicle with the motor still running).

Use Resource Sheet 5: Basic life support guidelines included in Focus Area 2 of this resource (page 117) to briefly explain the DR ABCD procedure. More in depth information about first aid could be presented by the school nurse or alternatively a St John Ambulance speaker who will give students information about first aid that is suitable for crash victims. Alternatively students could log onto www.ambulance.net.au/html/onlinecourses/intro.html and complete a first aid course called ‘Crash course’.

Focus Area 4: Road user risks and harm reduction strategies
Assisting at a road crash

Place students in groups and give each a large sheet of paper and a copy of Resource Sheet 5: First aid scenarios. Groups draw up their placemat (see p300) according to the number of students in the group then select a scenario from the resource sheet. Alternatively adapt the scenarios to suit the local community or use articles from newspapers.

Have students individually read the scenario then consider what actions the road user could have taken to reduce the extent of their injuries and what they would do if they were a witness to the situation described (e.g. give first aid, ring for emergency services and ask others to help).

Students should write their responses on the placemat then take turns to briefly discuss these with the group.

Ask groups to decide what would be the best action plan for the situation and write this in the centre of the placemat.

Listen to each group’s scenario and plan to decide on an agreed list of actions. Make sure that students understand the importance of always keeping themselves and other bystanders safe before helping crash victims and that checking airways of crash victims is vital.

Discuss

- **What might you do to ensure your own safety at a road crash scene and to provide help for those involved in the crash?** (Ensure their own safety before administering first aid to victims, call the emergency number for assistance and continue with the DR ABCD procedure.)
- **What is one thing you can do to help an injured crash victim?** (Tilt their head to allow a clear air passage.)
- **How can you protect yourself when providing help to a crash victim?** (Use plastic gloves and dental dams.)
- **Do you feel you know enough about first aid to be able to offer road crash victims assistance? If not, how can you find out more?** (St John Ambulance or Drive Safe book produced by Department for Planning and Infrastructure).
- **What are some typical reactions people involved in a traffic-related crash may have?**
- **Where might you seek help to deal with road trauma?** (The Road Trauma Counselling Service 13114 offers free counselling in relation to road trauma experienced either directly or indirectly.)

Often people are reluctant to offer help at a crash scene as they are concerned about doing the wrong thing and further injuring the victim. Ask students to share any concerns they may have about offering assistance and first aid at a road crash and discuss these as a group.

Discuss

- **Why do bystanders sometimes choose to not get involved in providing first aid?** (Lack of first aid knowledge or concern about legal implications.)
- **What factors may affect a potential helper’s decision whether or not to assist with first aid?** (Shock; previous experiences with a road crash; victims are aggressive; location of the crash.)
- **Do you have a responsibility to offer road crash victims assistance? Why or why not?** (If you are the driver of a vehicle involved in a crash, you must stop the vehicle and offer assistance to victims. Failure to do so can result in loss of licence or a custodial sentence.)

Using a PNI (see p314) have students identify the possible positive and negative consequences if help was or was not offered by the witness in a scenario from Resource Sheet 5: First aid scenarios.

<table>
<thead>
<tr>
<th>You are the bystander in the scenario. What would the possible…</th>
</tr>
</thead>
<tbody>
<tr>
<td>positive consequences be…</td>
</tr>
<tr>
<td>…if you offer help. …if you don’t offer help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>negative consequences be …</td>
</tr>
<tr>
<td>…if you offer help. …if you don’t offer help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>interesting consequences be …</td>
</tr>
</tbody>
</table>

As a class decide if offering help is a better outcome for the road crash victim and the witness.

Identifying attitudes

Make a **values continuum** (see p309) by placing the three labelled cards (agree, unsure and disagree) in a line.

Read one of the following statements and ask students to move to the position on the continuum that best represents how they feel about the statement. Ask students to discuss their opinion with others standing nearby and formulate a group response to justify the
stance they have taken. Have students consider the opposing points of view.

**Statements**
- It should be compulsory for all primary and secondary students to complete a first aid course.
- Everyone has a responsibility to offer help at a road crash scene.
- The best thing to do when someone is injured is call an ambulance and wait for help.
- You need to know more than the DR ABCD procedure to help a road crash victim.

**Discuss**
- What type of ‘riding’ related harm would be most common for teenagers your age? (Cycling and skateboarding injuries.)
- At what age do you think someone is able to offer help at a crash scene? Why?
- Has listening to others’ opinions and thoughts about these statements changed how you think or feel about offering help at a road crash? Why or why not?

**Activity 4: Identifying alternative transport modes**

**RESOURCES:**
- A4 paper – one per group.
- Access to internet sites.

**HOW:**

Suggest to students that many people choose not to have a driver’s licence and prefer to use alternative forms of transport such as cycling, walking or using public transport. Have students use a T chart (see p305) to list the positive and negative aspects of using alternative forms of transport available in their area. For example:

<table>
<thead>
<tr>
<th>positive</th>
<th>negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>healthier to walk</td>
<td>takes longer to get there</td>
</tr>
<tr>
<td>less carbon emissions</td>
<td>sometimes feel threatened</td>
</tr>
<tr>
<td>get to meet other people</td>
<td>buses don’t always go exactly where you want</td>
</tr>
<tr>
<td>save money</td>
<td>at risk as a driver and passenger</td>
</tr>
</tbody>
</table>

Discuss the T charts and as a class decide if the positive aspects should be a major consideration for the community. Highlight the physical and environmental outcomes of using alternate forms of transport.

Ask students to set a goal to use alternate forms of transport in the future such as walk to school at least twice a week or catch the bus rather than getting a lift to school.

**Discuss**
- Why do you think young people believe they have to get a driver’s licence?
- Why might some young people choose not to have a driver’s licence?
- What influences a young person to get a driver’s licence?
- If you chose not to have a driver’s licence, how might your family or friends react?

**Seeking assistance to plan journeys**

These next activities are suitable for students in the metropolitan and surrounding areas.

**Using public transport**

Explain to students the Transperth website has a journey planner that assists the public to plan their trip. It identifies the types of transport (e.g. bus, ferry, train), route numbers and length of the journey.


**Cycle paths**

Explain to students there are numerous cycle paths around Perth and surrounding areas that are purpose built to allow cyclists a quick and safer trip.

Have students access www.dpi.wa.gov.au/cycling (Department for Planning and Infrastructure) to find cycle paths in their local area and to other locations in and around Perth.
Roll the die

Create a ‘car character’ by writing the answers to these questions.

- What is your name and age?
- Who is in your family? (One or two parents; siblings; aunts/uncles, grandparents…)
- Who are your friends and how do you know them? (Large group of friends from high school; one or two special friends who live nearby; friends from Kindy…)
- How do you know the other people in the car? (Related; school mates; in the same sporting team …)
- What do you do? (Finishing high school; studying at uni; starting an apprenticeship; working; looking for a job; finished school and about to travel overseas…)
- What are your goals in life? (Finish Year 12; be a lawyer; play for an AFL team; have a family …)

Roll the die to find out what happens to your character in the crash.

<table>
<thead>
<tr>
<th>Die number</th>
<th>Level of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uninjured.</td>
</tr>
<tr>
<td>2</td>
<td>Injured but not seriously enough to be hospitalised.</td>
</tr>
<tr>
<td>3</td>
<td>Injured and hospitalised for several weeks.</td>
</tr>
<tr>
<td>4</td>
<td>Suffered severe injuries and became a quadriplegic.</td>
</tr>
<tr>
<td>5</td>
<td>Critically injured and on life support.</td>
</tr>
<tr>
<td>6</td>
<td>Died on impact.</td>
</tr>
</tbody>
</table>

- Deduct 1 from the number rolled if you were wearing a seat belt.
- Add 1 to the number rolled if you weren’t wearing a seat belt.

Complete the following questions.

1. What factors contributed to the crash? 

2. How might the crash and resulting injuries have been prevented or reduced? 

3. Who do you think is responsible for the crash? Why? 

4. Who would be affected by the crash? 

5. How would the crash affect the character’s friends, family and community? 

6. If you were the driver and survived the crash, how would you feel? 

7. Who could you talk to about your feelings and emotions? 

8. What could help you to cope with the situation? 

Adapted from WA School Road Safety Project, WA,1997. RoadSmart Year 10 OCS027 | Challenges and Choices - Early Adolescence Resource
**Crash report**

A 16-year-old girl was killed when the car she was travelling in left the road and hit a tree last night. Sally Bennett, a bright and popular student from Hillview High School was the passenger in a Holden Commodore driven by 19-year-old Peter Matthews. The driver had only recently bought the car which according to police, had been modified. It is believed the two teenagers had spent the day at an outdoor concert and were driving home around 1am. Sue Black, who was following the Commodore, said the car kept moving over the centre line. ‘All of a sudden it just veered off the road and hit the tree head on. I tried to help the girl but she was already dead. The driver kept screaming out, ‘What have I done?’ I tried to calm him down but he was a mess.’ Police at the scene, breathalysed the driver who gave a 0.06 BAC reading.

The mother of the teenage girl was too distressed to be interviewed. The principal of Hillview High said, ‘We can’t believe Sally has gone. She was a top student and wanted to study medicine next year. It’s such a waste of a life.’ According to local police the school has had to deal with the deaths of two other students in the last 5 years, as a result of a road crash. The driver of the car received minor injuries and is yet to be charged.

### Character profiles

<table>
<thead>
<tr>
<th>Person involved and their relationship</th>
<th>Previous experience with death</th>
<th>Personal and social factors</th>
<th>Possible short and long-term reactions</th>
<th>What help or support is available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother who had a close relationship to Sally.</td>
<td>Experienced death of her mother through cancer last year.</td>
<td>Doesn’t want to talk to others about how she is feeling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sally’s boyfriend of 12 months.</td>
<td>Grandparent died last year.</td>
<td>Is able to share feelings with others. Has strong support from family and friends.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sally’s friends.</td>
<td>Haven’t experienced the loss of a friend before. Some have experienced deaths of distance family members.</td>
<td>Sally always supported her friends during difficult times. She was loved and trusted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter, the driver of the car. Had only met Sally twice before.</td>
<td>No previous experience.</td>
<td>Use to go to the same school. Doesn’t live with his family. Only has a few friends.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small secondary school in beach side location.</td>
<td>Has had two students killed in road crashes in the last 5 years.</td>
<td>School counsellor offers a trauma program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sue Black, the witness to the crash.</td>
<td>No previous experience.</td>
<td>Wants to talk to family and friends.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Table adapted from Parks and Weiss model - Learning to Grieve, Glassock and Rowling, 1992.)
<table>
<thead>
<tr>
<th>Coping strategies</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>think positively about</td>
<td>worry</td>
<td>withdraw</td>
</tr>
<tr>
<td>how it will turn out</td>
<td></td>
<td>(not talk or socialise)</td>
</tr>
<tr>
<td>go to the movies</td>
<td>visit a favourite person</td>
<td>quit (the team, job, school or uni)</td>
</tr>
<tr>
<td>eat more</td>
<td>drink more alcohol</td>
<td>make a plan of what to do and how to do it</td>
</tr>
<tr>
<td>start a fight</td>
<td>exercise</td>
<td>pretend everything is okay</td>
</tr>
<tr>
<td>ask for help</td>
<td>talk it over with a close friend</td>
<td>get sick</td>
</tr>
<tr>
<td>blame myself</td>
<td>eat less</td>
<td>work harder</td>
</tr>
<tr>
<td>meditate</td>
<td>complain a lot</td>
<td>blame others</td>
</tr>
</tbody>
</table>
## Coping strategies

<table>
<thead>
<tr>
<th>joke or laugh</th>
<th>cry</th>
<th>set goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>take risks</td>
<td>find someone to listen to me</td>
<td>get angry</td>
</tr>
<tr>
<td>see a counsellor</td>
<td>sleep more</td>
<td>sleep less</td>
</tr>
<tr>
<td>tell everyone how bad I feel</td>
<td>meditate</td>
<td>take a few days off</td>
</tr>
<tr>
<td>write thoughts in a diary</td>
<td>ignore offers of help</td>
<td>daydream</td>
</tr>
<tr>
<td>make excuses for not socialising</td>
<td>draw or paint</td>
<td>play on the computer</td>
</tr>
<tr>
<td>talk to my parents/caregivers</td>
<td>listen to music</td>
<td>ignore the problem</td>
</tr>
</tbody>
</table>
Before help arrives

1. Make the scene safe
   - Protect any victim and yourself from further injury.
   - Use hazard lights as warning signals and turn off the ignition in crashed cars.
   - Use headlights to light the area.
   - Ensure nobody smokes.
   - If power lines are touching a vehicle, stay away and keep other people away.

2. See who is injured
   - Check in and around vehicles to see how many people are injured.
   - Check if anyone is unconscious. Give them priority.
   - Only remove unconscious victims if they are in danger of further injury and to give life-saving first aid.
   - Encourage conscious people to stay in the car - if no immediate danger.
   - Assess the number of injured and their injuries to inform emergency services.

3. Assist them
   - If the victim is unconscious follow the DR ABCD procedure.
   - If the victim is conscious, stop any bleeding (see below).
   - Comfort and reassure victims. Do not give a victim food or drink of any sort.
   - Have someone watch the injured in case they wander off.
   - Stay calm yourself. Only move a conscious victim if it is necessary for safety.

   Stop any bleeding
   - Put direct pressure on the wound with a thick pad bandage held firmly in place.
   - Elevate the bleeding limb.
   - If the victim feels numbness, tingling or pain near the bandaged area, the bandage is too tight. Loosen it. Do not use a tourniquet.
   - Don’t remove foreign objects from bleeding wounds. Apply pads and bandages around the wound. Do the same if broken bones are visible.

4. Send for help
   - Phone 000 for emergency services and tell them:
     - which services are needed – ambulance, police, fire engine, tow truck
     - where the crash is using road names, kilometre posts, signs or landmarks
     - how many people are injured, what the injuries are and if anyone is trapped
     - if any power lines are down
     - stop passing pedestrians or motorists for help but do not leave an unconscious victim alone.

Adapted from Australian Transport Safety Bureau, Before other help arrives
First aid scenarios

Scenario 1
You’re riding your bike when up ahead you see a pedestrian hit by a car. The pedestrian is lying on the ground. She has a large wound on the forehead.

There is a crowd of people nearby who also saw the crash occur. What would you do?

Scenario 2
You’re walking along a street when you see a small child on a tricycle ride out of a driveway into the path of an oncoming car. The car brakes sharply to avoid the child.

You see the child fly up over the bonnet into the windscreen and then lands on the road. The child who was wearing a helmet is not moving. The driver is very upset and in shock. There is no-one around to help. What would you do?

Scenario 3
You see a cyclist, who is wearing a helmet, holding onto the back of a truck as it pulls away. The front wheel of the bike momentarily touches the truck and unbalances the cyclist who falls from the bike onto the road. The cyclist is not breathing. What would you do?

Scenario 4
You and your friends are riding your farm motorcycles down to the creek to have a swim. Because it’s hot, everyone has decided not to wear helmets.

On the way down the hill to the creek, one of the drivers turns to yell something to the others behind him and hits a contour bank. The driver and passenger are thrown off. The passenger is okay but the driver is unconscious and his leg is at a strange angle. His parents are back at the farm house about a kilometre away. What would you do?
First aid scenarios

Scenario 5
Your friends have found a new place to go skateboarding and call it ‘suicide hill’. When you get there one of your friends, who never wears any protective gear, is skating down the very steep hill that ends at a T-junction with a stop sign.

He tries to turn his skateboard onto the lawn of a nearby house to help him stop before the junction but has skidded out on the road. A car hits him and drags him 27 metres down the road. He’s not breathing. What would you do?

Scenario 6
You’re walking through a shopping centre car park and see your friend riding their scooter down the car park ramp. A car enters the ramp just as your friend gets to the bottom.

The car brakes but hits your friend who is thrown into the air and lands on the concrete. He isn’t moving and there is blood near the back of his head. What would you do?

Scenario 7
You are waiting at a bus stop. It’s very stormy and windy. All of sudden there is a loud crash.

A driver has lost control of their car while swerving to avoid a tree branch that has fallen onto the road. The car has crashed into a light pole and you can see the driver slumped at the wheel of the car. What would you do?

Scenario 8
You’re out in the bush riding around in the old farm car. There are no seat belts in the car so when it hits a bump and rolls over, your little brother is thrown out.

He is unconscious and it looks like his leg is broken. What would you do?
Focus Area 4:
Road user risks and harm reduction strategies

For students:

**Key understandings**

➤ The traffic environment poses risks for all road users.
➤ Young people are over-represented in road safety statistics and at more risk as pedestrians, passengers and drivers.
➤ Road crash injuries and fatalities are the result of contributing factors such as speeding; drink driving; fatigue; not wearing restraints; and road user age and gender.
➤ Some choices increase the risk and possible harms for young adults in the traffic environment.
➤ It is important to know how to use a range of harm reduction and refusal strategies in a range of traffic-related situations.
➤ Humans make mistakes. Road users and the traffic environment should be forgiving when these mistakes occur.

**Key skills**

➤ Identify and practise relevant self-management (e.g. problem predicting, problem solving and making decisions) and interpersonal skills (e.g. negotiate and assertively communicate) to avoid or reduce harm to themselves and others in a range of traffic-related situations.
➤ Predict and describe situations in which harms relating to own or other road users are most likely to occur.
➤ Plan strategies for reducing or avoiding harm to themselves or to others in traffic-related situations.
➤ Share attitudes and values about road user behaviours.
➤ Evaluate own and others’ beliefs about road safety and associated issues.

The activities in this focus area are designed for typical Year 8 and 9 students.

**Activity 1: Road safety attitudes**

**RESOURCES:**

➤ Photocopy Resource Sheet 1: Time to think – one per student.
➤ Photocopy Resource Sheet 6: I feel, I think, I can (see p321) – one set per group.

**HOW:**

Explain to students the statements on Resource Sheet 1: Time to think cover a range of road user issues that will prompt them to identify what they already understand and believe about road safety.

Ask students to consider each statement and without discussion, tick the response that reflects their opinion.

Give students the opportunity to share their responses and listen to others’ opinions by setting up a circle talk (see p298).

Nominate the number of the statement to be discussed and ask students standing in the inside circle to begin. After 30 seconds, signal the students standing in the outside circle to have their turn. Keep the discussion time brief so students stay on task and actively listen.

Move the outside circle on one or two places and repeat the procedure until all statements have been discussed.

Debrief the activity by further discussing the statements or answering any questions generated during the circle talk.
Collect the resource sheets to gauge students’ attitudes and plan further learning experiences.

When students have participated in several of the activities in this unit or focus area, students can complete another copy of the resource sheet then compare and talk about any changes to their attitudes and understandings and identify why this may have occurred.

**Influences on decision-making**

Explain to students that when someone makes a decision they usually consider:
- how they are feeling at the time
- why the situation requires a decision
- what decision would have the best outcome.

Use the following traffic-related example and the I feel, I think, I can cards (see p321) to show students this decision-making process.

You are a passenger in a car with a best mate who is five years older than you. Your mate has been drinking and is speeding. You would probably:
- feel – worried about crashing and be scared
- think – ‘this looks dangerous’ and ‘I don’t want to be here’
- can – tell the driver you’re going to be sick and to stop the car.

But you might also:
- feel – pressured and worried that you could upset your mate
- think – ‘I don’t want to look uncool’ or ‘my mate is older than me and probably knows how to handle the car’ or ‘I don’t know how to get out of this situation’.
- can – keep quiet and hope you get home safely.

Place students in groups. Give each group a card from Resource Sheet 2: What if? and a set of the I feel, I think and I can cards.

Ask groups to discuss the situation described on the card and identify actions that could reduce the risk for the road user.

Explain how to conduct an interview role-play (see p317). Each group should select one person to take on a ‘character’ role relevant to the situation they have discussed (i.e. a 19 year old football player or a 17 year old shop assistant). Other members of the group will interview this person asking questions about the situation and prompting them to say what they would do. Ensure all students have a turn at being the character to give them an opportunity to practise making decisions and giving responses.

Have groups watch each role-play and decide if the strategies and responses given by the characters would be effective for young people their age.

**Discuss**

- Which of these situations may be something that you have to deal with in the future? Why?
- What might influence your decision in some of these situations? (Suggest to students that their feelings, thoughts and actions may not always be in line with their intention due to other influences e.g. peers, affects of alcohol or other drugs or being in a hurry).
- What might make you feel confident to deal with these types of situations? (Explain to students they are more likely to make safer decisions if they have a range of strategies and practised responses that can be used in unsafe situations e.g. use humour to diffuse a situation.)

**Activity 2: Identifying road risks for young people**

**RESOURCES:**
- Photocopy Resource Sheet 3: Get the picture – one per student.
- A4 paper – several sheets per group.
- File – one per group.
- Large Post-it notes – one per group.

**HOW:**

Group students in pairs and hand out copies of Resource Sheet 3: Get the picture to each pair.

Explain the resource sheet task and that road crash statistics focus on road user groups such as passenger, pedestrians, cyclists, motorcyclists and drivers.

Working in pairs students complete Column 1 then research the most common types of road crash involvement for young people, the frequency of occurrence (number or percentage of fatalities and hospitalisations) and gender differences before comparing these with other road user age groups. Refer students to the Office of Road Safety website. This provides the latest crash statistics for WA.

Students should record the information they have found in the table provided on the resource sheet.
Unit 4.2 Predicting road user risks and practising strategies to reduce harm

To share and consider the information gathered, join pairs and make groups of four. Make sure students take their resource sheet with them and sit facing each other, knees to knees, as this will promote greater discussion.

Give each student a piece of paper. Explain they are to fold the paper into quarters, number the boxes 1 to 4, then write the corresponding question (provided here) in each box on their rip and review paper (see p300).

1. What do the statistics show to be the main causes of road crashes for young people?
2. Why do you think there are more young people injured or killed in road crashes than other age groups?
3. Do young people your age think or worry about being injured in a road crash? Why or why not?
4. What do you do to keep yourself safer on the roads?

Ask students to think about each question and write their response in the corresponding box on the paper. Remind students that other members of the group will be reading their responses. Some possible answers are provided.

- **Question 1:** not wearing a seat belt; speed; alcohol and other drugs; fatigue; as a pedestrian or passenger.
- **Question 2:** high levels of risk taking; newly licensed; inexperienced drivers; experimentation with alcohol; less experience on the roads; think it won’t happen to them; negative pressure from peers; out at night more; seeking thrills; bucking authority.
- **Question 3:** they think it won’t happen; may have had friends/family involved in road crash.
- **Question 4:** plan ahead; organise lifts home; confident to tell others when I don’t feel safe.

When students have completed the four questions they need to tear their paper into quarters.

Ask groups to number off from 1 to 4. Explain that students should give each of their responses to a member of the group who has the same number (i.e. question 1 to student number 1).

Ask students to read the responses and summarise the information. Students then take turns to share their summaries with the group.

As a class, discuss the findings or questions raised from the rip and review.

Identifying situations that pose risks for road users

Keep students in their groups of four. Give each group a file, large Post-it note and several sheets of paper.

Ask students to consider what they know about young people and crash involvement then share their concerns about being in the traffic environment, now and in the future. Responses may include:

- relying on friends to give them a lift home when you know they have been drinking, are tired or tend to speed
- making mistakes while learning to drive (e.g. kangaroo jumping, stalling at lights, having a crash)
- getting into an overcrowded car and not having a seat belt to wear
- having to ring a parent for a lift home after drinking at a party
- having friends in the car who are acting stupid or urging them to do something unsafe
- catching a bus or train alone at night
- can’t buy a safer car so feel more vulnerable.

Allocate one of the problems to each group. Ask a student from each group to write the problem on the large Post-it note then stick it on the front of the file.

Allow groups two or three minutes to write possible solutions on a sheet of paper. Ask groups to place their responses inside the file then pass the file onto the next group.

Groups now have another problem to think about before writing their ideas on a new piece of paper. Remind groups that they should not look at the solutions identified by previous groups. The process continues until groups have responded to all of the problems.

Ask each group to take out the sheets of paper in their file and review the suggested strategies.

Groups should develop a prioritised list of solutions based on effectiveness and students comfort level (e.g. some students may not want to confront a friend about their speeding habit and may feel...
Focus Area 4: Road user risks and harm reduction strategies

more comfortable catching a taxi or ringing a parent for a lift.

As a class, listen to each group’s problem and the top two or three ideas they thought they would use if faced with a similar situation.

Practising responses

Using the solution that was voted the most effective, ask groups to create and perform a role-play (see p315) highlighting the problem and demonstrating how they would respond if faced with the situation.

Have other students watch each role-play then decide if the strategy is one that they would use.

Debrief the activity by suggesting to students they should have a ‘tool kit’ or range of strategies and rehearsed responses to use when faced with unsafe traffic situations. Emphasise the value of practising responses students feel comfortable using.

Reflection

Ask students to complete the following unfinished sentences (see p328).

• Knowing that young people are over-represented in road crashes _________.
• Knowing that most young people stay safe _________________.
• A young person travelling as a passenger in a speeding car could reduce their level of risk by_____________________.
• Young male drivers can reduce their level of risk by _________________.
• When I am faced with a situation that increases my level of risk in traffic I ___________.

Activity 3: Identifying road risks for young people

RESOURCES:

➤ Card labelled ‘lower risk’.
➤ Card labelled ‘higher risk’.

HOW:

Brainstorm responses to ‘what is meant by a safer road user’ until students mention the word ‘risk’ or ‘risk taking’. Have students complete a one minute challenge (see p295) by writing characteristics of young people that increase their likelihood to take risks in the traffic environment.

Write a list of the generated ideas on the board. Include the following examples if not identified by the class:

• lack of concern for their safety and the safety of others
• feel they are invincible or ‘bullet proof’
• reject authority
• impaired judgements due to experimentation with alcohol or other drugs
• over confidence
• negative pressure from others
• believe crashes happen to others not them
• sensation seeking and overly adventurous
• physical conditions such as being tired or ill
• inexperience as a driver, motorcyclist or cyclist
• distracted by others in the car or a mobile phone.

Discuss how these risk taking characteristics combined with overconfidence and inexperience in driving in different conditions (e.g. freeway or city traffic, country roads, wet weather, night time, distractions) can increase the likelihood of a young driver being involved in a crash in their first six months of driving. Explain that the aim of the Graduated Driver Training and Licensing System is to give learner drivers more opportunities to practise driving in a range of conditions and with a supervisor.

Identifying types of risks

Give each student a copy of Resource Sheet 4: Do you pick up crocodiles? Have students read the story then discuss the meaning with a partner.

Discuss

• What did the crocodile mean by his reply to the dying person?
• What are some examples of ‘crocodiles’ (risks) road users may encounter in traffic (e.g. travelling with drivers who have been drinking or using other drugs, or tired)?
• What are the possible consequences of taking risks when using roads as a passenger, pedestrian cyclist or driver?
Unit 4.2 Predicting road user risks and practising strategies to reduce harm

Focus Area 4: Road user risks and harm reduction strategies

• Why do you think some people take risks even when the possible outcome may be unpleasant or negative?

With their partner, students draw up a T chart (see p305) on paper then label it ‘intentional risk taking’ (known) and ‘unintentional risk taking’ (unknown).

Ask students to brainstorm examples of these in relation to young people in the traffic environment. The examples should be for all road user groups (i.e. driver, pedestrian, cyclist, passenger and pedestrian). For example:

<table>
<thead>
<tr>
<th>Intentional</th>
<th>Unintentional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver</td>
<td>Driver</td>
</tr>
<tr>
<td>• weaving in and out of traffic</td>
<td>• not noticing a young child</td>
</tr>
<tr>
<td>• speeding</td>
<td>• being tired on a short journey</td>
</tr>
<tr>
<td>• having too many people in the car</td>
<td>Passenger</td>
</tr>
<tr>
<td>Passenger</td>
<td>• wearing a seat belt that is frayed</td>
</tr>
<tr>
<td>• not wearing a seat belt</td>
<td>• talking to the driver</td>
</tr>
<tr>
<td>• distracting the driver</td>
<td>Pedestrian</td>
</tr>
<tr>
<td>• walking and being intoxicated</td>
<td>• crossing at a designated crosswalk before a car has stopped</td>
</tr>
<tr>
<td>• crossing in between queued cars</td>
<td>Cyclist</td>
</tr>
<tr>
<td>Cyclist</td>
<td>• wearing a helmet that is too big</td>
</tr>
<tr>
<td>• riding down the wrong side of the road</td>
<td>Driver</td>
</tr>
<tr>
<td>Driver</td>
<td>• weaving in and out of traffic</td>
</tr>
<tr>
<td>• speeding</td>
<td>• speeding</td>
</tr>
<tr>
<td>• having too many people in the car</td>
<td>Passenger</td>
</tr>
<tr>
<td>Passenger</td>
<td>• not wearing a seat belt</td>
</tr>
<tr>
<td>• not wearing a seat belt</td>
<td>• distracting the driver</td>
</tr>
<tr>
<td>• distracting the driver</td>
<td>Pedestrian</td>
</tr>
<tr>
<td>• walking and being intoxicated</td>
<td>• crossing at a designated crosswalk before a car has stopped</td>
</tr>
<tr>
<td>• crossing in between queued cars</td>
<td>Cyclist</td>
</tr>
<tr>
<td>• riding down the wrong side of the road</td>
<td>Driver</td>
</tr>
<tr>
<td>Driver</td>
<td>• weaving in and out of traffic</td>
</tr>
<tr>
<td>• speeding</td>
<td>• speeding</td>
</tr>
<tr>
<td>• having too many people in the car</td>
<td>Passenger</td>
</tr>
<tr>
<td>Passenger</td>
<td>• not wearing a seat belt</td>
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<tr>
<td>• not wearing a seat belt</td>
<td>• distracting the driver</td>
</tr>
<tr>
<td>• distracting the driver</td>
<td>Pedestrian</td>
</tr>
<tr>
<td>• walking and being intoxicated</td>
<td>• crossing at a designated crosswalk before a car has stopped</td>
</tr>
<tr>
<td>• crossing in between queued cars</td>
<td>Cyclist</td>
</tr>
<tr>
<td>• riding down the wrong side of the road</td>
<td></td>
</tr>
</tbody>
</table>

Ask each pair to decide which five of the intentional risk taking behaviours on their T chart would pose the highest risk and write these as a list.

Streamline (see p301) the lists, by having each group pair with another to make a group of four. Each pair then shares their list and chooses the ‘top five’ from these.

Repeat the procedure once more by forming groups of eight.

The ‘top five’ list from each group is then written on the board to compile a class list. If a similar risk taking behaviour is already on the list it should not be repeated.

Promote debate and discussion and have students justify their choice and reasons why they would rank particular road user behaviours higher than others or why they think some are lower risk behaviours. Encourage students to use statistics when justifying their choice.

Have students come to an agreement about which are the ‘top five’ risk behaviours for young road users. Discuss each of these behaviours and decide strategies that could reduce the risk for the road user.

Discuss

• Could you identify more intentional or unintentional risks for young road users? Why?
• Are there any acceptable risks in the traffic environment?
• Do young road users know the risks they are facing when using the roads? Why or why not? (Sometimes young people underestimate their exposure to risks on the roads.)
• Do young people including P-plate drivers put themselves in riskier situations than older road users? Why or why not?
• What ‘costs’ both short term and long term arise from taking risks when using the roads? (Physical injuries, guilt, loss of independence or employment, rejection from peers or community.)
• Knowing that young people are over represented in road crash statistics and tend to take risks, what might help to reduce their crash involvement? (Practising more as a learner driver; implementing strategies to avoid taking risks on the road such as planning in advance; knowing and using the road rules; taking fewer passengers and only on a conditional basis; not using alcohol and other drugs; recognising when physical conditions such as tiredness and illness may impact on decisions.)

Identifying strategies to reduce the level of risk

Divide the class into groups and give each a continuum labelled ‘lower risk’ to ‘higher risk’ on a piece of A3 paper and a set of cards from Resource Sheet 5: Risk ranking for one road user category (i.e. pedestrian, future driver, passenger or wheels).

Students place the cards face down on the desk before turning over one at time to discuss the road user’s level of risk. A group consensus on the ranking of the card should be reached before attaching it on the risk continuum.

When finished, the groups who have ranked the same road user category meet to compare their rankings and justify their decisions.

Repeat the procedure once more by forming groups of eight.

The ‘top five’ list from each group is then written on the board to compile a class list. If a similar risk taking behaviour is already on the list it should not be repeated.

Ask each group to choose three or four cards that were ranked the highest and predict what might happen. Then identify strategies that could reduce the risk for the road user. For example:

Wheels card
Cyclist riding at night without bright clothing or lights on the bike.

Predict problem
Other road users can’t see the cyclist. Pedestrian might walk out in front of the bike or a driver might hit the cyclist.
Reduce risk  Attach reflective strips to jacket and shoes, install lights and reflector, or don’t ride at night time.

Activity adapted from NSW Roads and Traffic Authority, 2004, Road Risks – Your Choice.

Discuss

- Which of the strategies identified by your group could you use? Why?
- Would the strategies always be effective? Why or why not? (Perhaps if alcohol or another drug was included into the scenario it would increase the risk and require a different strategy.
- How comfortable do you feel telling your family or friends that you don’t feel safe?

Identifying attitudes

Set up a continuum in the class using the ‘lower’ and ‘higher’ risk cards. Ask each student to choose one of the ‘high’ risk scenarios from the previous activity and place themselves along the continuum.

Students discuss their road user scenarios with other students standing nearby to decide if they should move up or down the continuum.

Invite students at various places along the continuum to share their road user situations and justify their placement according to the perceived risk. Other students can challenge the placement in relation to their road user situation however it is up to the student to decide whether to move or not.

Discuss

- Does everyone have the same perception of risk? Why or why not?
- What factors could make situations more or less dangerous to a road user? (Gender, environmental conditions, road user attitudes, peer influence, skill level or experience.)
- Which of these road user situations were intentional? Why?

Factors that increase the level of risk

Give each student a card from Resource Sheet 6: Wild card. Ask students to decide if the wild card has increased or decreased the risk for their road user scenario and move along the continuum.

Listen to two or three of the scenarios and wild cards from various points along the continuum and predict the possible harms for each one. As a group decide what the road user could do to reduce their level of risk.

Discuss how factors such as alcohol or other drugs, distractions, fatigue, moods and emotions can increase the level of risk and effect decision-making.

Reflection

Use a think-ink-pair-share (see p325) to have students reflect on these activities. The following prompts may be helpful.

- Do all young people make unsafe decisions in and around traffic? Why or why not?
- How confident are you to make decisions about your safety?
- How can you reduce your level of risk as a road user?
- Predict one situation that may increase your level of risk as a road user.

Activity 4: Identifying strategies to reduce risks for young road users

RESOURCES:

➤ Photocopy Resource Sheet 7: Hypothetical situations – one per student.
➤ Name tags for ‘experts’ number depends on experts on the panel.

HOW:

A hypothetical (see p314) enables students to debate a topic from different points of view after researching statistics and other reliable sources of information. Two road safety issues are described on Resource Sheet 7: Hypothetical situations, however, students or teachers can devise their own. Explain to students that in the hypothetical, ‘experts’ will present information about a road safety issue and propose strategies to reduce the harm for young people.

Select one hypothetical from the resource sheet and allocate the expert roles to students using the list provided. Other experts can be included however there needs to be a broad range of views presented.

Students without an expert role become ‘community members’. Their role is to consider the information and strategies presented and decide which of these would be most effective. Community members must also research the hypothetical so they can challenge or contribute to the panelist’s opinions. Refer students to a list of websites (see p410-411) such as Office of Road Safety and Department for Planning and Infrastructure.

Set up a panel area and give each expert a label or name tag so community members can direct their comments to each one using their correct names. It
Focus Area 4: Road user risks and harm reduction strategies

may also help to have an adjudicator to keep the debate on track.

Once the debate has been completed the community members should consider all the information and strategies proposed. They may need to discuss these further within their group before voting.

Reflection

Debrief the activity by asking students to write their thoughts to the following reflective questions (see p327) then share their responses with a partner.

- Which information presented was helpful in making your final decision? Why?
- Do you feel it is important for you to seek information before making decisions that may affect your health and safety? If so, who can give you information that is reliable?
- How will you use the information presented in the debate?
- How have your attitudes towards road safety changed?

Hypothetical variation

Another way to run the hypothetical is to use the circle talk strategy (see p298). Choose one of the situations on the resource sheet. Place students in two concentric circles facing each other.

The outside circle takes the affirmative and the inside circle takes the negative. Give students enough time to prepare their argument before starting the debate.

Nominate the inside circle to start the debate. Students have one minute each to present their case to their partner. Move the outside circle two spaces to the left then partners start the debate again.

Repeat this procedure several times so students have the opportunity to hear a range of information before casting their vote.

Activity 5: What are road risks?

**RESOURCES:**

- Photocopy Resource Sheet 8: Rank the risk – one set enlarged to A3 size.
- Red, yellow and green sticky dots – two of each colour per student.
- A4 paper – one sheet per group.
- 1 – 4 number cards – one set.

**HOW:**

**Brainstorm** (see p298) definitions of ‘risk’, contexts in which it used (e.g. risk taking, being at risk, high risk, calculated risk) and what is meant by ‘risk factors’ in the traffic environment (e.g. walking alone at night, skateboarding on a road, driving under the influence of alcohol or other drugs, double dinking on a bike, riding a motorbike on off-road tracks, speeding).

Place an A3 copy of Resource Sheet 8: Rank the risk where the scenarios can be seen by all of the class.

Give each student a six sticky dots (two red, two yellow and two green). Explain that students are to assess the level of risk presented in each statement and rate them using the sticky dots. Red represents ‘higher risk’, yellow represents ‘medium risk’ and green represents ‘lower risk’.

If students feel a situation is extremely risky they may choose to place their two red dots there.

When all dots have been placed, ask students to analyse the dot voting and make quantitative statements to describe their interpretations.

Talk about perceptions of risk and why it might differ between individuals (i.e. road use experiences, knowing the crash statistics, and age or gender, may all influence a person’s perception).

**Identifying strategies to reduce harm**

In groups, students select a low, medium and high risk road user situation from the resource sheet and write these in a table as shown.

Ask students to identify factors that could increase the risk and strategies that could decrease the risk for the road user and write these on the table. An example is provided.

**Road user activity** | Factors that could increase the risk | Strategies that could decrease the risk
---|---|---
Low jogger on shared path | - wearing headphones | - not wearing headphones
| - late at night | - keeping to the left
| - jogging in middle of path | - wearing reflective shoes or clothes

Medium P-plate driver with two passengers | - too many passengers | - driver only travelling with one passenger
| - loud music being played | - everyone wearing restraints
| - passengers daring driver | - vehicle in good condition
| - driver has been drinking | - no driver distractions
| - driver experience | - taking breaks every two hours
| - being in a hurry | - passenger helps to navigate
| - running late for work | - not using mobile phone
| - night time | - getting a lift home
| - text messaging on a mobile |
Unit 4.2 Predicting road user risks and practising strategies to reduce harm

Students then consider the information and points raised and move to another corner if they have changed their mind. Invite the students who change corners to explain their reason for moving.

Repeat the procedure using the following statements.

The level of risk is higher for:
1. a pedestrian crossing in between cars who are queued in a line at traffic lights
2. a 5 year old child allowed to walk home after school
3. a 14 year old male riding a skateboard along the side of the road
4. a 16 year old passenger sitting in the front seat of a car.

Discussion

- In the road user situations your group discussed, who was responsible for reducing the level of risk? (E.g. Was it always the road user described in the situation or did others also have a responsibility to ensure their own safety and the safety of others?)
- Would you use some of these strategies if faced with the same situation? Why or why not?
- Which of these risk reduction strategies would be easy to use?

Identifying attitudes

To enable students to clarify their perceptions of risk and safety, conduct an Oxford style debate (see p309). Place a number card in each corner of the room.

Read aloud the following statements then ask students to choose the corner that best represents their point of view.

1. Being a passenger in a car with a 19 year old driver isn’t a high risk activity.
2. Being a learner driver with a supervisor isn’t a high risk activity.
3. Being a bike courier on a city street isn’t a high risk activity.
4. Being a pedestrian walking alone on a road at night isn’t a high risk activity.

Ask each corner to discuss their statement and identify two main points for the debate. These should include strategies that the road user could put in place to reduce the risk of the activity. For example, being a passenger in a car with a 19 year old driver wouldn’t be a high risk activity if the driver follows the road rules (e.g. hasn’t been drinking or taking other drugs, isn’t speeding), everyone is wearing a seat belt and the passenger doesn’t distract the driver (e.g. talks quietly, doesn’t play loud music).

Start the debate by asking the speaker for ‘corner one’ to support their statement. Other groups can then agree or disagree with the speaker. Continue until all groups have listened to all sides of the debate.

Reflection

Students can use the 90 degree thinking strategy (see p304) to write down information they have gained from the activity and how it may impact on their future behaviour as a road user. For example: ‘I know that as a passenger I am at high risk in the traffic environment, so I will make sure I always wear a seat belt.’

Activity 6: Predicting risks and identifying strategies to reduce harm

Resources:
- Photocopy on red paper and cut out Resource Sheet 9: Road user cards – one set per group.
- Photocopy on blue paper and cut out Resource Sheet 10: Location cards – one set per group.
- Photocopy on green paper and cut out Resource Sheet 11: Environment cards – one set per group.
- Photocopy and cut out cards on Resource Sheet 6: Wild cards – one set.
- Card labelled ‘higher risk’.
- Card labelled ‘lower risk’.

How:

This activity focuses on different traffic situations and gives students opportunity to analyse and choose appropriate strategies to reduce the road user’s level of risk.

Place students in groups of five. Give each group a set of cards from Resource Sheet 9: Road user cards, Resource Sheet 10: Location cards and Resource Sheet 11: Environment cards.

Explain the fortune teller strategy (see p313) then ask groups to choose two students to be ‘predictors’, two the ‘advisors’ and one as the ‘decider’. The students’ roles are:
Unit 4.2 Predicting road user risks and practising strategies to reduce harm

- **predictor** - assess the risk and predict what is likely to happen
- **advisor** - suggest strategies that may reduce the risk and minimise the road user’s harm
- **decider** - choose the strategy that would be most effective in this situation.

To start, the ‘decider’ shuffles each set of cards and places these in three piles (i.e. road user, location and environment). The decider then takes the top card off each pile to create a ‘three card scenario’.

Each role as previously described, must contribute to the discussion before the scenario is placed to one side and the next three cards are turned over by the decider.

Groups should swap roles after completing two or three scenarios.

**Discuss**

- What strategies did you decide were most useful for avoiding or reducing the level of harm?
- Would you use these strategies if faced with the same situation? Why or why not?
- Sometimes peers may contribute to your level of risk in traffic. What strategies can you use to handle these situations?
- What would make you feel more confident to deal with these situations? (Suggest to students that having a repertoire of responses to use in tricky situations and practising these responses is a good idea.)

**Assessing level of risk**

Set up a continuum on the floor using the ‘higher risk’ and ‘lower risk’ cards.

Suggest to students that some of the ‘three card scenarios’ discussed in the fortune teller activity may pose higher risk to road users than others. Ask groups to review their scenarios and decide the level of risk for each before placing the cards on the continuum. Groups at this stage should not compare their rankings.

Each group then takes turns to describe their scenarios and explain why some factors contributed to the card being placed at the low or high end of the continuum. Other students then decide if they agree or disagree with the risk assessment. Those who disagree should justify their opinion.

**Discuss**

- Why do we have differing opinions about level of risk? (Influenced by experiences, family, gender, age, location, culture, religion...)
- When might your ability to assess risk be affected? (After drinking or taking other drugs, if you’re physically ill or tired, if peers are pressuring you, or depending on your emotions.)

**Factors increasing risk**

Place a card from Resource Sheet 6: Wild cards on one of the low to medium risk scenarios. Read out the four cards and have students discuss if the ‘wild card’ has altered the level of risk for the road user and if so where the cards should now be placed on the continuum.

Discuss what strategies could be used to reduce this risk (e.g. ask a friend to call their parents for a lift home; sleep over at a friend’s house and don’t drive; give your car keys to a sober friend).

Repeat this process with several of the scenarios to highlight to students that alcohol and other drugs can contribute to the level of risk and affect a person’s ability to make safer decisions in traffic. Highlight that there is a need for students to practise a range of strategies and prepared responses to keep them safer in traffic-related situations.

**Discuss**

- What skills or strategies do you have to help you deal with situations similar to these?
- Have you talked to your parents about getting home if you have been drinking or using other drugs? If yes, what have you agreed to do? What have your parents agreed to do in this situation?

**Activity 7: Identifying attitudes and behaviour intentions**

**RESOURCES:**
- Photocopy Resource Sheet 13: In the news – one per student.
- Photocopy Resource Sheet 14: Haddon’s matrix – one per student.
- Highlighters – 3 different colours per student (optional).

**HOW:**

Students will need to have completed Activity 1: Crash theory (see Focus area 3, Unit 3.2 p142) before participating in this activity.

Haddon’s matrix was designed as a framework to examine the three phases of a crash - the pre-crash phase, crash phase and post-crash phase. When looking at these phases, students will need to be aware...
of the three main contributing factors – human, vehicle and environmental. Explain to students that in 90% of crashes, the driver is the major contributor.

- **Human factors** – the behaviour and characteristics of any people involved (e.g. failing to give way, speeding, crossing after the red light has stopped flashing).
- **Vehicle factors** – features of any vehicle involved (e.g. condition, safety equipment, type, size).
- **Environmental factors** – features of the road and surrounding area (e.g. type of road, weather, time of day, road furniture such as bus stops, light poles).

Give each student a copy of Resource Sheet 13: In the news and Resource Sheet 14: Haddon's matrix.

Ask students to read one of the newspaper articles and describe the contributing crash factors for each phase on the Haddon's matrix sheet. It may help students if they highlight the crash factors using different colours before transferring this information onto the resource sheet.

Students who have selected the same newspaper article form groups and discuss the factors they have written on their resource sheet.

Explain a 90º thinking chart (see p304) then ask groups to identify strategies that may have avoided or reduced the injuries for the road user.

**Discuss**

- What was the greatest contributing factor in each crash – human, environmental or vehicle?
- Did the driver’s actions or characteristics contribute greatest to the crash? Why or why not?
- How could the driver’s actions have been avoided?
- What can a driver do to reduce the number of errors made while driving?
- What can a driver do to ensure the driving conditions and car does not contribute to a road crash?
- What can governments do to create a safer road environment?

**Reflection**

Read the following statement for students to consider. Ask students to indicate their opinion by using a fist of five (see p310) with five fingers being ‘strongly agree’ down to closed fist representing ‘strongly disagree’. Give students the opportunity to share and justify their opinion.

- Road safety campaigns should focus on strategies to avoid crashes not what might happen to drivers if they do the wrong thing.

**Activity 8: Factors influencing road user intentions**

**RESOURCES:**

Photocopy Resource Sheet: My attitude my actions (see p 311) – one per student.

Photocopy Resource Sheet 14: Road safety issues – one per student.

**HOW:**

Explain to students that although individuals may have a firm belief or attitude towards a particular road safety issue, their behaviour may not always reflect this when a road situation arises. For example, a person may believe that speeding causes crashes and has decided to never go over the speed limit. However, if faced with a medical emergency the person may choose to speed in order to get themselves to a hospital or doctor. So their intention to behave has been influenced by the situation.

Give students a copy of Resource Sheet: My attitude my actions (see p311). This model will allow students to analyse their attitudes in relation to the road safety issues of speeding, alcohol and restraints.

Students select one of these issues and complete the ‘attitudes’ and ‘intention to behave’ columns on the resource sheet. It may help to give students an example.

Give students a copy of Resource Sheet 14: Road safety issues. Ask students to read the three situations related to the issue they chose then decide what they would do in each (i.e. what might their action be and what strategies would they use). These ideas should be written on the resource sheet in the ‘behaviour’ column.

In groups, students talk about how the ‘situation’ may have changed their intention to behave and if so what strategies they identified to reduce the risk.

Ask the groups to decide which ones they would use if faced with a similar situation. For example: speeding situation 1 - students may decide to stop and ring work to say they are running late or drive within the speed limit and explain when they get there, hoping the boss doesn’t dock their pay.
# Time to think

1. If I’m in the back seat it’s okay not to wear a seat belt.  
2. I tell others when I’m worried about my safety.  
3. People who drink and drive are criminals.  
4. Parents are responsible for the safety of their children.  
5. Speeding is okay on open roads in the country.  
6. You should be able to make your own mind up about wearing a helmet.  
7. Wearing a seat belt can reduce injuries in a road crash.  
8. I am always careful when I cross the road and use pedestrian crossings.  
9. Walking on the footpath is safer than walking along the side of the road.  
10. I make my own decisions in traffic (e.g. I wait and cross with the green signal not race across on the red).  
11. It’s safe to get in a vehicle with a driver who has had two or three beers.  
12. Young people are better at driving than older drivers.  
13. All people using the roads have a responsibility to ensure the safety of themselves and others.  
14. Waiting until the railway warning signals have stopped before crossing the tracks is safer.  
15. Overcrowding a vehicle won’t cause a crash.  
16. Being a passenger in a car is a high risk situation for a person my age.  
17. Only some young people take risks in the traffic environment.  
18. The community blames all young people for causing road crashes.  
19. I am looking forward to learning to drive.  
20. Cyclist behaviour is the cause of many crashes.  
21. I consider myself to be a socially responsible person.  
22. Penalties for drivers who injure or kill other road users are not severe enough to deter them from offending again.  
23. The system for getting a driver’s licence should be more stringent.  
24. I act responsibly in the traffic environment.  
25. Speeding at 5km/h over the posted limit is unacceptable.  
26. Skateboarders and scooter riders shouldn’t have to wear helmets but should have to wear protective gear.  
27. Most young people want to stay safe.
<table>
<thead>
<tr>
<th>What if?</th>
<th>What if?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What if...</strong> you are a P-plate driver and your friends want you to do</td>
<td><strong>What if...</strong> you need a lift home but you think the driver has been</td>
</tr>
<tr>
<td>burnouts in the local shopping centre just because they are drunk or</td>
<td>drinking?</td>
</tr>
<tr>
<td>stoned and don’t seem to care what you want?</td>
<td></td>
</tr>
<tr>
<td><strong>What if...</strong> you are in a car with five other people, there’s only</td>
<td><strong>What if...</strong> your friends are doing skateboard tricks on the road and</td>
</tr>
<tr>
<td>enough seat belts for five, it’s late and no one has money for a taxi?</td>
<td>everyone is urging you to have a go too?</td>
</tr>
<tr>
<td><strong>What if...</strong> you’re a getting a lift home with a mate and stopped at</td>
<td><strong>What if...</strong> you’re in the car with someone you know well, they are</td>
</tr>
<tr>
<td>the traffic lights when someone you know pulls up alongside and dares</td>
<td>driving dangerously and you’re worried about them having a crash?</td>
</tr>
<tr>
<td>your mate to have a drag?</td>
<td></td>
</tr>
<tr>
<td><strong>What if...</strong> you’re walking home late at night with a friend who has</td>
<td><strong>What if...</strong> you are a passenger in a car and everyone else is urging</td>
</tr>
<tr>
<td>been drinking and your friend keeps playing ‘chicken’ with the traffic?</td>
<td>the driver to go fast?</td>
</tr>
<tr>
<td><strong>What if...</strong> your mate asks you to give them a dink on your bike?</td>
<td><strong>What if...</strong> your friend dares you to run across the tracks in front</td>
</tr>
<tr>
<td></td>
<td>of an oncoming train?</td>
</tr>
</tbody>
</table>
Get the picture

1. How do you think most young people are injured or killed on WA roads (e.g. not wearing a seat belt as a passenger; riding their bicycle or crossing roads)? Write these in order in the first column.

2. Check the crash statistics for your age group at [www.officeofroadsafety.wa.gov.au](http://www.officeofroadsafety.wa.gov.au). Write these in order in the second column. Compare these with your list.

3. Using the statistics, check the number of injuries and fatalities, differences between male and female statistics, and compare these with the other age groups (i.e. 0-12 yrs and 17-24yrs).

<table>
<thead>
<tr>
<th>Type of road crash involvement (e.g. speeding, alcohol, not wearing a restraint or cyclist)</th>
<th>Number (or percentage) of injuries and fatalities</th>
<th>Male and female statistics</th>
<th>Comparison to other age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 1</td>
<td>Column 2</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td>3</td>
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<tr>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- In comparison to other age groups, I am more at risk ____________________________.
- As a male/female I am more at risk ________________________________________________________________________.
- I can stay safer as a passenger by ________________________________________________________________________.
- I can stay safer as a pedestrian by ________________________________________________________________________.
- I can stay safer as a cyclist by _________________________________________________________________________.
Do you pick up crocodiles?

Many years ago a young man was wandering through the bush near where his family lived when he heard a crackly voice calling him.

He looked down and saw a crocodile who spoke to him and asked, ‘Would you please pick me up and carry me back to the ocean? I am lost and I need to go back to the water so that I may live.’

The young man replied, ‘I know what you are. If I pick you up you will bite me and maybe eat me.’

The crocodile assured the young man that if he helped him he would not harm him.

So the young man picked up the crocodile and carried it several kilometres back to the ocean.

He carefully lowered the crocodile into the ocean. Suddenly it leapt back out and snapped its jaws into the man.

Surprised, the dying man said to the crocodile, ‘You promised you wouldn’t harm me.’

The crocodile replied, ‘You knew what I was when you picked me up.’

Adapted from Would you pick up a snake? VicRoads, Choices: Alcohol and Road Safety.
### Risk ranking

<table>
<thead>
<tr>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
</tr>
<tr>
<td>Riding a bike on a busy road that has cars parked along both sides.</td>
<td>Holding onto a moving bus while riding a skateboard.</td>
<td>Wearing a helmet that has not been Australian Standards Approved.</td>
<td>A cyclist who doesn’t know the road rules riding on a city street.</td>
</tr>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
</tr>
<tr>
<td>A cyclist riding a bike not fitted with lights late at night.</td>
<td>Giving a person a ‘double dink’ on a bike.</td>
<td>Riding a scooter and wearing headphones to listen to music.</td>
<td>Overtaking a parked car on a bike.</td>
</tr>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
</tr>
<tr>
<td>Riding in wet weather and not wearing light coloured clothing</td>
<td>Doing a trick at the local ramp after just purchasing your first skateboard.</td>
<td>Riding a friend’s four-wheeler for the first time on their farm.</td>
<td>A cyclist in a line of traffic intending to turn right at an intersection.</td>
</tr>
<tr>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
</tr>
<tr>
<td>Travelling in an overcrowded car.</td>
<td>Travelling in the back of a ute on a gravel road.</td>
<td>Travelling in a car driven by a family member who has only had their P plates for eight months.</td>
<td>In a car with a driver who is travelling 10km/h over the posted speed limit.</td>
</tr>
<tr>
<td>Risk ranking</td>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Passenger</td>
<td>Sharing a seat belt with a mate because yours is broken.</td>
<td>Getting a lift home with a friend on their motorbike.</td>
<td>In a car with a parent who has consumed three beers in the last two hours.</td>
</tr>
<tr>
<td>Passenger</td>
<td>A crying young child sitting in the back seat of the car, distracting the driver.</td>
<td>Travelling in a car with a driver who has just broken up with his girlfriend.</td>
<td>Sitting in the front seat not wearing a seat belt.</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>Walking through the city listening to music with headphones on.</td>
<td>Starting to cross the road when the ‘don’t walk’ sign is flashing.</td>
<td>Running along the edge of the road in the same direction as the traffic flow.</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>Walking alone at night along a road without street lighting.</td>
<td>Crossing the road behind the bus.</td>
<td>Wearing dark coloured clothing at night.</td>
</tr>
<tr>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
</tr>
<tr>
<td>Crossing a wide busy street with cars parked on both sides.</td>
<td>A pedestrian who believes they have the right of way and traffic has to stop.</td>
<td>Walking with a group of three or four friends.</td>
<td>Crossing at traffic signals that don’t have pedestrian phasing.</td>
</tr>
<tr>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
</tr>
<tr>
<td>A young driver with the attitude that they can handle any situation.</td>
<td>A learner driver who has stalled at traffic signals.</td>
<td>Driving after having one alcoholic drink.</td>
<td>Trying to change a CD while driving in busy traffic.</td>
</tr>
<tr>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
</tr>
<tr>
<td>Driving at least three car lengths away from the car in front of you.</td>
<td>A P-plate driver who has never experienced driving in the rain.</td>
<td>Driving with a car load of noisy and intoxicated passengers.</td>
<td>Trying to find an address in a suburb or country town you’ve never been to before.</td>
</tr>
<tr>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
</tr>
<tr>
<td>Driving home on Sunday morning after doing the night shift at a local service station.</td>
<td>A P-plate driver who has not experienced country driving at night.</td>
<td>Not being sure of the road rules that apply to driving through a set of traffic lights that aren’t working.</td>
<td>Driving using a mobile phone ‘hands free’ set.</td>
</tr>
</tbody>
</table>
### Wild cards

<table>
<thead>
<tr>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
</tr>
</thead>
<tbody>
<tr>
<td>smoked a joint</td>
<td>3 full strength beers</td>
<td>1 glass of wine</td>
<td>1 ecstasy tablet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 mid strength beers</td>
<td>1 bottle of wine</td>
<td>3 doses of cough mixture</td>
<td>2 pain relievers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 vodkas and mixer</td>
<td>1 amphetamine</td>
<td>2 cocktails</td>
<td>3 glasses of champagne</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 beers and a shot glass of vodka</td>
<td>cough suppressant and a couple of beers</td>
<td>hayfever tablets and a glass of wine</td>
<td>4 shots of Tequila</td>
</tr>
</tbody>
</table>
### Wild cards

<table>
<thead>
<tr>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
</tr>
</thead>
<tbody>
<tr>
<td>only had 3 hours sleep</td>
<td>feeling upset</td>
<td>thinking about a problem</td>
<td>just been sacked from part-time job</td>
</tr>
<tr>
<td>feeling sick</td>
<td>hasn’t slept for 18 hours</td>
<td>extremely excited and energetic</td>
<td>just heard some bad news about a family member</td>
</tr>
<tr>
<td>feeling angry</td>
<td>running late</td>
<td>had an argument with a friend</td>
<td>feeling worried</td>
</tr>
<tr>
<td>just broken up with girlfriend/boyfriend</td>
<td>worried about being late</td>
<td>has a headache</td>
<td>seeking thrills</td>
</tr>
</tbody>
</table>
Hypothetical situations

As young people aged 17 to 24 are over represented in crash statistics the government are increasing the legal driving age to 25 years.

Road safety agencies and experts believe this will dramatically reduce not only the number of young people killed or injured as a result of road crashes but will reduce the number of overall crashes.

Environmentalists are supporting the move as fewer cars on the roads will contribute to lowering carbon emissions especially in the city.

Expert panel

- Road Safety Council member
- Main Roads
- Minister for Police and Emergency Services
- Environmental scientist
- Doctor
- Young male driver
- Employment officer
- Car yard owner
- Police officer
- Parent
- Driving school instructor

Since the introduction of compulsory helmet wearing in 1992, there has been a steady decrease in the number of cyclists on our roads, especially for 12 to 18 year olds.

Health authorities are campaigning to have the law dropped stating that obesity in young people is increasing and that traffic-related deaths and injuries of cyclists only occur because drivers show a lack of awareness and courtesy towards these road users.

Expert panel

- Road Safety Council member
- Minister for Police and Emergency Services
- Police officer
- P&C president
- Department of Health rep
- Emergency department doctor
- Health and Physical Education teacher
- Yr 10 student
- Cycle shop owner
- Cycling club rep
- Department for Sport and Recreation rep
<table>
<thead>
<tr>
<th>Rank the risk</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>driver aged 35-55yrs who has had one alcoholic drink</td>
<td>small child sitting in front seat of a car wearing a seat belt</td>
<td>back seat passenger not wearing a seat belt</td>
</tr>
<tr>
<td>P-plate driver with two passengers</td>
<td>pedestrian crossing with the traffic lights</td>
<td>scooter rider standing between parked cars ready to cross the road</td>
</tr>
<tr>
<td>jaywalker at traffic signals</td>
<td>rollerblading along the side of busy road</td>
<td>bus passenger with hand out the window</td>
</tr>
<tr>
<td>intoxicated pedestrian crossing railway lines at night</td>
<td>riding a scooter on the footpath and wearing headphones</td>
<td>riding a four wheeler off-road</td>
</tr>
<tr>
<td>motorcyclist in wet weather</td>
<td>skateboarder doing tricks in busy shopping centre car park</td>
<td>jogger on shared path</td>
</tr>
<tr>
<td>cyclist on local road</td>
<td>learner driver in busy traffic</td>
<td>pillion passenger who has never been on a motorbike before</td>
</tr>
<tr>
<td>crossing the road behind a bus</td>
<td>passenger travelling with a P-plate driver</td>
<td>cyclist not wearing a helmet</td>
</tr>
<tr>
<td>young driver travelling for 5 hours without a break</td>
<td>pedestrian walking at night on a country road</td>
<td>motorcyclist riding on freeway with sun in eyes</td>
</tr>
<tr>
<td>Road user cards</td>
<td>Resource Sheet</td>
<td>OCS027</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Skateboard rider listening to music on MP3 player.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A group of students playing with a basket ball at the bus stop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 year old who has just got their P plates and is very excited.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P plate driver from the country who feels very confident.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclist who has only just got their new bike and is riding home for the first time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 year old who has just left a party after breaking up with their partner and is feeling very angry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 year old who has worked all night at the local service station and is walking home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenager wearing dark clothing and riding his bike home after footy training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 year old who has just gone onto a full driver’s licence and is feeling extremely confident.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenager cycling to school because he slept in.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenager walking home at night after being at party.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two young cyclists practising for an upcoming race.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Location cards

<table>
<thead>
<tr>
<th>Busy city street</th>
<th>Long line of traffic due to road works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main business area which has pedestrian traffic at all hours of the day</td>
<td>Winding, narrow coastal road</td>
</tr>
<tr>
<td>Local road near home with roundabouts at busy intersections</td>
<td>Railway line with no crossing signals</td>
</tr>
<tr>
<td>New road with no line markings</td>
<td>Busy intersection</td>
</tr>
<tr>
<td>Gravel road</td>
<td>Traffic parked down both sides of the road</td>
</tr>
<tr>
<td>City street which has a high volume of traffic at all hours of the day</td>
<td>Local road</td>
</tr>
<tr>
<td>Strong winds and raining heavily</td>
<td>Wet and slippery conditions</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Foggy weather and difficult to see ahead</td>
<td>Thunder, lightening and starting to hail</td>
</tr>
<tr>
<td>No street lighting</td>
<td>Glare directly into eyes</td>
</tr>
<tr>
<td>Friends are encouraging you to take a risky behaviour</td>
<td>Road changes from sealed to gravel</td>
</tr>
<tr>
<td>Bushes and trees close to edge of road</td>
<td>Friends are behaving unsafely</td>
</tr>
<tr>
<td>Road works</td>
<td>Raining</td>
</tr>
</tbody>
</table>
**Speed and alcohol cocktail after ball**

A parent’s worst nightmare became a reality when their 16-year-old daughter was killed in a car crash early Sunday morning.

‘Mia and David had been at the Year 12 ball. I knew they were going to the ‘afers’ but she told me they were going to catch a taxi home,’ said a distraught Mrs Rydges.

Mia was in a V8 Commodore when it hit a light pole on West Coast Highway around 2am on Saturday. She was thrown from the vehicle and was killed immediately.

Police suspect that speed and alcohol were the cause of the crash.

Witnesses told police the vehicle was travelling at over 100km/h along the highway and had missed hitting an oncoming vehicle. ‘The driver swerved to miss the car and lost control,’ said a 70-year-old local resident who was first at the scene. ‘I couldn’t do anything to help the young girl. She was already dead. The young bloke was in a bad way.’

The 18-year-old driver, who had only just completed his first six months on P-plates, received serious injuries and is in Royal Perth Hospital.

Police and emergency services attending the crash scene were visibly distressed.

Sgt Morrison who attended the crash, said Mia’s death was tragic. ‘As with most young kids, her day probably started off full of fun with not a care in the world.

Unfortunately young drivers underestimate their driving ability. Mix alcohol with that and you have a ‘lethal cocktail’.

Road safety experts have considered vehicle power restrictions for new drivers however the Police Commissioner said, ‘No matter what shape or size the cars are, it ultimately comes down to drivers, their experience and the choices they make.’

Struggling to find the words to describe the tragic waste of their daughter’s life, Mrs Rydges said that Mia’s death should send a clear message that more needs to be done to save young lives on WA roads.

The male driver is still in intensive care.

**Girl dead after hit by 4WD**

A 5-year-old girl was run over by a 4WD on Charles Street yesterday as she walked home from school. The girl was taken to Princess Margaret Hospital but died later that night.

The young girl was using the children’s crossing near the local school, when a red Mazda hit her. The traffic warden had both flags out and had indicated to the girl that it was safe to cross.

‘The car just came out of no where. The driver tried to stop but the road was wet and she was doing more than 40km/h,’ Bill Yates the local traffic warden said. ‘It happens all the time. Drivers just don’t slow down and take the time to look.’

The school principal said he has already asked road authorities to allocate two traffic wardens to the crossing and increase the signage as there have been near misses before. ‘Drivers forget that even though it’s a main road they still have to slow down to 40km/h during school hours.’

Witnesses said there were lots of cars parked along the side of the road and the Mazda seemed to change lanes to avoid these and was travelling at a high speed.

Police indicated factors such as speed and heavy rain contributed to the crash.

The driver of the Mazda was unhurt and will face charges of reckless driving and manslaughter.

The girl’s parents demanded authorities to increase penalties for drivers who act irresponsibly on our roads.

‘We don’t want any other family to have to go through this,’ they said.

**Car fireball kills two**

Two teenagers were burnt to death when a car driven by a P-plate driver rolled and burst into flames.

Jason (16) and Michelle(14) were in a Hyundai Getz driven by their 18 year old friend, when the car rolled over on Brand Highway around 7pm on Saturday.

The two teenagers were burnt to death in the wreck which rolled after hitting a tree.

Witnesses reported the Hyundai was travelling at high speed when it suddenly veered off the road, hit a tree and rolled several metres before bursting into flames only seconds later.

The male driver was able to climb out of the wreck but his friends were trapped inside and died at the scene.

One witness reported that the flames were intense and other motorists were not able to get to the trapped teenagers.

Brand Highway was closed for four hours while police and emergency services cleared the wreckage.

The driver was taken to Geraldton Regional Hospital with minor injuries including burns to his hands and face suffered trying to free his trapped mates.

Police said the crash was on a stretch of road with an 80 km/h speed limit. The driver had a BAC of 0.00.

‘It’s difficult to say why this crash happened,’ Sgt Ross Miller said. ‘This stretch of road is windy and a downhill run. It’s hard to estimate how fast the car was travelling.’

Crash investigators will spend time at the scene this week trying to find out what actually happened.

It is still not known where the friends had been or where they were heading when the crash happened.

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The young girl was using the children’s crossing near the local school, when a red Mazda hit her. The traffic warden had both flags out and had indicated to the girl that it was safe to cross.

‘The car just came out of no where. The driver tried to stop but the road was wet and she was doing more than 40km/h,’ Bill Yates the local traffic warden said. ‘It happens all the time. Drivers just don’t slow down and take the time to look.’

The school principal said he has already asked road authorities to allocate two traffic wardens to the crossing and increase the signage as there have been near misses before. ‘Drivers forget that even though it’s a main road they still have to slow down to 40km/h during school hours.’

Witnesses said there were lots of cars parked along the side of the road and the Mazda seemed to change lanes to avoid these and was travelling at a high speed.

Police indicated factors such as speed and heavy rain contributed to the crash.

The driver of the Mazda was unhurt and will face charges of reckless driving and manslaughter.

The girl’s parents demanded authorities to increase penalties for drivers who act irresponsibly on our roads.

‘We don’t want any other family to have to go through this,’ they said.
**Haddon’s matrix**

1. Describe the contributing factors for each phase of a crash.

<table>
<thead>
<tr>
<th>phase</th>
<th>human \nthe behaviour and characteristics of people involved</th>
<th>environment \nfeatures of the road and surrounding area, weather and time of day</th>
<th>vehicle \nfeatures of any vehicle involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>pre-crash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>crash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>post-crash</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Use the 90° degree thinking chart to identify strategies that may have prevented the crash or reduced the level of injury for vehicle occupants.

![90° degree thinking chart](image-url)
Road safety issues

Road safety issue: Speeding

**Situation 1**
You're working on the weekend at a takeaway store about 10 kilometres away. Your boss is really strict about being on time and will dock your pay if you're not there right on the dot. You've left plenty of time to get to work but just after leaving home you get stuck in a line of traffic at road works and have to detour around the area. You're worried about being late.

**Situation 2**
Your sporting team is meeting in town at 10am and taking a bus to the recreation ground in the next town. You're alarm didn't go off and it's 9.50am. You live about 15 minutes out of town.

**Situation 3**
You and your little brother are camping out in the bush. Suddenly you hear your little brother scream. He's fallen off some rocks and has broken his arm. The nearest hospital is 30 minutes away. He's in a lot of pain and keeps yelling at you to drive faster.

Road safety issue: Restraints

**Situation 1**
Your friend is picking you up to go to the movies. When he arrives you notice that there are already five people in the car and there isn't a seat belt available for you to wear. Your friend tells you to squeeze in the back.

**Situation 2**
It's the last day of school and everyone is going to the beach to celebrate the start of the holidays. Your friend offers you a lift but it's in the back of their van.

**Situation 3**
Your uncle has picked you up from school on his way to another appointment. When you get in the car you find that the seat belt isn't working properly. Your uncle starts to pull out of the parking area before you can tell him about it.
Road safety issue: Alcohol

Situation 1
You’ve been at a party, had a few drinks and are feeling tired. You realise you’ve missed the last bus that goes to your suburb. You live about 5 kilometres away and decide to walk but you’re not sure which way to go.

Situation 2
Your parents have gone away for the weekend. You invite a few friends over to have pizza, a few beers and watch a movie. Your friends have organised for someone to pick them up but it’s getting late and their lift hasn’t arrived. One of your friends asks you to take them home.

Situation 3
You’ve had a couple of beers at the local sporting club to celebrate your team’s win. Finally it’s time to go home but you notice that your ‘skipper’ is having difficulty putting the key in the ignition and is slurring his words. Your parents have only allowed you to stay out until midnight and it’s already 11.45pm.
Focus Area 4
Predicting and responding to road use risks and consequences

(For typical Year 8 and 9 students)
Focus Area 4
Road user risks and harm reduction strategies

The activities in this focus area are designed for typical Year 8 and 9 students.

Overview of Focus Area 4

This section provides an overview of the units included in the Road user risks and harm reduction strategies focus area and the content related to young people as future drivers, passengers, pedestrians, cyclists and riders of wheeled recreational devices (e.g. scooters, skateboards and rollerblades). It includes the consequences of a crash, dealing with loss and grief, support networks and agencies, purchasing vehicles and vehicle insurance, and predicting risks in a range of traffic-related situations.

This focus area has two units that allow students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer road user behaviours.

Unit 4.1 Seeking support and advice

This unit focuses on the short and long term effects of a road crash and procedures to follow, including administering first aid at the scene of a road crash. Students will consider alternative modes of transport and the rights and responsibilities of having a driver’s licence. Students will identify strategies to deal with loss and grief and those who can provide support and advice in a range of traffic-related situations.

Unit 4.2 Predicting risks and identifying strategies to reduce harm

This unit focuses on the contributing factors of road crashes such driver behaviour, vehicle condition and environment and other interacting factors such as speed, drink driving, fatigue and not wearing restraints and the issues for young people in the traffic environment. Students will identify and practise relevant self-management (e.g. predict problems and make decisions) and interpersonal skills (e.g. negotiate and assertively communicate) to avoid or reduce harm in a range of traffic-related situations.
# Overview of content: Road user risks and harm reduction strategies

The table below describes the content addressed in this focus area that will contribute to the achievement of the Curriculum Framework Health and Physical Education Learning Outcomes in the context of drug education. The content has been listed under the organisers from the Early Adolescence Phase of the Curriculum Framework Curriculum Guide-Health and Physical Education. The content for Attitudes and Values is incorporated in the outcomes (shown in italics).

<table>
<thead>
<tr>
<th>KNOWLEDGE AND UNDERSTANDINGS</th>
<th>SELF-MANAGEMENT SKILLS</th>
<th>INTERPERSONAL SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit 4.1</strong> Seeking support and advice</td>
<td><strong>Unit 4.2</strong> Predicting risks and identifying strategies to reduce harm</td>
<td><strong>Overview of content: Road user risks and harm reduction strategies</strong></td>
</tr>
<tr>
<td><strong>PROMOTING WELLBEING</strong></td>
<td><strong>SELF UNDERSTANDING</strong></td>
<td><strong>RELATIONSHIP SKILLS</strong></td>
</tr>
<tr>
<td>The meaning and dimensions of health</td>
<td>Managing emotions</td>
<td>Communicating</td>
</tr>
<tr>
<td>• social, cultural, environmental and political factors that influence health and attitudes towards it (e.g. social factors influence people's road user behaviours and their attitudes towards safer road use)</td>
<td>• modifying actions in response to stressful or unsafe situations</td>
<td>• effectively communicate in traffic-related situations where safety is a concern</td>
</tr>
<tr>
<td>Growth and development</td>
<td>• using positive 'self talk'</td>
<td>• expressing an opinion about safer road user behaviours or opinions when asking for help</td>
</tr>
<tr>
<td>• personal behaviours that influence growth and development (e.g. risk-taking behaviours such as travelling in an overcrowded vehicle or with a driver who has been drinking)</td>
<td><strong>DECISION-MAKING</strong></td>
<td>Building and nurturing relationships</td>
</tr>
<tr>
<td>Social-emotional wellbeing</td>
<td>Reviewing the situation</td>
<td>• ways to cope with loss and grief and offer help to friends, family or others</td>
</tr>
<tr>
<td>• setting goals to minimise risk as a road user</td>
<td>• elements to consider when reviewing a situation (e.g. considering all potential helpers when an issue can't be addressed on their own; choosing the most appropriate helper; initiating their role in the decision-making process)</td>
<td>Preventing and managing conflict</td>
</tr>
<tr>
<td>• making decisions in a range of traffic-related situations</td>
<td>• factors to consider in choosing the most appropriate person to help (e.g. the context and what help is needed)</td>
<td>• practising ways to adapt assertiveness in challenging or difficult traffic-related situations (e.g. recognising when to be assertive and when to withdraw such as dealing with a passenger who is intoxicated)</td>
</tr>
<tr>
<td>• assessing risks or hazards</td>
<td>• why some traffic-related situations can be high risk</td>
<td>• practising ways to negotiate (e.g. expressing own attitudes and opinions about safer road user behaviours and road safety issues)</td>
</tr>
<tr>
<td>• discussing concerns and worries as a road user in a range of traffic-related situations</td>
<td><strong>Planning before deciding</strong></td>
<td><strong>WORKING WITH OTHERS</strong></td>
</tr>
<tr>
<td><strong>Ways to keep healthier and safer</strong></td>
<td>• predicting and identifying options in a traffic-related situation</td>
<td>Cooperating and collaborating in groups</td>
</tr>
<tr>
<td>• seeking help or advice (e.g. grief counselling to deal with road trauma)</td>
<td>• considering attitudes of self and others towards particular road user behaviours and issues</td>
<td>• appreciate the need to accept differing attitudes and opinions</td>
</tr>
<tr>
<td>• assessing risks or hazards in traffic-related situations</td>
<td>• appreciate the need for safer road user practices</td>
<td>• follow instructions and respond to questions, ideas and advice of others</td>
</tr>
<tr>
<td>• adhering to product warnings and advice (e.g. bicycle helmets and seat belts)</td>
<td>• consider their rights and responsibilities in the traffic environment</td>
<td><strong>Leading, initiating and facilitating</strong></td>
</tr>
<tr>
<td>• learning simple first aid procedures</td>
<td><strong>Deciding and acting</strong></td>
<td>• explain safer road user behaviours to peers and younger students</td>
</tr>
<tr>
<td>• identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours</td>
<td>• positive and negative consequences in relation to road user situations</td>
<td>• value the need to encourage peers, family and the wider school community to participate in safer road user behaviours</td>
</tr>
<tr>
<td>• rules and laws to promote safer traffic environments (e.g. drink driving laws)</td>
<td>• considering personal and community safety, risks and benefits</td>
<td><strong>Monitoring and evaluating</strong></td>
</tr>
<tr>
<td>• learning simple first aid procedures</td>
<td>• strategies to manage influences of unsafe road use from peer and family (e.g. assertiveness and protective behaviours)</td>
<td>• being responsible for actions and consequences of safety decisions</td>
</tr>
<tr>
<td>• identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours</td>
<td></td>
<td>• identifying the effectiveness of strategies to cope with peer influence</td>
</tr>
<tr>
<td>• rules and laws to promote safer traffic environments (e.g. drink driving laws)</td>
<td></td>
<td>• reflect individually to determine if a goal is progressing</td>
</tr>
<tr>
<td>• accepting of personal responsibility for safety in traffic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• appreciating the need and responsibility to behave safely as a road user</td>
<td></td>
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</tbody>
</table>
Teacher notes

➤ It should be recognised that the majority of young people want to, and do, stay safe in the traffic environment and consequently make decisions that reflect this attitude. However students need to explore issues and situations that may impact their safety and well-being. The following key messages for young people are:

• predict situations and influences that can increase your level of risk in traffic
• make decisions that increase your safety in the traffic environment
• have a range of strategies and responses to use in traffic-related situations
• take responsibility for your own safety and the safety of others.

➤ The frequency of road crashes within our community means it is possible there will be students who have been touched by such trauma either directly or indirectly. Issues surrounding grief and loss are sensitive and need to be handled with care. When implementing road safety programs:

• anticipate content which might stimulate strong student responses
• check visual resources prior to using them in the classroom
• inform students about the sensitive nature of these activities and the need to be supportive of other class members who may recall similar personal experiences
• outline the lesson content and ask students if they would prefer not to participate. Arrange for these students to move to another supervised location.
• give students the opportunity to debrief sensitive content.

➤ A Road Trauma Counselling Service is available by phoning 131 114.
The activities in this focus area are designed for typical Year 8 and 9 students.

For students:

**Key understandings**

- Road crashes have short and long term effects and consequences.
- Trauma is the emotional and physical shock resulting from a road crash.
- In the context of road trauma, resilience is important for an individual, group and community.
- People, who have had direct or indirect experiences with road trauma and are emotionally distressed, need to identify others who can offer support and how they can help themselves.
- Following an emergency procedure and offering assistance to crash victims is a responsible action.

**Key skills**

- Apply these understandings to their own personal situations as road users, in the traffic environment.
- Predict situations and ways to deal with a range of traffic-related situations.
- Identify those who can offer support and advice.
- Make decisions and plan strategies to help others or themselves deal with road trauma.
- Anticipate and practise assertive and help seeking behaviours suitable for traffic-related situations.
- Share and listen to others’ attitudes and opinions.

**Activity 1: Road crash effects**

**RESOURCES:**

- Photocopy Resource Sheet 1: Roll the die – one per student.
- Large sheet of paper – one per group.
- Large Post-it notes – one per student.
- Die – one per group.
- A4 paper – one sheet per student.
- Different coloured pens or pencils – two per student.

**HOW:**

Place students in groups of six. Give each group a large sheet of paper, six Post-it notes and copies of Resource Sheet 1: Roll the die.

Ask groups to draw the overhead view (i.e. birds eye view) of a car on the large sheet of paper. The drawing should fill the paper.

Explain that each student will be writing a description of a character who is travelling in the car by answering the questions on the resource sheet. The characters are to be about their age or slightly older.

Allow time for students to write their description on a large Post-it note.

Ask each student to place their Post-it note inside the outline of the car. Each character should be in a different position of the car (i.e. driver or rear left passenger).

Tell students that only two of the people in the car will be wearing a seat belt. Each group should decide who this is and place a tick on the two corresponding Post-it notes.

Explain to students that in a real-life crash, events will not follow a strict pattern as to who lives, dies or is injured. To simulate this element of chance, read the following crash scenario.

**Crash scenario**

You’re all on your way home after watching a sporting event. Everyone has had a great time...
especially since the team you all follow has won. Some of you have been drinking and the music is up really loud. Only two of you are wearing a seat belt. There’s a slow car in front and someone yells to the driver to overtake it. The driver starts to speed up and overtake but there’s a curve ahead and suddenly a car’s headlights appear. Crash!

Ask students to take turns throwing the die. The level of injury is determined by the number on the die and is described on the resource sheet. Remind students to deduct one from the number thrown if their character was wearing a seat belt to reduce their injury (e.g. throw a four, go back to three). For those not wearing a seat belt, add one to the number thrown to increase their injury (e.g. throw a three, go forward to four). Note: If one is rolled and the character was wearing a seat belt they remain uninjured.

Each character’s injuries should be written on the Post-it notes. If fatally injured, students should draw a cross through the Post-it note. Note: if one is rolled and the character was wearing a seat belt they remain uninjured.

Give each group time to process the activity by discussing the consequences of the crash for each occupant of the car. Have students individually complete the questions on the resource sheet. Use a circle talk (see p298) to let students share their responses and further discuss the consequences (i.e. physical, emotional, social, financial and legislative) of crashes.

Identifying circle of support
Draw three concentric circles on the board. Label the centre circle ‘me’, the second circle ‘often’ and the third ‘occasionally’.

Suggest to students that everyone has a ‘circle of support’ that includes people they talk to when faced with a problem or are feeling upset, and that the person they choose to talk to may depend on the problem or situation. Also confirm with students that not everyone feels comfortable sharing their problems with others and may not move out of the ‘me’ circle.

Use the example of ‘being worried about failing an important exam’ or ‘having an argument with a friend’ to show how the circles can be used to identify those who may offer support or advice in one of these situations. Ask students to give some examples and write these in the circles.

Ask students to draw and label their own ‘circle of support’ on a piece of paper then write the names of people who they always ask for advice or to listen to their problems, in the circle labelled ‘often’.

Students repeat this for the ‘occasionally’ circle. In pairs, students should share and discuss why they have used these people to offer advice or support (e.g. a friend may be a good listener or someone to bounce ideas off or a teacher who is always willing to help students who are struggling at school).

Seeking support
Suggest to students that how a person reacts to road trauma, either directly or indirectly, and who they seek help from, may be different to those people identified in the previous activity.

Read the following scenario to students.

Your mum is driving everyone home after the movies. She pulls up at a red light. All of a sudden a car speeds through the red light, crashes into another car and rolls it onto its side. You can hear people screaming and can see one person lying on the road. Your mum runs over to the rolled car to see if she can help and asks you to check the other car. You are shaking and very upset.

Ask students how they might react to this situation both in the short and long term and who might help them deal with their reactions (e.g. a parent, doctor, friend, school counsellor, person with similar experience, church member or Road Trauma Counselling Service).

Have students write these names on their circle of support sheet using a different colour pen. Ask students to tick the names of people previously identified.

Have students share their responses then discuss the following questions as a class.

Discuss

• What changes did you notice to your circle of support when faced with a road crash situation? Why?
• Who would you ask for help you if you were involved with a road crash?
• Why is it important to talk to others about your feelings?
• How could you help a friend or family member deal with their reaction to a crash?
• If someone is sharing a problem with you, what can you do to show them that you are interested and sincere? (E.g. paraphrasing, eye contact, sitting face on, nodding head to confirm understanding or show empathy.)

Reflection
Ask students to complete the unfinished sentences (see p328) and discuss their responses with a partner or their family.
Unit 4.1 Seeking support and advice

Activity 2: Dealing with loss

RESOURCES:

- Photocopy Resource Sheet 2: Crash report – one per student.
- Highlighters – one per student (optional).
- Photocopy and cut out cards from Resource Sheet 3: Coping strategies – one set.
- Cards labelled ‘very helpful’, ‘helpful’, ‘useless’ and ‘harmful’ – one set.

HOW:

Explain to students that at some point in life they will experience the loss of, or injury to, a family member or friend and that a number of factors, such as how the death occurred, may influence their reaction. Reactions can differ from person to person and may include shock, disbelief, anger, sadness, frustration, guilt or grief.

Have students read the newspaper article ‘Tragedy hits school’ on Resource Sheet 2: Crash report. As a group, ask students to share their personal reactions and opinions about the road safety issues highlighted in the article.

With a partner, students highlight the factors that contributed to the crash (e.g. alcohol, night time driving, inexperienced young driver and modified vehicle) and write these on one side of a T chart (see p305) labelled ‘crash factors’.

Students then discuss actions or decisions that may have changed the outcome (e.g. catching a taxi or ringing a parent for a lift rather than travelling with a driver who had been drinking) and write these on the other side of the T chart labelled ‘safer actions or decisions’.

Share the ideas as a class discussing the effectiveness of the decisions and actions.

Identifying short and long term effects

Students individually read the character profiles on Resource Sheet 2: Crash report then discuss the possible short and long term reactions for each character.

Suggest that students also discuss the effects on others linked to the crash but not listed on the resource sheet. For example, emergency workers at the scene may be traumatised if they have a teenager in their family or if they have never repeatedly, or never, attended a road crash involving a young person.

Ask groups to share their responses then discuss the support that each character could seek. Advise students of the Road Trauma Counselling Service (131 114) which is a free counselling service for those who have experienced road trauma either directly or indirectly.

Have students investigate other support services available in the local community and present their findings to the class.

Discuss

- How have you seen people respond to a loss of life (either from a road crash or other cause)?
- Why do reactions differ between people? (E.g. previous experiences; relationship to deceased; age and gender; support available; personality.)
- How might a road crash affect a person in the long term? (E.g. difficulty sleeping; loss of appetite; depressed; difficulty concentrating; relationship changes.)
- If someone you loved died, or was very seriously injured in a road crash, how would you like your friends to support you?

Identifying coping strategies

Suggest to students that everyone responds to stress or challenges differently and that some people cope using one or two strategies whereas others may use a range of strategies depending on the situation.

Students talk about how they cope with difficult or emotional situations (e.g. physical activity, talk to a friend, watch a movie or eat comfort foods). Write some of these ideas on the board.

Sit the class in a circle and spread out the coping strategy cards from Resource Sheet 3: Coping strategies for students to read. Explain that these describe ways that people may deal with a stressful situation. Ask each student to choose one card (or more depending on the number of cards and the size of the class).

Conduct a choose a corner (see p308) by labelling the corners of the room with the ‘very helpful’, ‘helpful’, ‘useless’ and ‘harmful’ cards. Read one of the following statements that describe a situation of direct or indirect road trauma involvement, to the class.

- You witness a fatal road crash and offer assistance to the victims.
Focus Area 4: Road user risks and harm reduction strategies

Unit 4.1 Seeking support and advice

- Someone at your school, who you don’t really know is killed in a road crash.
- Your best friend has been seriously injured in a road crash.
- You were the driver of a vehicle involved in a serious road crash and are charged with manslaughter.
- Your best friend/girlfriend/boyfriend has become a quadriplegic after a road crash.
- You have to attend the funeral of a family member or close friend who was killed in a car crash. The person who was driving the car will be at the funeral.

Explain that students are to consider the situation and decide which corner best describes their coping strategy card. Students move to that corner. Remind students there is no right or wrong answer.

Students standing in each corner compare coping strategies and discuss each in relation to the scenario.

Invite students from all corners to explain why they thought their strategy was very helpful, helpful, useless or harmful.

Repeat this procedure with each scenario to highlight to students that some strategies are useful regardless of the situation or, depending on the situation, it may be necessary to use different coping strategies.

Discuss

- Which of these coping strategies do you use now? Why are they helpful?
- Which of these strategies have you seen others use? Are they the same as the strategies you use? Why or why not?
- Which strategies had you not considered to be ‘coping’ strategies? Why? Would you use these now?
- When could an action like ‘get angry’ or ‘take risks’ be an unhealthy thing to do?
- In what situation could ‘ignore the problem’ or ‘withdraw’ be a useful coping strategy?

Adapted from Cahill, Helen, Enhancing resilience 2: Stress and coping, MindMatters.

Reflection

Devise two or three unfinished sentences (see p328) related to dealing with loss or grief or alternatively use the examples given. Ask students to write their responses before sharing these with a partner.

- When I’m upset I usually __________ because it ____________.

Talking about coping strategies has__________.

I feel _____ (okay, not sure, worried) about helping someone who is grieving and would ________________.

If I thought my friend or someone in my family needed help I would ________________.

Activity 3: Before help arrives at a road crash

RESOURCES:

- Photocopy Resource Sheet 5: Basic life support guidelines (Focus Area 2, see p117) – one per student.
- Photocopy Resource Sheet 4: Before help arrives – one per student.
- Photocopy Resource Sheet 5: First aid scenarios – one per student.
- Large sheet of paper – one per group.
- Cards labelled ‘agree’, ‘unsure’ and ‘disagree’ – one set.

HOW:

This activity is designed to encourage young people to know what to do in the event of an emergency and a procedure to follow if they or others are involved in a road crash.

Ask students to brainstorm (see p298) what they should do at the scene of a road crash (e.g. check for injuries, call emergency services if required or give a witness report to police if required).

Discuss the ideas generated by students and as a class sequence these according to priority. Check against the information provided on Resource Sheet 4: Before help arrives.

Stress the importance of students always checking for their own safety before assisting victims (e.g. not touching a car or person when electrical wires are nearby or when fuel is escaping from an overturned vehicle with the motor still running).

Use Resource Sheet 5: Basic life support guidelines included in Focus Area 2 of this resource (page 117) to briefly explain the DR ABCD procedure. More in depth information about first aid could be presented by the school nurse or alternatively a St John Ambulance speaker who will give students information about first aid that is suitable for crash victims. Alternatively students could log onto www.ambulance.net.au/html/onlinecourses/intro.html and complete a first aid course called ‘Crash course’.
Assisting at a road crash

Place students in groups and give each a large sheet of paper and a copy of Resource Sheet 5: First aid scenarios. Groups draw up their placemat (see p300) according to the number of students in the group then select a scenario from the resource sheet. Alternatively adapt the scenarios to suit the local community or use articles from newspapers.

Have students individually read the scenario then consider what actions the road user could have taken to reduce the extent of their injuries and what they would do if they were a witness to the situation described (e.g. give first aid, ring for emergency services and ask others to help).

Students should write their responses on the placemat then take turns to briefly discuss these with the group.

Ask groups to decide what would be the best action plan for the situation and write this in the centre of the placemat.

Listen to each group’s scenario and plan to decide on an agreed list of actions. Make sure that students understand the importance of always keeping themselves and other bystanders safe before helping crash victims and that checking airways of crash victims is vital.

Discuss

- **What might you do to ensure your own safety at a road crash scene and to provide help for those involved in the crash?** (Ensure their own safety before administering first aid to victims, call the emergency number for assistance and continue with the DR ABCD procedure.)
- **What is one thing you can do to help an injured crash victim?** (Tilt their head to allow a clear air passage.)
- **How can you protect yourself when providing help to a crash victim?** (Use plastic gloves and dental dams.)
- **Do you feel you know enough about first aid to be able to offer road crash victims assistance? If not, how can you find out more?** (St John Ambulance or Drive Safe book produced by Department for Planning and Infrastructure).
- **What are some typical reactions people involved in a traffic-related crash may have?**
- **Where might you seek help to deal with road trauma?** (The Road Trauma Counselling Service 13114 offers free counselling in relation to road trauma experienced either directly or indirectly.)

Often people are reluctant to offer help at a crash scene as they are concerned about doing the wrong thing and further injuring the victim. Ask students to share any concerns they may have about offering assistance and first aid at a road crash and discuss these as a group.

### Discuss

- **Why do bystanders sometimes choose to not get involved in providing first aid?** (Lack of first aid knowledge or concern about legal implications.)
- **What factors may affect a potential helper’s decision whether or not to assist with first aid?** (Shock; previous experiences with a road crash; victims are aggressive; location of the crash.)
- **Do you have a responsibility to offer road crash victims assistance? Why or why not?** (If you are the driver of a vehicle involved in a crash, you must stop the vehicle and offer assistance to victims. Failure to do so can result in loss of licence or a custodial sentence.)

Using a PNI (see p314) have students identify the possible positive and negative consequences if help was or was not offered by the witness in a scenario from Resource Sheet 5: First aid scenarios.

<table>
<thead>
<tr>
<th>You are the bystander in the scenario. What would be the possible…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>positive consequences be…</strong></td>
</tr>
<tr>
<td>…if you offer help. …if you don’t offer help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>negative consequences be …</strong></td>
</tr>
<tr>
<td>…if you offer help. …if you don’t offer help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>interesting consequences be …</strong></td>
</tr>
</tbody>
</table>

As a class decide if offering help is a better outcome for the road crash victim and the witness.

### Identifying attitudes

Make a values continuum (see p309) by placing the three labelled cards (agree, unsure and disagree) in a line.

Read one of the following statements and ask students to move to the position on the continuum that best represents how they feel about the statement. Ask students to discuss their opinion with others standing nearby and formulate a group response to justify the
stance they have taken. Have students consider the opposing points of view.

**Statements**

- It should be compulsory for all primary and secondary students to complete a first aid course.
- Everyone has a responsibility to offer help at a road crash scene.
- The best thing to do when someone is injured is call an ambulance and wait for help.
- You need to know more than the DR ABCD procedure to help a road crash victim.

**Discuss**

- What type of ‘riding’ related harm would be most common for teenagers your age? (Cycling and skateboarding injuries.)
- At what age do you think someone is able to offer help at a crash scene? Why?
- Has listening to others’ opinions and thoughts about these statements changed how you think or feel about offering help at a road crash? Why or why not?

**Activity 4: Identifying alternative transport modes**

**RESOURCES:**

- A4 paper – one per group.
- Access to internet sites.

**HOW:**

Suggest to students that many people choose not to have a driver’s licence and prefer to use alternative forms of transport such as cycling, walking or using public transport. Have students use a **T chart** (see p305) to list the positive and negative aspects of using alternative forms of transport available in their area. For example:

<table>
<thead>
<tr>
<th>positive</th>
<th>negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>healthier to walk</td>
<td>takes longer to get there</td>
</tr>
<tr>
<td>less carbon emissions</td>
<td>sometimes feel threatened</td>
</tr>
<tr>
<td>get to meet other people</td>
<td>buses don’t always go exactly where you want</td>
</tr>
<tr>
<td>save money</td>
<td>at risk as a driver and passenger</td>
</tr>
<tr>
<td>not as risky</td>
<td></td>
</tr>
</tbody>
</table>

Discuss the T charts and as a class decide if the positive aspects should be a major consideration for the community. Highlight the physical and environmental outcomes of using alternate forms of transport.

Ask students to set a goal to use alternate forms of transport in the future such as walk to school at least twice a week or catch the bus rather than getting a lift to school.

**Discuss**

- Why do you think young people believe they have to get a driver’s licence?
- Why might some young people choose not to have a driver’s licence?
- What influences a young person to get a driver’s licence?
- If you chose not to have a driver’s licence, how might your family or friends react?

**Seeking assistance to plan journeys**

These next activities are suitable for students in the metropolitan and surrounding areas.

- **Using public transport**

  Explain to students the Transperth website has a journey planner that assists the public to plan their trip. It identifies the types of transport (e.g. bus, ferry, train), route numbers and length of the journey.


- **Cycle paths**

  Explain to students there are numerous cycle paths around Perth and surrounding areas that are purpose built to allow cyclists a quick and safer trip.

  Have students access [www.dpi.wa.gov.au/cycling](http://www.dpi.wa.gov.au/cycling) (Department for Planning and Infrastructure) to find cycle paths in their local area and to other locations in and around Perth.
Roll the die

Create a ‘car character’ by writing the answers to these questions.

- What is your name and age?
- Who is in your family? (One or two parents; siblings; aunts/uncles, grandparents…)
- Who are your friends and how do you know them? (Large group of friends from high school; one or two special friends who live nearby; friends from Kindy…)
- How do you know the other people in the car? (Related; school mates; in the same sporting team …)
- What do you do? (Finishing high school; studying at uni; starting an apprenticeship; working; looking for a job; finished school and about to travel overseas…)
- What are your goals in life? (Finish Year 12; be a lawyer; play for an AFL team; have a family …)

Roll the die to find out what happens to your character in the crash.

<table>
<thead>
<tr>
<th>Die number</th>
<th>Level of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uninjured.</td>
</tr>
<tr>
<td>2</td>
<td>Injured but not seriously enough to be hospitalised.</td>
</tr>
<tr>
<td>3</td>
<td>Injured and hospitalised for several weeks.</td>
</tr>
<tr>
<td>4</td>
<td>Suffered severe injuries and became a quadriplegic.</td>
</tr>
<tr>
<td>5</td>
<td>Critically injured and on life support.</td>
</tr>
<tr>
<td>6</td>
<td>Died on impact.</td>
</tr>
</tbody>
</table>

- Deduct 1 from the number rolled if you were wearing a seat belt.
- Add 1 to the number rolled if you weren’t wearing a seat belt.

Complete the following questions.

1. What factors contributed to the crash? ________________________________

2. How might the crash and resulting injuries have been prevented or reduced? ________________________________

3. Who do you think is responsible for the crash? Why? ________________________________

4. Who would be affected by the crash? ________________________________

5. How would the crash affect the character’s friends, family and community? ________________________________

6. If you were the driver and survived the crash, how would you feel? ________________________________

7. Who could you talk to about your feelings and emotions? ________________________________

8. What could help you to cope with the situation? ________________________________

Adapted from WA School Road Safety Project, WA,1997. RoadSmart Year 10
Crash report

Road crash tragedy affects school

A 16-year-old girl was killed when the car she was travelling in left the road and hit a tree last night.

Sally Bennett, a bright and popular student from Hillview High School was the passenger in a Holden Commodore driven by 19-year-old Peter Matthews.

The driver had only recently bought the car which according to police, had been modified.

It is believed the two teenagers had spent the day at an outdoor concert and were driving home around 1am. Sue Black, who was following the Commodore, said the car kept moving over the centre line.

‘All of a sudden it just veered off the road and hit the tree head on. I tried to help the girl but she was already dead. The driver kept screaming out, ‘What have I done? I tried to calm him down but he was a mess.’

Police at the scene, breathalysed the driver who gave a 0.06 BAC reading.

The mother of the teenage girl was too distressed to be interviewed. The principal of Hillview High said, ‘We can’t believe Sally has gone. She was a top student and wanted to study medicine next year. It’s such a waste of a life.’

According to local police the school has had to deal with the deaths of two other students in the last 5 years, as a result of a road crash.

The driver of the car received minor injuries and is yet to be charged.

Character profiles

<table>
<thead>
<tr>
<th>Person involved and their relationship</th>
<th>Previous experience with death</th>
<th>Personal and social factors</th>
<th>Possible short and long-term reactions</th>
<th>What help or support is available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother who had a close relationship to Sally.</td>
<td>Experienced death of her mother through cancer last year.</td>
<td>Doesn’t want to talk to others about how she is feeling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sally’s boyfriend of 12 months.</td>
<td>Grandparent died last year.</td>
<td>Is able to share feelings with others. Has strong support from family and friends.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sally’s friends.</td>
<td>Haven’t experienced the loss of a friend before. Some have experienced deaths of distance family members.</td>
<td>Sally always supported her friends during difficult times. She was loved and trusted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter, the driver of the car. Had only met Sally twice before.</td>
<td>No previous experience.</td>
<td>Use to go to the same school. Doesn’t live with his family. Only has a few friends.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small secondary school in beach side location.</td>
<td>Has had two students killed in road crashes in the last 5 years.</td>
<td>School counsellor offers a trauma program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sue Black, the witness to the crash.</td>
<td>No previous experience.</td>
<td>Wants to talk to family and friends.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Table adapted from Parks and Weiss model - Learning to Grieve, Glassock and Rowling, 1992.)
<table>
<thead>
<tr>
<th>Coping strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>think positively about how it will turn out</td>
</tr>
<tr>
<td>worry</td>
</tr>
<tr>
<td>withdraw (not talk or socialise)</td>
</tr>
<tr>
<td>go to the movies</td>
</tr>
<tr>
<td>visit a favourite person</td>
</tr>
<tr>
<td>quit (the team, job, school or uni)</td>
</tr>
<tr>
<td>eat more</td>
</tr>
<tr>
<td>drink more alcohol</td>
</tr>
<tr>
<td>make a plan of what to do and how to do it</td>
</tr>
<tr>
<td>start a fight</td>
</tr>
<tr>
<td>exercise</td>
</tr>
<tr>
<td>pretend everything is okay</td>
</tr>
<tr>
<td>ask for help</td>
</tr>
<tr>
<td>talk it over with a close friend</td>
</tr>
<tr>
<td>get sick</td>
</tr>
<tr>
<td>blame myself</td>
</tr>
<tr>
<td>eat less</td>
</tr>
<tr>
<td>work harder</td>
</tr>
<tr>
<td>meditate</td>
</tr>
<tr>
<td>complain a lot</td>
</tr>
<tr>
<td>blame others</td>
</tr>
</tbody>
</table>
## Coping strategies

<table>
<thead>
<tr>
<th>joke or laugh</th>
<th>cry</th>
<th>set goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>take risks</td>
<td>find someone to listen to me</td>
<td>get angry</td>
</tr>
<tr>
<td>see a counsellor</td>
<td>sleep more</td>
<td>sleep less</td>
</tr>
<tr>
<td>tell everyone how bad I feel</td>
<td>meditate</td>
<td>take a few days off</td>
</tr>
<tr>
<td>write thoughts in a diary</td>
<td>ignore offers of help</td>
<td>daydream</td>
</tr>
<tr>
<td>make excuses for not socialising</td>
<td>draw or paint</td>
<td>play on the computer</td>
</tr>
<tr>
<td>talk to my parents/caregivers</td>
<td>listen to music</td>
<td>ignore the problem</td>
</tr>
</tbody>
</table>
Before help arrives

1. Make the scene safe
   - Protect any victim and yourself from further injury.
   - Use hazard lights as warning signals and turn off the ignition in crashed cars.
   - Use headlights to light the area.
   - Ensure nobody smokes.
   - If power lines are touching a vehicle, stay away and keep other people away.

2. See who is injured
   - Check in and around vehicles to see how many people are injured.
   - Check if anyone is unconscious. Give them priority.
   - Only remove unconscious victims if they are in danger of further injury and to give life-saving first aid.
   - Encourage conscious people to stay in the car - if no immediate danger.
   - Assess the number of injured and their injuries to inform emergency services.

3. Assist them
   - If the victim is unconscious follow the DR ABCD procedure.
   - If the victim is conscious, stop any bleeding (see below).
   - Comfort and reassure victims. Do not give a victim food or drink of any sort.
   - Have someone watch the injured in case they wander off.
   - Stay calm yourself. Only move a conscious victim if it is necessary for safety.

   **Stop any bleeding**
   - Put direct pressure on the wound with a thick pad bandage held firmly in place.
   - Elevate the bleeding limb.
   - If the victim feels numbness, tingling or pain near the bandaged area, the bandage is too tight. Loosen it. Do not use a tourniquet.
   - Don’t remove foreign objects from bleeding wounds. Apply pads and bandages around the wound. Do the same if broken bones are visible.

4. Send for help
   - Phone 000 for emergency services and tell them:
     - which services are needed – ambulance, police, fire engine, tow truck
     - where the crash is using road names, kilometre posts, signs or landmarks
     - how many people are injured, what the injuries are and if anyone is trapped
     - if any power lines are down
     - stop passing pedestrians or motorists for help but do not leave an unconscious victim alone.

Adapted from Australian Transport Safety Bureau, Before other help arrives
First aid scenarios

**Scenario 1**
You’re riding your bike when up ahead you see a pedestrian hit by a car. The pedestrian is lying on the ground. She has a large wound on the forehead.

There is a crowd of people nearby who also saw the crash occur. What would you do?

**Scenario 2**
You’re walking along a street when you see a small child on a tricycle ride out of a driveway into the path of an oncoming car. The car brakes sharply to avoid the child.

You see the child fly up over the bonnet into the windscreen and then lands on the road. The child who was wearing a helmet is not moving. The driver is very upset and in shock. There is no-one around to help. What would you do?

**Scenario 3**
You see a cyclist, who is wearing a helmet, holding onto the back of a truck as it pulls away. The front wheel of the bike momentarily touches the truck and unbalances the cyclist who falls from the bike onto the road. The cyclist is not breathing. What would you do?

**Scenario 4**
You and your friends are riding your farm motorcycles down to the creek to have a swim. Because it’s hot, everyone has decided not to wear helmets.

On the way down the hill to the creek, one of the drivers turns to yell something to the others behind him and hits a contour bank. The driver and passenger are thrown off. The passenger is okay but the driver is unconscious and his leg is at a strange angle. His parents are back at the farm house about a kilometre away. What would you do?
First aid scenarios

Scenario 5
Your friends have found a new place to go skateboarding and call it ‘suicide hill’. When you get there one of your friends, who never wears any protective gear, is skating down the very steep hill that ends at a T-junction with a stop sign.

He tries to turn his skateboard onto the lawn of a nearby house to help him stop before the junction but has skidded out on the road. A car hits him and drags him 27 metres down the road. He’s not breathing. What would you do?

Scenario 6
You’re walking through a shopping centre car park and see your friend riding their scooter down the car park ramp. A car enters the ramp just as your friend gets to the bottom.

The car brakes but hits your friend who is thrown into the air and lands on the concrete. He isn’t moving and there is blood near the back of his head. What would you do?

Scenario 7
You are waiting at a bus stop. It’s very stormy and windy. All of sudden there is a loud crash.

A driver has lost control of their car while swerving to avoid a tree branch that has fallen onto the road. The car has crashed into a light pole and you can see the driver slumped at the wheel of the car. What would you do?

Scenario 8
You’re out in the bush riding around in the old farm car. There are no seat belts in the car so when it hits a bump and rolls over, your little brother is thrown out.

He is unconscious and it looks like his leg is broken. What would you do?
Focus Area 4: Road user risks and harm reduction strategies

The activities in this focus area are designed for typical Year 8 and 9 students.

For students:

Key understandings

➤ The traffic environment poses risks for all road users.
➤ Young people are over-represented in road safety statistics and at more risk as pedestrians, passengers and drivers.
➤ Road crash injuries and fatalities are the result of contributing factors such as speeding; drink driving; fatigue; not wearing restraints; and road user age and gender.
➤ Some choices increase the risk and possible harms for young adults in the traffic environment.
➤ It is important to know how to use a range of harm reduction and refusal strategies in a range of traffic-related situations.
➤ Humans make mistakes. Road users and the traffic environment should be forgiving when these mistakes occur.

Key skills

➤ Identify and practise relevant self-management (e.g. problem predicting, problem solving and making decisions) and interpersonal skills (e.g. negotiate and assertively communicate) to avoid or reduce harm to themselves and others in a range of traffic-related situations.
➤ Predict and describe situations in which harms relating to own or other road users are most likely to occur.
➤ Plan strategies for reducing or avoiding harm to themselves or to others in traffic-related situations.
➤ Share attitudes and values about road user behaviours.
➤ Evaluate own and others’ beliefs about road safety and associated issues.

Activity 1: Road safety attitudes

RESOURCES:

➤ Photocopy Resource Sheet 1: Time to think – one per student.
➤ Photocopy Resource Sheet 6: I feel, I think, I can (see p321) – one set per group.

HOW:

Explain to students the statements on Resource Sheet 1: Time to think cover a range of road user issues that will prompt them to identify what they already understand and believe about road safety.

Ask students to consider each statement and without discussion, tick the response that reflects their opinion.

Give students the opportunity to share their responses and listen to others’ opinions by setting up a circle talk (see p298).

Nominate the number of the statement to be discussed and ask students standing in the inside circle to begin. After 30 seconds, signal the students standing in the outside circle to have their turn. Keep the discussion time brief so students stay on task and actively listen.

Move the outside circle on one or two places and repeat the procedure until all statements have been discussed.

Debrief the activity by further discussing the statements or answering any questions generated during the circle talk.
Collect the resource sheets to gauge students’ attitudes and plan further learning experiences.

When students have participated in several of the activities in this unit or focus area, students can complete another copy of the resource sheet then compare and talk about any changes to their attitudes and understandings and identify why this may have occurred.

**Influences on decision-making**

Explain to students that when someone makes a decision they usually consider:
- how they are feeling at the time
- why the situation requires a decision
- what decision would have the best outcome.

Use the following traffic-related example and the I feel, I think, I can cards (see p321) to show students this decision-making process.

You are a passenger in a car with a best mate who is five years older than you. Your mate has been drinking and is speeding. You would probably:
- feel – worried about crashing and be scared
- think – ‘this looks dangerous’ and ‘I don’t want to be here’
- can – tell the driver you’re going to be sick and to stop the car.

But you might also:
- feel – pressured and worried that you could upset your mate
- think – ‘I don’t want to look uncool’ or ‘my mate is older than me and probably knows how to handle the car’ or ‘I don’t know how to get out of this situation’.
- can – keep quiet and hope you get home safely.

Place students in groups. Give each group a card from Resource Sheet 2: What if? and a set of the I feel, I think and I can cards.

Ask groups to discuss the situation described on the card and identify actions that could reduce the risk for the road user.

Explain how to conduct an interview role-play (see p317). Each group should select one person to take on a ‘character’ role relevant to the situation they have discussed (i.e. a 19 year old football player or a 17 year old shop assistant). Other members of the group will interview this person asking questions about the situation and prompting them to say what they would do. Ensure all students have a turn at being the character to give them an opportunity to practise making decisions and giving responses.

Have groups watch each role-play and decide if the strategies and responses given by the characters would be effective for young people their age.

**Discuss**

- Which of these situations may be something that you have to deal with in the future? Why?
- What might influence your decision in some of these situations? (Suggest to students that their feelings, thoughts and actions may not always be in line with their intention due to other influences e.g. peers, affects of alcohol or other drugs or being in a hurry).
- What might make you feel confident to deal with these types of situations? (Explain to students they are more likely to make safer decisions if they have a range of strategies and practised responses that can be used in unsafe situations e.g. use humour to diffuse a situation.)

**Activity 2: Identifying road risks for young people**

**RESOURCES:**

➤ Photocopy Resource Sheet 3: Get the picture – one per student.


➤ A4 paper – several sheets per group.

➤ File – one per group.

➤ Large Post-it notes – one per group.

**HOW:**

Group students in pairs and hand out copies of Resource Sheet 3: Get the picture to each pair.

Explain the resource sheet task and that road crash statistics focus on road user groups such as passenger, pedestrians, cyclists, motorcyclists and drivers.

Working in pairs students complete Column 1 then research the most common types of road crash involvement for young people, the frequency of occurrence (number or percentage of fatalities and hospitalisations) and gender differences before comparing these with other road user age groups. Refer students to the Office of Road Safety website. This provides the latest crash statistics for WA.

Students should record the information they have found in the table provided on the resource sheet.
To share and consider the information gathered, join pairs and make groups of four. Make sure students take their resource sheet with them and sit facing each other, knees to knees, as this will promote greater discussion.

Give each student a piece of paper. Explain they are to fold the paper into quarters, number the boxes 1 to 4, then write the corresponding question (provided here) in each box on their rip and review paper (see p300).

1. What do the statistics show to be the main causes of road crashes for young people?
2. Why do you think there are more young people injured or killed in road crashes than other age groups?
3. Do young people your age think or worry about being injured in a road crash? Why or why not?
4. What do you do to keep yourself safer on the roads?

Ask students to think about each question and write their response in the corresponding box on the paper. Remind students that other members of the group will be reading their responses. Some possible answers are provided.

- **Question 1:** not wearing a seat belt; speed; alcohol and other drugs; fatigue; as a pedestrian or passenger.
- **Question 2:** high levels of risk taking; newly licensed; inexperienced drivers; experimentation with alcohol; less experience on the roads; think it won’t happen to them; negative pressure from peers; out at night more; seeking thrills; bucking authority.
- **Question 3:** they think it won’t happen; may have had friends/family involved in road crash.
- **Question 4:** plan ahead; organise lifts home; confident to tell others when I don’t feel safe.

When students have completed the four questions they need to tear their paper into quarters.

Ask groups to number off from 1 to 4. Explain that students should give each of their responses to a member of the group who has the same number (i.e. question 1 to student number 1).

Ask students to read the responses and summarise the information. Students then take turns to share their summaries with the group.

As a class, discuss the findings or questions raised from the rip and review.

**Identifying situations that pose risks for road users**

Keep students in their groups of four. Give each group a file, large Post-it note and several sheets of paper.

Ask students to consider what they know about young people and crash involvement then share their concerns about being in the traffic environment, now and in the future. Responses may include:
- relying on friends to give them a lift home when you know they have been drinking, are tired or tend to speed
- making mistakes while learning to drive (e.g. kangaroo jumping, stalling at lights, having a crash)
- getting into an overcrowded car and not having a seat belt to wear
- having to ring a parent for a lift home after drinking at a party
- having friends in the car who are acting stupid or urging them to do something unsafe
- catching a bus or train alone at night
- can’t buy a safer car so feel more vulnerable.

Allocate one of the problems to each group. Ask a student from each group to write the problem on the large Post-it note then stick it on the front of the file.

 Allow groups two or three minutes to write possible solutions on a sheet of paper. Ask groups to place their responses inside the file then pass the file onto the next group.

Groups now have another problem to think about before writing their ideas on a new piece of paper. Remind groups that they should not look at the solutions identified by previous groups. The process continues until groups have responded to all of the problems.

Ask each group to take out the sheets of paper in their file and review the suggested strategies.

Groups should develop a prioritised list of solutions based on effectiveness and students comfort level (e.g. some students may not want to confront a friend about their speeding habit and may feel...
Focus Area 4: Road user risks and harm reduction strategies

more comfortable catching a taxi or ringing a parent for a lift).

As a class, listen to each group’s problem and the top two or three ideas they thought they would use if faced with a similar situation.

Practising responses
Using the solution that was voted the most effective, ask groups to create and perform a role-play (see p315) highlighting the problem and demonstrating how they would respond if faced with the situation.

Have other students watch each role-play then decide if the strategy is one that they would use.

Debrief the activity by suggesting to students they should have a ‘tool kit’ or range of strategies and rehearsed responses to use when faced with unsafe traffic situations. Emphasise the value of practising responses students feel comfortable using.

Reflection
Ask students to complete the following unfinished sentences (see p328).

• Knowing that young people are over-represented in road crashes ____________.
• Knowing that most young people stay safe ____________.
• A young person travelling as a passenger in a speeding car could reduce their level of risk by ____________.
• Young male drivers can reduce their level of risk by ____________.
• When I am faced with a situation that increases my level of risk in traffic I ____________.

Activity 3: Identifying road risks for young people

RESOURCES:
➤ A4 paper – one per student.
➤ Photocopy Resource Sheet 4: Do you pick up crocodiles? – one per student.
➤ Photocopy Resource Sheet 5: Risk ranking – one category of road users per group.
➤ Photocopy Resource Sheet 6: Wild card – one card per student.
➤ Continuum labelled ‘higher risk’ and ‘lower risk’ on A3 paper – one per group.
➤ Blu tak, sticky tape or glue.

➤ Card labelled ‘lower risk’.
➤ Card labelled ‘higher risk’.

HOW:
Brainstorm responses to ‘what is meant by a safer road user’ until students mention the word ‘risk’ or ‘risk taking’. Have students complete a one minute challenge (see p295) by writing characteristics of young people that increase their likelihood to take risks in the traffic environment.

Write a list of the generated ideas on the board. Include the following examples if not identified by the class:
• lack of concern for their safety and the safety of others
• feel they are invincible or ‘bullet proof’
• reject authority
• impaired judgements due to experimentation with alcohol or other drugs
• over confidence
• negative pressure from others
• believe crashes happen to others not them
• sensation seeking and overly adventurous
• physical conditions such as being tired or ill
• inexperience as a driver, motorcyclist or cyclist
• distracted by others in the car or a mobile phone.

Discuss how these risk taking characteristics combined with overconfidence and inexperience in driving in different conditions (e.g. freeway or city traffic, country roads, wet weather, night time, distractions) can increase the likelihood of a young driver being involved in a crash in their first six months of driving. Explain that the aim of the Graduated Driver Training and Licensing System is to give learner drivers more opportunities to practise driving in a range of conditions and with a supervisor.

Identifying types of risks
Give each student a copy of Resource Sheet 4: Do you pick up crocodiles? Have students read the story then discuss the meaning with a partner.

Discuss
• What did the crocodile mean by his reply to the dying person?
• What are some examples of ‘crocodiles’ (risks) road users may encounter in traffic (e.g. travelling with drivers who have been drinking or using other drugs, or tired)?
• What are the possible consequences of taking risks when using roads as a passenger, pedestrian cyclist or driver?
Focus Area 4: Road user risks and harm reduction strategies

Why do you think some people take risks even when the possible outcome may be unpleasant or negative?

With their partner, students draw up a **T chart** (see p305) on paper then label it ‘intentional risk taking’ (known) and ‘unintentional risk taking’ (unknown). Ask students to brainstorm examples of these in relation to young people in the traffic environment. The examples should be for all road user groups (i.e. driver, pedestrian, cyclist, passenger and pedestrian). For example:

<table>
<thead>
<tr>
<th>Intentional</th>
<th>Unintentional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Driver</strong></td>
<td><strong>Driver</strong></td>
</tr>
<tr>
<td>• weaving in and out of traffic</td>
<td>• not noticing a young child</td>
</tr>
<tr>
<td>• speeding</td>
<td>• being tired on a short journey</td>
</tr>
<tr>
<td>• having too many people in the car</td>
<td></td>
</tr>
<tr>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
</tr>
<tr>
<td>• not wearing a seat belt</td>
<td>• wearing a seat belt that is frayed</td>
</tr>
<tr>
<td>• distracting the driver</td>
<td>• talking to the driver</td>
</tr>
<tr>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
</tr>
<tr>
<td>• walking and being intoxicated</td>
<td>• crossing at a designated crosswalk before a car has stopped</td>
</tr>
<tr>
<td>• crossing in between queued cars</td>
<td></td>
</tr>
<tr>
<td><strong>Cyclist</strong></td>
<td><strong>Cyclist</strong></td>
</tr>
<tr>
<td>• riding down the wrong side of the road</td>
<td>• wearing a helmet that is too big</td>
</tr>
</tbody>
</table>

Discuss

- Could you identify more intentional or unintentional risks for young road users? Why?
- Are there any acceptable risks in the traffic environment?
- Do young road users know the risks they are facing when using the roads? Why or why not? (Sometimes young people underestimate their exposure to risks on the roads.)
- Do young people including P-plate drivers put themselves in riskier situations than older road users? Why or why not?
- What ‘costs’ both short term and long term arise from taking risks when using the roads? (Physical injuries, guilt, loss of independence or employment, rejection from peers or community.)
- Knowing that young people are over represented in road crash statistics and tend to take risks, what might help to reduce their crash involvement? (Practising more as a learner driver; implementing strategies to avoid taking risks on the road such as planning in advance; knowing and using the road rules; taking fewer passengers and only on a conditional basis; not using alcohol and other drugs; recognising when physical conditions such as tiredness and illness may impact on decisions.)

Identifying strategies to reduce the level of risk

Divide the class into groups and give each a continuum labelled ‘lower risk’ to ‘higher risk’ on a piece of A3 paper and a set of cards from Resource Sheet 5: Risk ranking for one road user category (i.e. pedestrian, future driver, passenger or wheels).

Students place the cards face down on the desk before turning over one at time to discuss the road user’s level of risk. A group consensus on the ranking of the card should be reached before attaching it on the risk continuum.

When finished, the groups who have ranked the same road user category meet to compare their rankings and justify their decisions.

Ask each pair to decide which five of the intentional risk taking behaviours on their T chart would pose the highest risk and write these as a list.

**Streamline** (see p301) the lists, by having each group pair with another to make a group of four. Each pair then shares their list and chooses the ‘top five’ from these.

Repeat the procedure once more by forming groups of eight.

The ‘top five’ list from each group is then written on the board to compile a class list. If a similar risk taking behaviour is already on the list it should not be repeated.

Promote debate and discussion and have students justify their choice and reasons why they would rank particular road user behaviours higher than others or why they think some are lower risk behaviours. Encourage students to use statistics when justifying their choice.

Have students come to an agreement about which are the ‘top five’ risk behaviours for young road users. Discuss each of these behaviours and decide strategies that could reduce the risk for the road user.

**Wheels card** Cyclist riding at night without bright clothing or lights on the bike.

**Predict problem** Other road users can’t see the cyclist. Pedestrian might walk out in front of the bike or a driver might hit the cyclist.
Unit 4.2 Predicting road user risks and practising strategies to reduce harm

Reduce risk
Attach reflective strips to jacket and shoes, install lights and reflector, or don’t ride at night time.

Activity adapted from NSW Roads and Traffic Authority, 2004, Road Risks – Your Choice.

Discuss
• Which of the strategies identified by your group could you use? Why?
• Would the strategies always be effective? Why or why not? (Perhaps if alcohol or another drug was included into the scenario it would increase the risk and require a different strategy.
• How comfortable do you feel telling your family or friends that you don’t feel safe?

Identifying attitudes
Set up a continuum in the class using the ‘lower’ and ‘higher’ risk cards. Ask each student to choose one of the ‘high’ risk scenarios from the previous activity and place themselves along the continuum.

Students discuss their road user scenarios with other students standing nearby to decide if they should move up or down the continuum.

Invite students at various places along the continuum to share their road user situations and justify their placement according to the perceived risk. Other students can challenge the placement in relation to their road user situation however it is up to the student to decide whether to move or not.

Discuss
• Does everyone have the same perception of risk? Why or why not?
• What factors could make situations more or less dangerous to a road user? (Gender, environmental conditions, road user attitudes, peer influence, skill level or experience.)
• Which of these road user situations were intentional? Why?

Factors that increase the level of risk
Give each student a card from Resource Sheet 6: Wild card. Ask students to decide if the wild card has increased or decreased the risk for their road user scenario and move along the continuum.

Listen to two or three of the scenarios and wild cards from various points along the continuum and predict the possible harms for each one. As a group decide what the road user could do to reduce their level of risk.

Discuss how factors such as alcohol or other drugs, distractions, fatigue, moods and emotions can increase the level of risk and effect decision-making.

Reflection
Use a think-ink-pair-share (see p325) to have students reflect on these activities. The following prompts may be helpful.
• Do all young people make unsafe decisions in and around traffic? Why or why not?
• How confident are you to make decisions about your safety?
• How can you reduce your level of risk as a road user?
• Predict one situation that may increase your level of risk as a road user.

Activity 4: Identifying strategies to reduce risks for young road users

RESOURCES:
➤ Photocopy Resource Sheet 7: Hypothetical situations – one per student.
➤ Name tags for ‘experts’– number depends on experts on the panel.

HOW:
A hypothetical (see p314) enables students to debate a topic from different points of view after researching statistics and other reliable sources of information. Two road safety issues are described on Resource Sheet 7: Hypothetical situations, however, students or teachers can devise their own. Explain to students that in the hypothetical, ‘experts’ will present information about a road safety issue and propose strategies to reduce the harm for young people.

Select one hypothetical from the resource sheet and allocate the expert roles to students using the list provided. Other experts can be included however there needs to be a broad range of views presented.

Students without an expert role become ‘community members’. Their role is to consider the information and strategies presented and decide which of these would be most effective. Community members must also research the hypothetical so they can challenge or contribute to the panellist’s opinions. Refer students to a list of websites (see p410-411) such as Office of Road Safety and Department for Planning and Infrastructure.

Set up a panel area and give each expert a label or name tag so community members can direct their comments to each one using their correct names. It
Focus Area 4: Road user risks and harm reduction strategies

may also help to have an adjudicator to keep the debate on track.

Once the debate has been completed the community members should consider all the information and strategies proposed. They may need to discuss these further within their group before voting.

Reflection
Debrief the activity by asking students to write their thoughts to the following reflective questions (see p327) then share their responses with a partner.

• Which information presented was helpful in making your final decision? Why?
• Do you feel it is important for you to seek information before making decisions that may affect your health and safety? If so, who can give you information that is reliable?
• How will you use the information presented in the debate?
• How have your attitudes towards road safety changed?

Hypothetical variation
Another way to run the hypothetical is to use the circle talk strategy (see p298). Choose one of the situations on the resource sheet. Place students in two concentric circles facing each other.

The outside circle takes the affirmative and the inside circle takes the negative. Give students enough time to prepare their argument before starting the debate.

Nominate the inside circle to start the debate. Students have one minute each to present their case to their partner. Move the outside circle two spaces to the left then partners start the debate again.

Repeat this procedure several times so students have the opportunity to hear a range of information before casting their vote.

Activity 5: What are road risks?

RESOURCES:
➤ Photocopy Resource Sheet 8: Rank the risk – one set enlarged to A3 size.
➤ Red, yellow and green sticky dots – two of each colour per student.
➤ A4 paper – one sheet per group.
➤ 1 – 4 number cards – one set.

HOW:
Brainstorm (see p298) definitions of ‘risk’, contexts in which it used (e.g. risk taking, being at risk, high risk, calculated risk) and what is meant by ‘risk factors’ in the traffic environment (e.g. walking alone at night, skateboarding on a road, driving under the influence of alcohol or other drugs, double dinking on a bike, riding a motorbike on off-road tracks, speeding).

Place an A3 copy of Resource Sheet 8: Rank the risk where the scenarios can be seen by all of the class.

Give each student a six sticky dots (two red, two yellow and two green). Explain that students are to assess the level of risk presented in each statement and rate them using the sticky dots. Red represents ‘higher risk’, yellow represents ‘medium risk’ and green represents ‘lower risk’.

If students feel a situation is extremely risky they may choose to place their two red dots there.

When all dots have been placed, ask students to analyse the dot voting and make quantitative statements to describe their interpretations.

Talk about perceptions of risk and why it might differ between individuals (i.e. road use experiences, knowing the crash statistics, and age or gender, may all influence a person’s perception).

Identifying strategies to reduce harm
In groups, students select a low, medium and high risk road user situation from the resource sheet and write these in a table as shown.

Ask students to identify factors that could increase the risk and strategies that could decrease the risk for the road user and write these on the table. An example is provided.
### Unit 4.2 Predicting road user risks and practising strategies to reduce harm

**Focus Area 4:** Road user risks and harm reduction strategies

#### Students then consider the information and points raised and move to another corner if they have changed their mind. Invite the students who change corners to explain their reason for moving.

Repeat the procedure using the following statements.

The level of risk is higher for:
1. a pedestrian crossing in between cars who are queued in a line at traffic lights
2. a 5 year old child allowed to walk home after school
3. a 14 year old male riding a skateboard along the side of the road
4. a 16 year old passenger sitting in the front seat of a car.

#### Discuss

- In the road user situations your group discussed, who was responsible for reducing the level of risk? (E.g. Was it always the road user described in the situation or did others also have a responsibility to ensure their own safety and the safety of others?)
- Would you use some of these strategies if faced with the same situation? Why or why not?
- Which of these risk reduction strategies would be easy to use?

#### Identifying attitudes

To enable students to clarify their perceptions of risk and safety, conduct an **Oxford style debate** (see p309). Place a number card in each corner of the room.

Read aloud the following statements then ask students to choose the corner that best represents their point of view.

1. Being a passenger in a car with a 19 year old driver isn’t a high risk activity.
2. Being a learner driver with a supervisor isn’t a high risk activity.
3. Being a bike courier on a city street isn’t a high risk activity.
4. Being a pedestrian walking alone on a road at night isn’t a high risk activity.

Ask each corner to discuss their statement and identify two main points for the debate. These should include strategies that the road user could put in place to reduce the risk of the activity. For example, being a passenger in a car with a 19 year old driver wouldn’t be a high risk activity if the driver follows the road rules (e.g. hasn’t been drinking or taking other drugs, isn’t speeding), everyone is wearing a seat belt and the passenger doesn’t distract the driver (e.g. talks quietly, doesn’t play loud music).

Start the debate by asking the speaker for ‘corner one’ to support their statement. Other groups can then agree or disagree with the speaker. Continue until groups have listened to all sides of the debate.

#### Reflection

Students can use the **90 degree thinking** strategy (see p304) to write down information they have gained from the activity and how it may impact on their future behaviour as a road user. For example: ‘I know that as a passenger I am at high risk in the traffic environment, so I will make sure I always wear a seat belt.’

#### Activity 6: Predicting risks and identifying strategies to reduce harm

**RESOURCES:**
- Photocopy on red paper and cut out Resource Sheet 9: Road user cards – one set per group.
- Photocopy on blue paper and cut out Resource Sheet 10: Location cards – one set per group.
- Photocopy on green paper and cut out Resource Sheet 11: Environment cards – one set per group.
- Photocopy and cut out cards on Resource Sheet 6: Wild cards – one set.
- Card labelled ‘higher risk’.
- Card labelled ‘lower risk’.

**HOW:**

This activity focuses on different traffic situations and gives students opportunity to analyse and choose appropriate strategies to reduce the road user’s level of risk.

Place students in groups of five. Give each group a set of cards from Resource Sheet 9: Road user cards, Resource Sheet 10: Location cards and Resource Sheet 11: Environment cards.

Explain the **fortune teller** strategy (see p313) then ask groups to choose two students to be ‘predictors’, two the ‘advisors’ and one as the ‘decider’. The students’ roles are:

<table>
<thead>
<tr>
<th>Road user activity</th>
<th>Factors that could increase the risk</th>
<th>Strategies that could decrease the risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>High intoxicated pedestrian crossing railway lines at night</td>
<td>- walking alone</td>
<td>- getting a lift home</td>
</tr>
<tr>
<td></td>
<td>- in the city</td>
<td>- walking with a friend</td>
</tr>
<tr>
<td></td>
<td>- wearing dark clothes</td>
<td>- wearing light coloured clothing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- using the overpass bridge or pedestrian crossing</td>
</tr>
</tbody>
</table>

Adapted from Government of South Australia, Transport SA, 2004, Your Turn: Road safety choices for middle years.
Focus Area 4: Road user risks and harm reduction strategies

Unit 4.2 Predicting road user risks and practising strategies to reduce harm

- predictor - assess the risk and predict what is likely to happen
- advisor - suggest strategies that may reduce the risk and minimise the road user’s harm
- decider - choose the strategy that would be most effective in this situation.

To start, the ‘decider’ shuffles each set of cards and places them in three piles (i.e. road user, location and environment). The decider then takes the top card off each pile to create a ‘three card scenario’.

Each role as previously described, must contribute to the discussion before the scenario is placed to one side and the next three cards are turned over by the decider.

Groups should swap roles after completing two or three scenarios.

Discuss

- What strategies did you decide were most useful for avoiding or reducing the level of harm?
- Would you use these strategies if faced with the same situation? Why or why not?
- Sometimes peers may contribute to your level of risk in traffic. What strategies can you use to handle these situations?
- What would make you feel more confident to deal with these situations? (Suggest to students that having a repertoire of responses to use in tricky situations and practising these responses is a good idea.)

Assessing level of risk

Set up a continuum on the floor using the ‘higher risk’ and ‘lower risk’ cards.

Suggest to students that some of the ‘three card scenarios’ discussed in the fortune teller activity may pose higher risk to road users than others. Ask groups to review their scenarios and decide the level of risk for each before placing the cards on the continuum. Groups at this stage should not compare their rankings.

Each group then takes turns to describe their scenarios and explain why some factors contributed to the card being placed at the low or high end of the continuum. Other students then decide if they agree or disagree with the risk assessment. Those who disagree should justify their opinion.

Discuss

- Why do we have differing opinions about level of risk? (Influenced by experiences, family, gender, age, location, culture, religion...)
- When might your ability to assess risk be affected? (After drinking or taking other drugs, if you’re physically ill or tired, if peers are pressuring you, or depending on your emotions.)
- Knowing that location can contribute to crashes, what hazards and safer roads in our local area do road users need to be aware of? Why?

Factors increasing risk

Place a card from Resource Sheet 6: Wild cards on one of the low to medium risk scenarios. Read out the four cards and have students discuss if the ‘wild card’ has altered the level of risk for the road user and if so where the cards should now be placed on the continuum.

Discuss what strategies could be used to reduce this risk (e.g. ask a friend to call their parents for a lift home; sleep over at a friend’s house and don’t drive; give your car keys to a sober friend).

Repeat this process with several of the scenarios to highlight to students that alcohol and other drugs can contribute to the level of risk and affect a person’s ability to make safer decisions in traffic. Highlight that there is a need for students to practise a range of strategies and prepared responses to keep them safer in traffic-related situations.

Discuss

- What skills or strategies do you have to help you deal with situations similar to these?
- Have you talked to your parents about getting home if you have been drinking or using other drugs? If yes, what have you agreed to do? What have your parents agreed to do in this situation?

Activity 7: Identifying attitudes and behaviour intentions

RESOURCES:

- Photocopy Resource Sheet 13: In the news – one per student.
- Photocopy Resource Sheet 14: Haddon’s matrix – one per student.
- Highlighters – 3 different colours per student (optional).

HOW:

Students will need to have completed Activity 1: Crash theory (see Focus area 3, Unit 3.2 p142) before participating in this activity.

Haddon’s matrix was designed as a framework to examine the three phases of a crash - the pre-crash phase, crash phase and post-crash phase. When looking at these phases, students will need to be aware...
Unit 4.2 Predicting road user risks and practising strategies to reduce harm

of the three main contributing factors – human, vehicle and environmental. Explain to students that in 90% of crashes, the driver is the major contributor.

- **Human factors** – the behaviour and characteristics of any people involved (e.g. failing to give way, speeding, crossing after the red light has stopped flashing).
- **Vehicle factors** – features of any vehicle involved (e.g. condition, safety equipment, type, size).
- **Environmental factors** – features of the road and surrounding area (e.g. type of road, weather, time of day, road furniture such as bus stops, light poles).

Give each student a copy of Resource Sheet 13: In the news and Resource Sheet 14: Haddon’s matrix.

Ask students to read one of the newspaper articles and describe the contributing crash factors for each phase on the Haddon’s matrix sheet. It may help students if they highlight the crash factors using different colours before transferring this information onto the resource sheet.

Students who have selected the same newspaper article form groups and discuss the factors they have written on their resource sheet.

Explain a 90º thinking chart (see p304) then ask groups to identify strategies that may have avoided or reduced the injuries for the road user.

**Discuss**

- What was the greatest contributing factor in each crash – human, environmental or vehicle?
- Did the driver’s actions or characteristics contribute greatest to the crash? Why or why not?
- How could the driver’s actions have been avoided?
- What can a driver do to reduce the number of errors made while driving?
- What can a driver do to ensure the driving conditions and car does not contribute to a road crash?
- What can governments do to create a safer road environment?

**Activity 8: Factors influencing road user intentions**

**RESOURCES:**

Photocopy Resource Sheet: My attitude my actions (see p 311) – one per student.

Photocopy Resource Sheet 14: Road safety issues – one per student.

**HOW:**

Explain to students that although individuals may have a firm belief or attitude towards a particular road safety issue, their behaviour may not always reflect this when a road situation arises. For example, a person may believe that speeding causes crashes and has decided to never go over the speed limit. However, if faced with a medical emergency the person may choose to speed in order to get themselves to a hospital or doctor. So their intention to behave has been influenced by the situation.

Give students a copy of Resource Sheet: My attitude my actions (see p311). This model will allow students to analyse their attitudes in relation to the road safety issues of speeding, alcohol and restraints.

Students select one of these issues and complete the ‘attitudes’ and ‘intention to behave’ columns on the resource sheet. It may help to give students an example.

Give students a copy of Resource Sheet 14: Road safety issues. Ask students to read the three situations related to the issue they chose then decide what they would do in each (i.e. what might their action be and what strategies would they use). These ideas should be written on the resource sheet in the ‘behaviour’ column.

In groups, students talk about how the ‘situation’ may have changed their intention to behave and if so what strategies they identified to reduce the risk.

Ask the groups to decide which ones they would use if faced with a similar situation. For example: speeding situation 1 - students may decide to stop and ring work to say they are running late or drive within the speed limit and explain when they get there, hoping the boss doesn’t dock their pay.
# Time to think

<table>
<thead>
<tr>
<th>1. If I’m in the back seat it’s okay not to wear a seat belt.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. I tell others when I’m worried about my safety.</td>
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<td>3. People who drink and drive are criminals.</td>
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<td>4. Parents are responsible for the safety of their children.</td>
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<td>5. Speeding is okay on open roads in the country.</td>
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<td>6. You should be able to make your own mind up about wearing a helmet.</td>
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<td>7. Wearing a seat belt can reduce injuries in a road crash.</td>
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<td>8. I am always careful when I cross the road and use pedestrian crossings.</td>
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<td>9. Walking on the footpath is safer than walking along the side of the road.</td>
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<td>10. I make my own decisions in traffic (e.g. I wait and cross with the green signal not race across on the red).</td>
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<td>11. It’s safe to get in a vehicle with a driver who has had two or three beers.</td>
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<td>12. Young people are better at driving than older drivers.</td>
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<td>13. All people using the roads have a responsibility to ensure the safety of themselves and others.</td>
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<td>14. Waiting until the railway warning signals have stopped before crossing the tracks is safer.</td>
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<td>15. Overcrowding a vehicle won’t cause a crash.</td>
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<td>16. Being a passenger in a car is a high risk situation for a person my age.</td>
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<td>17. Only some young people take risks in the traffic environment.</td>
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<td>18. The community blames all young people for causing road crashes.</td>
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<td>19. I am looking forward to learning to drive.</td>
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<td>20. Cyclist behaviour is the cause of many crashes.</td>
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<td>21. I consider myself to be a socially responsible person.</td>
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<td>22. Penalties for drivers who injure or kill other road users are not severe enough to deter them from offending again.</td>
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<td>23. The system for getting a driver’s licence should be more stringent.</td>
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<td>24. I act responsibly in the traffic environment.</td>
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<tr>
<td>25. Speeding at 5km/h over the posted limit is unacceptable.</td>
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<td>26. Skateboarders and scooter riders shouldn’t have to wear helmets but should have to wear protective gear.</td>
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<td>27. Most young people want to stay safe.</td>
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<td>What if?</td>
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<td>What if... you are a P-plate driver and your friends want you to do</td>
<td>What if... you need a lift home but you think the driver has been</td>
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<td>burnouts in the local shopping centre just because they are drunk or</td>
<td>drinking?</td>
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<td>stoned and don’t seem to care what you want?</td>
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<td>What if... you are in a car with five other people, there’s only</td>
<td>What if... your friends are doing skateboard tricks on the road and</td>
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<td>enough seat belts for five, it’s late and no one has money for a taxi?</td>
<td>everyone is urging you to have a go too?</td>
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<tr>
<td>What if... you’re a getting a lift home with a mate and stopped at the</td>
<td>What if... you’re in the car with someone you know well, they are</td>
<td></td>
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</tr>
<tr>
<td>traffic lights when someone you know pulls up alongside and dares your</td>
<td>driving dangerously and you’re worried about them having a crash?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mate to have a drag?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What if... you’re walking home late at night with a friend who has been</td>
<td>What if... you are a passenger in a car and everyone else is urging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>drinking and your friend keeps playing ‘chicken’ with the traffic?</td>
<td>the driver to go fast?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What if... your mate asks you to give them a dink on your bike?</td>
<td>What if... your friend dares you to run across the tracks in front of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>an oncoming train?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Get the picture

1. How do you think most young people are injured or killed on WA roads (e.g. not wearing a seat belt as a passenger; riding their bicycle or crossing roads)? Write these in order in the first column.

2. Check the crash statistics for your age group at www.officeofroadsafety.wa.gov.au. Write these in order in the second column. Compare these with your list.

3. Using the statistics, check the number of injuries and fatalities, differences between male and female statistics, and compare these with the other age groups (i.e. 0-12 yrs and 17-24yrs).

<table>
<thead>
<tr>
<th>Type of road crash involvement (e.g. speeding, alcohol, not wearing a restraint or cyclist)</th>
<th>Number (or percentage) of injuries and fatalities</th>
<th>Male and female statistics</th>
<th>Comparison to other age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 1</td>
<td>Column 2</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- In comparison to other age groups, I am more at risk ____________________________.
- As a male/female I am more at risk ____________________________.
- I can stay safer as a passenger by ____________________________.
- I can stay safer as a pedestrian by ____________________________.
- I can stay safer as a cyclist by ____________________________.
Do you pick up crocodiles?

Many years ago a young man was wandering through the bush near where his family lived when he heard a crackly voice calling him.

He looked down and saw a crocodile who spoke to him and asked, ‘Would you please pick me up and carry me back to the ocean? I am lost and I need to go back to the water so that I may live.’

The young man replied, ‘I know what you are. If I pick you up you will bite me and maybe eat me.’

The crocodile assured the young man that if he helped him he would not harm him.

So the young man picked up the crocodile and carried it several kilometres back to the ocean.

He carefully lowered the crocodile into the ocean. Suddenly it leapt back out and snapped its jaws into the man.

Surprised, the dying man said to the crocodile, ‘You promised you wouldn’t harm me.’

The crocodile replied, ‘You knew what I was when you picked me up.’

Adapted from Would you pick up a snake? VicRoads, Choices: Alcohol and Road Safety.
## Risk ranking

<table>
<thead>
<tr>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
</tr>
<tr>
<td>Riding a bike on a busy road that has cars parked along both sides.</td>
<td>Holding onto a moving bus while riding a skateboard.</td>
<td>Wearing a helmet that has not been Australian Standards Approved.</td>
<td>A cyclist who doesn’t know the road rules riding on a city street.</td>
</tr>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
</tr>
<tr>
<td>A cyclist riding a bike not fitted with lights late at night.</td>
<td>Giving a person a ‘double dink’ on a bike.</td>
<td>Riding a scooter and wearing headphones to listen to music.</td>
<td>Overtaking a parked car on a bike.</td>
</tr>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
<td><strong>Wheels</strong></td>
</tr>
<tr>
<td>Riding in wet weather and not wearing light coloured clothing</td>
<td>Doing a trick at the local ramp after just purchasing your first skateboard.</td>
<td>Riding a friend’s four-wheeler for the first time on their farm.</td>
<td>A cyclist in a line of traffic intending to turn right at an intersection.</td>
</tr>
<tr>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
</tr>
<tr>
<td>Travelling in an overcrowded car.</td>
<td>Travelling in the back of a ute on a gravel road.</td>
<td>Travelling in a car driven by a family member who has only had their P plates for eight months.</td>
<td>In a car with a driver who is travelling 10km/h over the posted speed limit.</td>
</tr>
<tr>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
<td>What’s the risk?</td>
</tr>
<tr>
<td>---------------------</td>
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<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
</tr>
<tr>
<td>Sharing a seat belt</td>
<td>Getting a lift home</td>
<td>In a car with a</td>
<td>Getting off the bus</td>
</tr>
<tr>
<td>with a mate</td>
<td>with a friend on</td>
<td>parent who has</td>
<td>before it has come</td>
</tr>
<tr>
<td>because yours is</td>
<td>their motorbike.</td>
<td>consumed three</td>
<td>to a complete</td>
</tr>
<tr>
<td>broken.</td>
<td></td>
<td>beers in the last</td>
<td>standstill.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
<td><strong>Passenger</strong></td>
</tr>
<tr>
<td>A crying young child</td>
<td>Travelling in a car</td>
<td>Sitting in the front</td>
<td>Running along the</td>
</tr>
<tr>
<td>sitting in the back</td>
<td>with a driver who</td>
<td>seat not wearing a</td>
<td>edge of the road in</td>
</tr>
<tr>
<td>seat of the car,</td>
<td>has just broken up</td>
<td>seat belt.</td>
<td>the same direction</td>
</tr>
<tr>
<td>distracting the</td>
<td>with his girlfriend.</td>
<td></td>
<td>as the traffic flow.</td>
</tr>
<tr>
<td>driver.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
</tr>
<tr>
<td>Walking through the</td>
<td>Starting to cross</td>
<td>Running along the</td>
<td>Stepping out onto a</td>
</tr>
<tr>
<td>city listening to</td>
<td>the road when the</td>
<td>edge of the road in</td>
<td>pedestrian crossing</td>
</tr>
<tr>
<td>music with</td>
<td>‘don’t walk’ sign</td>
<td>the same direction</td>
<td>without checking for</td>
</tr>
<tr>
<td>headphones on.</td>
<td>is flashing.</td>
<td>as the traffic flow.</td>
<td>traffic.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
</tr>
<tr>
<td>Walking alone at</td>
<td>Crossing the road</td>
<td>Wearing dark</td>
<td>Crossing a railway</td>
</tr>
<tr>
<td>night along a road</td>
<td>behind the bus.</td>
<td>coloured clothing</td>
<td>line that doesn’t</td>
</tr>
<tr>
<td>without street</td>
<td></td>
<td>at night.</td>
<td>have signals.</td>
</tr>
<tr>
<td>lighting.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Risk ranking

<table>
<thead>
<tr>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
<th>What’s the risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
<td><strong>Pedestrian</strong></td>
</tr>
<tr>
<td>Crossing a wide busy street with cars parked on both sides.</td>
<td>A pedestrian who believes they have the right of way and traffic has to stop.</td>
<td>Walking with a group of three or four friends.</td>
<td>Crossing at traffic signals that don’t have pedestrian phasing.</td>
</tr>
<tr>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
</tr>
<tr>
<td>A young driver with the attitude that they can handle any situation.</td>
<td>A learner driver who has stalled at traffic signals.</td>
<td>Driving after having one alcoholic drink.</td>
<td>Trying to change a CD while driving in busy traffic.</td>
</tr>
<tr>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
</tr>
<tr>
<td>Driving at least three car lengths away from the car in front of you.</td>
<td>A P-plate driver who has never experienced driving in the rain.</td>
<td>Driving with a car load of noisy and intoxicated passengers.</td>
<td>Trying to find an address in a suburb or country town you’ve never been to before.</td>
</tr>
<tr>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
<td><strong>Future driver</strong></td>
</tr>
<tr>
<td>Driving home on Sunday morning after doing the night shift at a local service station.</td>
<td>A P-plate driver who has not experienced country driving at night.</td>
<td>Not being sure of the road rules that apply to driving through a set of traffic lights that aren’t working.</td>
<td>Driving using a mobile phone ‘hands free’ set.</td>
</tr>
<tr>
<td>Wild card</td>
<td>Wild card</td>
<td>Wild card</td>
<td>Wild card</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------</td>
<td>--------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>smoked a joint</td>
<td>3 full strength beers</td>
<td>1 glass of wine</td>
<td>1 ecstasy tablet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 mid strength</td>
<td>1 bottle of wine</td>
<td>3 doses of cough mixture</td>
<td>2 pain relievers</td>
</tr>
<tr>
<td>beers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 vodkas and</td>
<td>1 amphetamine</td>
<td>2 cocktails</td>
<td>3 glasses of</td>
</tr>
<tr>
<td>mixer</td>
<td></td>
<td></td>
<td>champagne</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 beers and a</td>
<td>cough suppressant</td>
<td>hayfever tablets and</td>
<td>4 shots of Tequila</td>
</tr>
<tr>
<td>shot glass of</td>
<td>and a couple of beers</td>
<td>a glass of wine</td>
<td></td>
</tr>
<tr>
<td>vodka</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Wild cards

<table>
<thead>
<tr>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
<th>Wild card</th>
</tr>
</thead>
<tbody>
<tr>
<td>only had 3 hours sleep</td>
<td>feeling upset</td>
<td>thinking about a problem</td>
<td>just been sacked from part-time job</td>
</tr>
<tr>
<td>feeling sick</td>
<td>hasn’t slept for 18 hours</td>
<td>extremely excited and energetic</td>
<td>just heard some bad news about a family member</td>
</tr>
<tr>
<td>feeling angry</td>
<td>running late</td>
<td>had an argument with a friend</td>
<td>feeling worried</td>
</tr>
<tr>
<td>just broken up with girlfriend/boyfriend</td>
<td>worried about being late</td>
<td>has a headache</td>
<td>seeking thrills</td>
</tr>
</tbody>
</table>
Hypothetical situations

As young people aged 17 to 24 are over represented in crash statistics the government are increasing the legal driving age to 25 years.

Road safety agencies and experts believe this will dramatically reduce not only the number of young people killed or injured as a result of road crashes but will reduce the number of overall crashes.

Environmentalists are supporting the move as fewer cars on the roads will contribute to lowering carbon emissions especially in the city.

Expert panel

- Road Safety Council member
- Main Roads
- Minister for Police and Emergency Services
- Environmental scientist
- Doctor
- Young male driver
- Employment officer
- Car yard owner
- Police officer
- Parent
- Driving school instructor

Since the introduction of compulsory helmet wearing in 1992, there has been a steady decrease in the number of cyclists on our roads, especially for 12 to 18 year olds.

Health authorities are campaigning to have the law dropped stating that obesity in young people is increasing and that traffic-related deaths and injuries of cyclists only occur because drivers show a lack of awareness and courtesy towards these road users.

Expert panel

- Road Safety Council member
- Minister for Police and Emergency Services
- Police officer
- P&C president
- Department of Health rep
- Emergency department doctor
- Health and Physical Education teacher
- Yr 10 student
- Cycle shop owner
- Cycling club rep
- Department for Sport and Recreation rep
<table>
<thead>
<tr>
<th>Rank the risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>driver aged 35-55yrs who has had one alcoholic drink</td>
</tr>
<tr>
<td>small child sitting in front seat of a car wearing a seat belt</td>
</tr>
<tr>
<td>back seat passenger not wearing a seat belt</td>
</tr>
<tr>
<td>P-plate driver with two passengers</td>
</tr>
<tr>
<td>pedestrian crossing with the traffic lights</td>
</tr>
<tr>
<td>scooter rider standing between parked cars ready to cross the road</td>
</tr>
<tr>
<td>jaywalker at traffic signals</td>
</tr>
<tr>
<td>rollerblading along the side of busy road</td>
</tr>
<tr>
<td>bus passenger with hand out the window</td>
</tr>
<tr>
<td>intoxicated pedestrian crossing railway lines at night</td>
</tr>
<tr>
<td>riding a scooter on the footpath and wearing headphones</td>
</tr>
<tr>
<td>riding a four wheeler off-road</td>
</tr>
<tr>
<td>motorcyclist in wet weather</td>
</tr>
<tr>
<td>skateboarder doing tricks in busy shopping centre car park</td>
</tr>
<tr>
<td>jogger on shared path</td>
</tr>
<tr>
<td>cyclist on local road</td>
</tr>
<tr>
<td>learner driver in busy traffic</td>
</tr>
<tr>
<td>pillion passenger who has never been on a motorbike before</td>
</tr>
<tr>
<td>crossing the road behind a bus</td>
</tr>
<tr>
<td>passenger travelling with a P-plate driver</td>
</tr>
<tr>
<td>cyclist not wearing a helmet</td>
</tr>
<tr>
<td>young driver travelling for 5 hours without a break</td>
</tr>
<tr>
<td>pedestrian walking at night on a country road</td>
</tr>
<tr>
<td>motorcyclist riding on freeway with sun in eyes</td>
</tr>
</tbody>
</table>

OCS027 | Challenges and Choices - Early Adolescence Resource
<table>
<thead>
<tr>
<th>Road user cards</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skateboard rider listening to music on MP3 player.</strong></td>
<td><strong>A group of students playing with a basket ball at the bus stop.</strong></td>
</tr>
<tr>
<td><strong>17 year old who has just got their P plates and is very excited.</strong></td>
<td><strong>P plate driver from the country who feels very confident.</strong></td>
</tr>
<tr>
<td><strong>Cyclist who has only just got their new bike and is riding home for the first time.</strong></td>
<td><strong>17 year old who has just left a party after breaking up with their partner and is feeling very angry.</strong></td>
</tr>
<tr>
<td><strong>19 year old who has worked all night at the local service station and is walking home.</strong></td>
<td><strong>Teenager wearing dark clothing and riding his bike home after footy training.</strong></td>
</tr>
<tr>
<td><strong>18 year old who has just gone onto a full driver’s licence and is feeling extremely confident.</strong></td>
<td><strong>Teenager cycling to school because he slept in.</strong></td>
</tr>
<tr>
<td><strong>Teenager walking home at night after being at party.</strong></td>
<td><strong>Two young cyclists practising for an upcoming race.</strong></td>
</tr>
</tbody>
</table>
Location cards

<table>
<thead>
<tr>
<th>Busy city street</th>
<th>Long line of traffic due to road works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main business area which has pedestrian traffic at all hours of the day</td>
<td>Winding, narrow coastal road</td>
</tr>
<tr>
<td>Local road near home with roundabouts at busy intersections</td>
<td>Railway line with no crossing signals</td>
</tr>
<tr>
<td>New road with no line markings</td>
<td>Busy intersection</td>
</tr>
<tr>
<td>Gravel road</td>
<td>Traffic parked down both sides of the road</td>
</tr>
<tr>
<td>City street which has a high volume of traffic at all hours of the day</td>
<td>Local road</td>
</tr>
<tr>
<td>Strong winds and raining heavily</td>
<td>Wet and slippery conditions</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Foggy weather and difficult to see ahead</td>
<td>Thunder, lightening and starting to hail</td>
</tr>
<tr>
<td>No street lighting</td>
<td>Glare directly into eyes</td>
</tr>
<tr>
<td>Friends are encouraging you to take a risky behaviour</td>
<td>Road changes from sealed to gravel</td>
</tr>
<tr>
<td>Bushes and trees close to edge of road</td>
<td>Friends are behaving unsafely</td>
</tr>
<tr>
<td>Road works</td>
<td>Raining</td>
</tr>
</tbody>
</table>
In the news

Speed and alcohol cocktail after ball

A parent’s worst nightmare became a reality when their 16-year-old daughter was killed in a car crash early Sunday morning.

‘Mia and David had been at the Year 12 ball. I knew they were going to the ‘after’ but she told me they were going to catch a taxi home,’ said a distraught Mrs Rydges.

Mia was in a V8 Commodore when it hit a light pole on West Coast Highway around 2am on Saturday. She was thrown from the vehicle and was killed immediately.

Police suspect that speed and alcohol were the cause of the crash.

Witnesses told police the vehicle was travelling at over 100km/h along the highway and had missed hitting an oncoming vehicle. ‘The driver swerved to miss the car and lost control,’ said a 70-year-old local resident who was first at the scene. ‘I couldn’t do anything to help the young girl. She was already dead. The young bloke was in a bad way.’

The 18-year-old driver, who had only just completed his first six months on P-plates, received serious injuries and is in Royal Perth Hospital.

Police and emergency services attending the crash scene were visibly distressed.

Sgt Morrison who attended the crash, said Mia’s death was tragic. ‘As with most young kids, her day probably started off full of fun with not a care in the world.

Unfortunately young drivers underestimate their driving ability. Mix alcohol with that and you have a ‘lethal cocktail’.

Road safety experts have considered vehicle power restrictions for new drivers however the Police Commissioner said, ‘No matter what shape or size the cars are, it ultimately comes down to drivers, their experience and the choices they make.’

Struggling to find the words to describe the tragic waste of their daughter’s life, Mrs Rydges said that Mia’s death should send a clear message that more needs to be done to save young lives on WA roads.

The male driver is still in intensive care.

Car fireball kills two

Two teenagers were burnt to death when a car driven by a P-plate driver rolled and burst into flames.

Jason (16) and Michelle (14) were in a Hyundai Getz driven by their 18 year old friend, when the car rolled over on Brand Highway around 7pm yesterday.

The two teenagers were burnt to death in the wreck which rolled after hitting a tree.

Witnesses reported the Hyundai was travelling at high speed when it suddenly veered off the road, hit a tree and rolled several metres before bursting into flames only seconds later.

The male driver was able to climb out of the wreck but his friends were trapped inside and died at the scene.

One witness reported that the flames were intense and other motorists were not able to get to the trapped teenagers.

Brand Highway was closed for four hours while police and emergency services cleared the wreckage.

The driver was taken to Geraldton Regional Hospital with minor injuries including burns to his hands and face suffered trying to free his trapped mates.

Police said the crash was on a stretch of road with an 80 km/h speed limit. The driver had a BAC of 0.00.

‘It’s difficult to say why this crash happened,’ Sgt Ross Miller said. ‘This stretch of road is windy and a downhill run. It’s hard to estimate how fast the car was travelling.’

Crash investigators will spend time at the scene this week trying to find out what actually happened.

It is still not known where the friends had been or where they were heading when the crash happened.

The school principal said he has already asked road authorities to allocate two traffic wardens to the crossing and increase the signage as there have been near misses before. ‘Drivers forget that even though it’s a main road they still have to slow down to 40km/h during school hours.’

Witnesses said there were lots of cars parked along the side of the road and the Mazda seemed to change lanes to avoid these and was travelling at a high speed.

Police indicated factors such as speed and heavy rain contributed to the crash.

The driver of the Mazda was unhurt and will face charges of reckless driving and manslaughter.

The girl’s parents demanded authorities to increase penalties for drivers who act irresponsibly on our roads.

‘We don’t want any other family to have to go through this,’ they said.

Girl dead after hit by 4WD

A 5-year-old girl was run over by a 4WD on Charles Street yesterday as she walked home from school. The girl was taken to Princess Margaret Hospital but died later that night.

The young girl was using the children’s crossing near the local school, when a red Mazda hit her. The traffic warden had both flags out and had indicated to the girl that it was safe to cross.

‘The car just came out of nowhere. The driver tried to stop but the road was wet and she was doing more than 40 km/h,’ Bill Yates the local traffic warden said. ‘It happens all the time. Drivers just don’t slow down and take the time to look.’

The school principal said he already asked road authorities to allocate two traffic wardens to the crossing.
Haddon’s matrix

1. Describe the contributing factors for each phase of a crash.

<table>
<thead>
<tr>
<th></th>
<th>human</th>
<th>environment</th>
<th>vehicle</th>
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<tbody>
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<td>surrounding area, weather and time</td>
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<tr>
<td>pre-crash</td>
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<td>crash</td>
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<tr>
<td>post-crash</td>
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2. Use the 90° degree thinking chart to identify strategies that may have prevented the crash or reduced the level of injury for vehicle occupants.
Road safety issues

Road safety issue: Speeding

Situation 1
You’re working on the weekend at a takeaway store about 10 kilometres away. Your boss is really strict about being on time and will dock your pay if you’re not there right on the dot. You’ve left plenty of time to get to work but just after leaving home you get stuck in a line of traffic at road works and have to detour around the area. You’re worried about being late.

Situation 2
Your sporting team is meeting in town at 10am and taking a bus to the recreation ground in the next town. You’re alarm didn’t go off and it’s 9.50am. You live about 15 minutes out of town.

Situation 3
You and your little brother are camping out in the bush. Suddenly you hear your little brother scream. He’s fallen off some rocks and has broken his arm. The nearest hospital is 30 minutes away. He’s in a lot of pain and keeps yelling at you to drive faster.

Road safety issue: Restraints

Situation 1
Your friend is picking you up to go to the movies. When he arrives you notice that there are already five people in the car and there isn’t a seat belt available for you to wear. Your friend tells you to squeeze in the back.

Situation 2
It’s the last day of school and everyone is going to the beach to celebrate the start of the holidays. Your friend offers you a lift but it’s in the back of their van.

Situation 3
Your uncle has picked you up from school on his way to another appointment. When you get in the car you find that the seat belt isn’t working properly. Your uncle starts to pull out of the parking area before you can tell him about it.
Road safety issues

Road safety issue: Alcohol

**Situation 1**
You’ve been at a party, had a few drinks and are feeling tired. You realise you’ve missed the last bus that goes to your suburb. You live about 5 kilometres away and decide to walk but you’re not sure which way to go.

**Situation 2**
Your parents have gone away for the weekend. You invite a few friends over to have pizza, a few beers and watch a movie. Your friends have organised for someone to pick them up but it’s getting late and their lift hasn’t arrived. One of your friends asks you to take them home.

**Situation 3**
You’ve had a couple of beers at the local sporting club to celebrate your team’s win. Finally it’s time to go home but you notice that your ‘skipper’ is having difficulty putting the key in the ignition and is slurring his words. Your parents have only allowed you to stay out until midnight and it’s already 11.45pm.
Focus Area 5
Taking action

(For typical Year 9 and 10 students)
The activities in this focus area are designed for typical Year 9 and 10 students.

### Overview of Focus Area 5

This section provides an overview of the units included in the Taking action focus area. It focuses on students using the knowledge and skills they have learnt from previous drug education and road safety focus areas and applying them to their own lives and their own communities.

There are three units that allow all students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer drug-related and road user behaviours.

#### Unit 5.1 Changing the culture of alcohol and other drug use

This unit focuses on the range of environmental and cultural factors that promote binge drinking. Students contribute to a school community plan to change the culture of binge drinking. Marketing strategies of both drug companies and public health campaigns are critically analysed.

#### Unit 5.2 Safer socialising

This unit focuses on the fact that alcohol is the major contributor to road crashes in WA and on the benefits of ‘planning ahead’ and ‘damage control’ when students are socialising. Students practise implementing these skills and are encouraged to develop a safer socialising agreement with an adult as a useful harm reduction strategy.

#### Unit 5.3 Future drivers

This unit focuses on the WA Graduated Driver Training and Licensing System and the importance of supervised driving practice. Students will practise planning trips to avoid fatigue and develop strategies to avoid driver distractions. Students will consider the safety ratings of vehicles, the influence of the media when purchasing a vehicle and analyse insurance options.

Additional pre-driver activities for Year 10 to 12 students are included in the Keys for Life resource available through School Drug Education and Road Aware.
Focus Area 5: Taking action

Overview of content: Taking action

The table below describes the content addressed in this focus area that will contribute to the achievement of the *Curriculum Framework Health and Physical Education Learning Outcomes* in the context of drug education. The content has been listed under the organisers from the Early Adolescence Phase of the *Curriculum Framework Curriculum Guide-Health and Physical Education*. The content for Attitudes and Values is incorporated in the outcomes (shown in italics).

<table>
<thead>
<tr>
<th>Unit 5.1 Changing the culture of alcohol and other drug use</th>
<th>Unit 5.2 Safer socialising</th>
<th>Unit 5.3 Future drivers</th>
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<tbody>
<tr>
<td><strong>KNOWLEDGE AND UNDERSTANDINGS</strong></td>
<td><strong>SELF-MANAGEMENT SKILLS</strong></td>
<td><strong>INTERPERSONAL SKILLS</strong></td>
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<tr>
<td>PROMOTING WELLBEING</td>
<td>SELF UNDERSTANDING</td>
<td>RELATIONSHIP SKILLS</td>
</tr>
<tr>
<td>The meaning and dimensions of health</td>
<td>Understanding emotions</td>
<td>Communicating</td>
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<tr>
<td>• people enhance their health by developing positive attitudes towards it and taking positive actions such as ‘planning ahead’ and ‘damage control’ strategies around drug use</td>
<td>• developing a more complex vocabulary for describing and interpreting emotions</td>
<td>• using context appropriate language when discussing health issues with peers</td>
</tr>
<tr>
<td>Growth and development</td>
<td>Managing emotions</td>
<td>• using active listening to enhance relationships</td>
</tr>
<tr>
<td>• accurate information about the social costs of drug use may affect attitudes and behaviours relating to drug use</td>
<td>• modifying actions in response to stressful or unsafe situations</td>
<td>• understanding the emotional states of other people</td>
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<tr>
<td>• strategies to enhance health and resilience such as ‘planning ahead’ and ‘damage control’ strategies, Five skills of resilience and Safer socialising agreements</td>
<td>• using positive ‘self talk’ and understanding the link between thoughts, feelings and behaviour</td>
<td>• effectively communicating in situations where there may be a conflict of values e.g. whether to call an ambulance</td>
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<tr>
<td>Social-emotional wellbeing</td>
<td>DECISION-MAKING</td>
<td>Building and nurturing relationships</td>
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<tr>
<td>• the Five skills of resilience can be drawn on to manage relationships</td>
<td>• identify potential risks in drug-related situations (e.g. who, where, how much?)</td>
<td>• influencing relationships and treating others fairly when planning school health promoting activities</td>
</tr>
<tr>
<td>Ways to keep healthier and safer</td>
<td>• identifying an unsafe situation and determining if a decision needs to be made to reduce the risk</td>
<td>Preventing and managing conflict</td>
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<tr>
<td>• identifying personal attitudes and values towards drug use</td>
<td>• identifying positive and negative consequences of a decision</td>
<td>• adapting assertive communication and negotiation in difficult situations</td>
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<tr>
<td>• acceptance of personal responsibility for safety in drug-related and traffic-related situations</td>
<td>• ways to manage or avoid risks e.g. use ‘planning ahead’ and ‘damage control’ strategies and the Five skills of resilience</td>
<td>• ‘planning ahead’ and using ‘damage control’ in risky situations to minimise the potential for risk to themselves or others</td>
</tr>
<tr>
<td>• changing the culture of binge drinking in Australia requires community involvement</td>
<td>Planning before deciding</td>
<td>• supporting others involved in risky or stressful situations</td>
</tr>
<tr>
<td>• identifying ways to respond to peers and others who are encouraging harmful or unsafe behaviours</td>
<td>• identifying more than one option in a drug-related situation</td>
<td>WORKING WITH OTHERS</td>
</tr>
<tr>
<td>• public health campaigns that respond to issues such as binge drinking and drink driving</td>
<td>• assessing feelings when making decisions and planning</td>
<td>Cooperating and collaborating in groups</td>
</tr>
<tr>
<td>• drug-related and traffic-related laws that promote healthy safer environments</td>
<td>• predicting and identifying options in traffic-related situations</td>
<td>• selecting, applying and adjusting skills when collaborating to achieve group goals</td>
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<tr>
<td>• seeking help or advice (e.g. when buying or insuring a vehicle, grief counselling to deal with road trauma)</td>
<td>• appreciating the need for safer practices in a range of situations</td>
<td>• appreciating the need to accept differing attitudes and opinions</td>
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<tr>
<td>Resources and consumer skills</td>
<td>Deciding and acting</td>
<td>Leading, initiating and facilitating</td>
</tr>
<tr>
<td>• importance of parents and other adults as sources of support in promoting safer socialising</td>
<td>• positive and negative consequences in relation to drug use situations</td>
<td>• showing independence and initiative in group activities</td>
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<tr>
<td>• the lack of reliability of information and manipulation of messages in alcohol and other drug advertisements</td>
<td>• using strategies to manage influences on drug use behaviour from peers, family and others in the community</td>
<td>• demonstrating skills to organise and manage group activities and dynamics</td>
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<tr>
<td>• binge drinking puts a strain on fire and emergency, police, paramedics, and hospital staff and affects people indirectly through increased taxes, insurance premiums and damage bills</td>
<td>• using assertive communication when well-being is threatened or adult support is not available</td>
<td>• convincing others to share a particular view</td>
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<tr>
<td>• media can influence consumers when buying cars</td>
<td>Monitoring and evaluating</td>
<td>• demonstrating leadership skills when supporting others in school health promoting activities</td>
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<tr>
<td>• value the need to encourage peers, family and the wider community to participate in safer road user behaviours</td>
<td>• as a decision maker, being responsible for actions and consequences of their drug-related and traffic-related decisions</td>
<td>• value the need to encourage peers, family and the wider community to participate in safer road user behaviours</td>
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</table>
This focus area requires students to apply knowledge and skills they have learnt from Focus Areas 1-4 to their own lives and school communities. Teachers should ensure that students have completed learning experiences from these focus areas before commencing these units.

The emphasis in this focus area is on students taking responsibility for their own and others’ safety and having a voice in changing the culture of drug use in their community. Hence, students are encouraged to contact the Advertising Standards Bureau about drug advertisements that they consider to be in breach of advertising codes; create whole school strategies to change the culture of binge drinking and other drug use; and develop safer socialising agreements with parents or other responsible adults.

Analysis of media and social influences that promote pro-drug attitudes has been identified as an effective drug education strategy. In this focus area students are encouraged to analyse alcohol advertisements (teachers may choose to conduct a similar analysis on analgesic, caffeine or energy drink advertisements) and public health drug and road safety programs.

The key road safety messages in this focus area are to prevent young people who have been affected by alcohol or other drugs from driving, riding or walking home at night and to prevent them from accepting lifts from others affected by alcohol or other drugs. The ‘planning ahead’ and ‘damage control’ strategies that students are asked to consider refer to both drug-related and traffic-related situations.

The moment young people receive their P plates they enter a period of high risk. The first six months of solo driving is particularly dangerous. A combination of inexperience, overconfidence and propensity to take risks contributes to their vulnerability.

Supervised driving practice is a critical factor in preparing young drivers to be safer on our roads. Research indicates that young drivers are best prepared when they accumulate 100-120 hours of driving practice in a range of conditions.

Send the appropriate Parent and Student Information Sheets (in the Appendix of this resource) home to promote greater family discussion and to inform parents of the purpose and content of classroom activities. It is important to involve parents in the discussion of safer socialising as the most common source of alcohol for students is parents. They also have a ‘duty of care’ and are considered liable for any outcomes during and after parties they agree to host.

Please consult the more detailed Background Information section of this resource before teaching this focus area.

USEFUL WEBSITES
- To order fact sheets www.dao.health.wa.gov
- For illicit drug information www.drugaware.com.au
- For Hosting a party for teenagers and Your party, your responsibility booklets download from www.enoughisennough.com.au
- For other safer partying tips www.redcross.org.au/SAM
- Youth friendly help sites:
  - Reach Out www.reachout.com.au
  - Kids Help Line www.kidshelpline.com.au
  - Somazone www.somazone.com.au
  - Smarter than Smoking www.OxyGen.org.au
- For information about getting a driver’s licence and choosing a driving instructor keys2drive.com.au
- Information about licensing services, getting a driver’s licence including costs and phases of the licensing process www.dpi.wa.gov.au/licensing/1210.asp
- For Australasian New Car Assessment Program that gives vehicle safety ratings www.ancap.com.au
- For insurance information www.icwa.wa.gov.au

The following texts were used to prepare this information:
2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
Cannabis: Know the risks, NSW Department of Education and Training, 2003
Focus Area 5: Taking action

For students:

Key understandings

➤ Most alcohol related problems in our community are not caused by people who drink regularly at low risk levels but by those who drink occasionally at high risk levels (binge drink).
➤ A culture that accepts binge drinking is a contributing factor to levels of alcohol-related harm in our community.
➤ A range of environmental and cultural factors promote teenage binge drinking (e.g. lack of adult supervision at parties; positive teenage and parental attitudes towards binge drinking; availability of alcohol through extended trading hours; role modelling of drinking behaviour by adults; positive portrayal of alcohol through advertising and the popular media).
➤ Tobacco advertising has been banned since 1992, however, alcohol advertising has been deregulated since 1996, which has contributed to young people perceiving excessive alcohol use as a positive social activity.
➤ There is a range of individual and community strategies for managing and avoiding binge drinking and other drug use.

Key skills

➤ Critically analyse the advertising messages and marketing strategies used by alcohol companies and compare these with current public health campaigns.
➤ Share attitudes and values towards binge drinking and other drug use.
➤ Contribute to a school community plan to change the culture of binge drinking and other drug use.

Activity 1: The story so far

RESOURCES:
➤ Paper for quiz answers

HOW:
This activity is essential for classes that have not completed a comprehensive drug education program in Years 8 and 9, and is also a useful revision for those classes that have.

Divide students into groups of four. Explain that they will be participating in a quiz to revise or teach them about some important aspects of drug education.

Allocate one student in each group as scribe, score keeper, adjudicator (to make a decision on an answer if students can’t agree) and spokesperson (for the verbal answers).

Complete both rounds of questions. Keep a tally of the scores after each round and keep the pace of the quiz brisk.

Round 1:
1. Name two drugs that are depressants i.e. they slow down the activity of the central nervous system. (Alcohol; heroin; morphine; tranquillisers; analgesics and cannabis in small doses.)
2. Name two drugs that are stimulants i.e. they speed up the activity of the central nervous system. (Nicotine; amphetamines; caffeine; cocaine; and ecstasy in small doses.)
3. Apart from analgesics, what is the drug that is most commonly used by 12-17 year-old WA students? (Alcohol – 88% of 12-17 year-old students in WA had used alcohol at some time in their lives in the 2005 student survey.)
4. What is the illegal drug that is most commonly used by 12-17 year-old WA students? (Cannabis – 23% of 12-17 year-old students in WA had used cannabis at some time in their lives in the 2005 student survey.)
5. Most young people experiment with illegal drugs. True or false? (False, the majority of
young people do not use illegal drugs. The 2005 WA survey of students showed that the percentage of 12-17 year-olds who had tried illegal drugs as:

- a. cannabis – 23%
- b. amphetamines – 9%
- c. ecstasy – 4%
- d. cocaine – 3%
- e. heroin – 2%.

6. Illegal drugs cause more drug-related deaths than legal drugs in our society. True or false? (False: 72% of all drug-related deaths are caused by tobacco; 25% by alcohol and only 6% by all other drugs including medicines and illegal drugs.)

7. The effects of a drug vary from person to person. What are the three main factors that can influence how a person is affected by a drug. These factors make up what is called ‘the drug triangle’. (The individual; the drug; and the setting or environment.)

8. Which of the following is the only effective way of sobering up from drinking too much alcohol – drinking coffee; having a shower; exercising; time? (Time, all the others are myths about sobering up.)

9. Tobacco smoke contains more cancer causing agents than cannabis? True or false? (False, joints have 50-100% more tar than cigarettes and cannabis smokers tend to inhale more deeply and hold the smoke in the lungs for longer than tobacco smokers.)

10. It is legal to own a couple of plants of cannabis? True or false? (False, it is illegal to grow, possess, use, sell or supply cannabis. It is illegal to possess a smoking implement that contains traces of cannabis. The Cannabis Infringement Notice (CIN) Scheme enables police, at their discretion, to issue an infringement notice for possession of small amounts of cannabis. Offenders over 18 years can choose to pay a fine, go to court or go to a Cannabis Education Session within 28 days. The offender would not receive a criminal record in this situation. However, it is still up to police discretion whether to charge an offender under the Cannabis Control Act.)

11. Cannabis use can cause mental health problems in some people. True or false? (True, the frequent or even occasional use of cannabis can cause anxiety, depression, paranoia and psychosis in those who are vulnerable to mental health problems.)

12. The spokesperson in your group must offer a possible refusal line to the class for someone who does not want to try cannabis when it is offered to them. They can’t repeat a line another group’s spokesperson has already said. (Possible responses: ‘no thanks, I don’t smoke’, ‘no, not right now thanks’, ‘no, my folks would kill me’, ‘no, it gives me asthma’, ‘no, I’ve got work/school tomorrow’, ‘no, it makes me feel sick’.)

Round 2:

1. What are the Five skills of resilience that can help protect you from experiencing long term problems with drugs and also cope with the ups and downs of everyday life? (Helpful and positive thinking; resourcefulness; understanding emotions; relationship skills; and self-understanding.)

2. You want to have a good time at a party, but don’t want to lose control. What are three realistic things you can do? (Any three realistic harm reduction strategies related to alcohol or other drugs.)

3. List three factors that affect Blood Alcohol Concentration (BAC) (Gender; size; food in stomach; type of alcohol; amount of alcohol; speed of consumption.)

4. What are the low risk drinking guidelines for adult males and females (hint: there are three parts to this answer.) (Less than 2 standard drinks per day for females; less than four standard drinks for males; and at least 2 alcohol free days per week.)

5. A standard drink is one that contains 10gms of alcohol. True or false? (True, the body can only metabolise around one standard drink per hour.)

6. Approximately how many mls are there in a standard drink of spirits; full strength beer; and pre-mixed spirits? (Spirits – 30mls; full strength beer – 285mls; pre-mixed – 285mls – based on 5% alcohol content. A measuring beaker would be useful to demonstrate these amounts.)

7. What are three possible long term physical and mental effects of cannabis use? (Bronchitis; lung cancer; decreased memory and learning ability; interference with sexual drive and hormone production; dependence; mental health problems.)

8. What are three possible long term physical and mental effects of ecstasy use? (Depression; drowsiness; muscle aches; loss of appetite; insomnia; loss of concentration; irritability.)
9. What are three possible long-term physical and mental effects of amphetamine use e.g. speed, ice? (Malnutrition; reduced resistance to infection; violent behaviour; emotional disturbances; periods of psychosis.)

10. What does DR ABCD refer to with regards to first aid? (Danger; Response; Airways; Breathing; CPR – cardiopulmonary resuscitation; Defibrillation.)

11. What is the ratio of compression to breaths when delivering CPR? (30 compressions to 2 breaths.)

12. The spokesperson in your group must suggest something you could do or say if a person who has been drinking heavily or smoking cannabis offers you a lift home. They can’t repeat a suggestion another group’s spokesperson has already said. (Possible responses: ‘I don’t feel safe driving with you’; ‘My parents are coming soon’; ‘I already have a lift planned’; call parents; call a taxi; stay longer at party.)

Statistics from 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results

Reflection
Students share with a partner one thing they have learnt from the quiz. Alternatively groups could use the Drug Aware: Facts about drugs booklets or any prior knowledge about drug education to devise two questions per group for another round of quiz questions.

Activity 2: Attitudes towards binge drinking and other drug use and the impact of binge drinking on the community

RESOURCES:
➤ Enough is Enough trigger on the Challenges and Choices DVD in this resource.
➤ Photocopy Resource Sheet 1: Values ranking – one per student.

HOW:
Attitudes towards drug use influences drug use behaviour
Explain that the beliefs and attitudes we hold about certain types of drug use are shaped by a range of factors. These attitudes, in turn, impact on our drug use behaviour. For example, if we have a negative attitude towards smoking or binge drinking, we are less likely to experiment with smoking or engage in binge drinking.

Brainstorm some of the factors that are likely to influence attitudes towards drug use. For example: knowledge about the drug and its possible effects; peer attitudes and drug use behaviours; family beliefs and role modelling; previous experience; legal status; concerns about safety; advertising and marketing campaigns; use of drugs in the media; public health campaigns.

Values continuum
Distribute Resource Sheet 1: Values ranking to each student and place students into groups of six. Explain that this activity will help them consider their own and others’ attitudes towards binge drinking and other drug use.

Individually students rank the characters on a scale of 1 to 5, (with 1 being very unacceptable and 5 being very acceptable) using the scale provided on the resource sheet.

Students then discuss each character and decide on a group ranking, providing reasoning for their rankings. Hear differences in group rankings and reasoning for each character, stressing that the ranking that they decide upon is largely determined by their attitudes to this drug use behaviour.

Discuss
• Which characters were the hardest to agree on for a group ranking? Why?
• How would this situation affect the character or the community?
• What costs might occur as a result of the character’s actions? (Financial costs from property damage; physical or emotional harm; putting members of the community at risk; putting strain on emergency police and hospital services.)
• Was your group’s attitude towards binge drinking mostly ‘acceptable’ or ‘not acceptable’?
• How do you think this attitude may affect your current or future drinking behaviour?
• What could you tell someone who thinks binge drinking is acceptable? (Regrettable behaviours and associated embarrassment; unprotected and unwanted sex that could lead to unwanted pregnancy or sexually transmitted infections; risk of being involved in violent situations; risks of drink driving; losing friends or loved ones as a result of their behaviour; loss of money after reckless spending on alcohol; hangovers; damages brain and liver; causes male impotency.)
Unit 5.1 Getting the big picture on drug use issues

Focus Area 5: Taking action

• Was your group’s attitude towards tobacco mostly ‘acceptable’ or ‘not acceptable’?

• How do you think this attitude may affect your current or future smoking behaviour?

• What could you tell someone who thinks smoking is acceptable? (Lowers fitness; can trigger asthma attacks; is anti social; reduces sense of smell and taste; causes bad breath and stains skin, hair and clothes; damages lungs and heart; is easy to become dependent on; most adults who smoke wish they didn’t.)

• Was your group’s attitude towards cannabis use mostly ‘acceptable’ or ‘not acceptable’?

• How do you think this attitude may affect your current or future cannabis use behaviour?

• What could you tell someone who thinks using cannabis is acceptable? (It’s illegal; may result in criminal record; risk of regrettable behaviours and associated embarrassment; sexual vulnerability could lead to pregnancy or sexually transmitted infections; losing friends or loved ones as a result of their behaviour; loss of money after reckless spending on cannabis or related fines; risk of mental illness; risk of accidents; damages lungs and interferes with sexual drive and hormone production.)

Impact of binge drinking on the community

Remind students that alcohol-related problems are estimated to cost WA communities more than $760 million per year, not including the costs of time spent by police and emergency services dealing with alcohol-related problems. ¹

Explain that while most adults use alcohol in a safe and responsible way, most alcohol-related problems are caused not by people who are dependent on alcohol but on those who occasionally drink excessively or binge drink.

Explain that the latest school student survey of drug use in WA in 2005 showed an increase in the proportion of 12-17 year-old students who drank at ‘at risk’ levels from 23% in 2002 to 27% in 2005. This was almost entirely due to an increase in ‘at risk’ drinking among 12-15 year-old females (16% to 24%).


Enough is Enough

Explain that the Enough is Enough Alcohol Education Program is a WA government public health campaign that aims to reduce the problems and harm in the community that result from drunkenness by changing the drinking culture in WA to support safer drinking environments and practices.

Conduct a head talk (see p299) allocating a number from one to six to each group member. Pose the following questions for groups to discuss.

1. What do you see as some of the main problems binge drinking could cause in our community?

2. What sorts of things could governments, communities and individuals do to create a less harmful drinking culture in WA?

Give students an example for each question to ensure they understand the task. Roll the dice after five minutes to decide which students will present the findings from their group. If not identified by students, introduce the following points.

1. Depending on your community, some of the main problems caused by binge drinking are:
   - injuries and loss of life
   - strain on services such as police, paramedics, hospitals, fire and emergency
   - damage to property and associated costs to clean up and repair for local councils and individuals
   - fear and physical and verbal abuse caused to family and other members of the community
   - increases in taxes, rates and insurance premiums as a result of harms and damages.

2. Things that could create a less harmful drinking culture include:
   - changing the attitudes to binge drinking (i.e. ‘It’s not OK to get really drunk’) at a family, local community and state government level
   - changing drinking environments e.g. more supervision at underage parties; less aggressive crowd controllers; tighter policing of responsible service of alcohol in licensed venues; restricting licensed venues from serving alcohol to patrons who are not eating
   - changing the availability of alcohol e.g. restricting extended trading hours; parents or other adults not buying alcohol for teenagers; more alcohol free events for young people
   - changing the legislation e.g. zero blood alcohol levels for young drivers
Unit 5.1 Getting the big picture on drug use issues

- role modelling of safer drinking practices by adults at family gatherings and other venues where children may be present
- regulating alcohol advertising codes so that advertisements and marketing strategies that promote excessive or under-aged drinking are not permitted
- regulating the portrayal of the use of alcohol in the media.

Show the Enough is Enough trigger. Ask students to tick off any of the points raised in question 1 that they hear or see on the DVD as they are watching.

Discuss

- Do you think this is an appropriate DVD to show young people about binge drinking? Why/why not?
- Where else do you think the Drug and Alcohol Office planned for this DVD to be shown?
- Why do you think the Drug and Alcohol Office is trying to ensure that communities have a strong understanding of the issues and harms associated with binge drinking? (It takes community involvement and support to bring about social/cultural change towards binge drinking.)
- What do you think would be the most effective way to make binge drinking unacceptable to young people?

See the Assessment Task in Unit 5.2 (p.264).

Students develop community strategies to change the culture of binge drinking and reduce the risks associated with the misuse of alcohol and other drugs at student celebrations and social events.

Activity 3: Comparing alcohol and other drug advertising to public health drug education campaigns.

RESOURCES:

- Access to internet.
- Photocopy Resource Sheet 2: Media messages – one per student.
- Drink driving campaign advertisements – Challenges and Choices DVD.

HOW:

Explain that research shows that exposure to high levels of advertising and marketing of drugs has an influence on teenage drinking and other drug use. Young people are regularly exposed to advertising and marketing strategies from alcohol, caffeine, analgesic and other ‘over the counter’ medication companies.

Explain that tobacco advertising has been totally banned since 1992 so tobacco companies must now rely on indirect advertising such as product placement. Alcohol advertising, however, has been deregulated since 1996, which has contributed to young people perceiving alcohol to be a ‘social’ drug that helps people to meet others; enhances their sexuality; helps them forget problems and stress. Many advertisements also promote binge drinking as a positive social activity.

To illustrate just how exposed students are to these messages on a daily basis, conduct a one minute challenge (see p295) to list as many advertising and marketing strategies from alcohol, caffeine, analgesic and other ‘over the counter’ medication companies that they can recall.

Viewing alcohol advertisements and marketing strategies

As a class, view several alcohol advertisements and marketing strategies using any of the following websites: (Note, access to alcohol company websites is only granted if the user types in a birth date older than 18 years. Preview all sites before showing to students.)

Generic sites

- www.stanford.edu/class/linguist34/advertisements/alcohol%20ads/index.htm This link provides 55 samples of print advertisements for alcohol.
- www.camy.org/gallery
  This link provides a range of print and television advertisements for alcohol by brand name.

Alcohol company sites

- www.tooheysnew.com.au
- www.carltondraught.com.au
- www.fosters.co.uk
- www.bundabergrum.com.au

Discuss

- Where is alcohol being consumed in these advertisements? (Usually in a social setting in bars, at parties, at home.)
- What are the advertisements saying about males and females who drink alcohol? (Currently alcohol advertising portrays men who drink alcohol as either ‘macho’ or sensitive new age. For women, the message is that alcohol improves their sense of mateship among men or their glamour and seductiveness. They are often portrayed as needing alcohol as a stress relief.)
Focus Area 5: Taking action

Unit 5.1 Getting the big picture on drug use issues

- Are messages about negative effects of alcohol made obvious to the viewer? (No, main messages are that alcohol helps people meet each other, enhances their sexuality or helps them forget problems and stress.)
- Do you think this advertisement would be expensive to produce? Why? (Yes, the alcohol industry spends an estimated $70 million a year in Australia on advertising and promotion of their products because companies consider it to be an effective way to promote their products.)
- Viewers have to be 18 to access these alcohol websites but you can watch any of these advertisements on TV during M or MA classification periods or during live sporting events. What age group and sex do you think are the target for these advertisements? Why? (Many companies target young people by including glamorous models; clever graphics; current music; humour; sexual overtones; and using particular body types for gender appeal.)
- Look at some of the other marketing strategies used on the alcohol websites (sms messages, screen saver downloads, desktop icons, mobile phone ring tones, competitions). What age group do you think these strategies are appealing to? (Young people. Establishing a drinking culture and brand loyalty at an early age will ensure that their product is consumed for many years to come.)

Taking action

Students form groups of four. Distribute Resource Sheet 2: Media messages to each group. Explain that while alcohol advertising has been deregulated since 1996, advertisers must still comply with the Alcohol Beverages Advertising Code.

Read through the Code on the resource sheet and then watch some of the alcohol company advertisements. Students complete the questions on the resource sheet and if they consider any of the advertisements in breach of the Code, write a letter to the
- Advertising Standards Bureau
  Level 2, 97 Northbourne Ave,
  Turner, ACT 2612
  or contact them on www.advertisingstandardsbureau.com.au outlining why they consider the advertisement to be in breach of the Code.

Reflection

Conduct a hypothetical (see p314) so students may reflect on how binge drinking can affect individuals and the community and how advertising and marketing can influence the use of alcohol.

Distribute Resource Sheet 3: Hypothetical to each group. Read out the hypothetical and assign panellist characters to students. Allow at least 30 minutes for panel members to practise their responses and for the rest of the class to prepare possible questions that may challenge the panellists’ opinions.

Conduct the hypothetical, acting as a Master of Ceremonies to keep the discussion flowing. Encourage the audience to challenge panel members with questions either at the end or during the hypothetical.

Conduct a vote to determine the outcome of the hypothetical. Process the activity with the following questions.

Discuss

What useful information did each panellist provide that helped you make your final decision?

Has this hypothetical changed your views about binge drinking or alcohol advertising and marketing?

Do you think this situation would happen in real life?
Values ranking

Your attitudes towards certain drug use (such as binge drinking or using cannabis) often affect your drug use behaviour. This activity will help you consider your own and other’s attitudes towards binge drinking and other drug use.

Step 1:
On a scale of 1-5, with 1 being very unacceptable and 5 being very acceptable, rank each character’s behaviour. Place a tick in the box that corresponds with your ranking.

Step 2:
Discuss your ranking for each character with your group. Now you need to decide on a group ranking.

<table>
<thead>
<tr>
<th>Characters</th>
<th>Your ranking</th>
<th>Group ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Cannabis</strong></td>
<td></td>
<td></td>
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<tr>
<td>Sophie is 21 and drives home from a 21st party after she has had several joints of cannabis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scott is a 16 year-old student who brings a bong and some cannabis to his best friend’s house and proceeds to ask people if they would like some, despite being told by his friend not to bring it.</td>
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<td></td>
</tr>
<tr>
<td>Julie is 17 and a regular user of cannabis. She puts pressure on her boyfriend who does not use cannabis to try it each time they are together.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tyler is 16 and pinches $50 from his mother’s purse to pay for the cannabis he wants to buy for the weekend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matt is 16 and regularly misses basketball matches because he is stoned. He is one of the team’s best players and the team is losing games because of this.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characters</td>
<td>Your ranking</td>
<td>Group ranking</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Binge drinking (more than 7 standard drinks for men and more than 5 standard drinks for women on a single occasion)</strong></td>
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<td></td>
</tr>
<tr>
<td>Kim is the mother of a 15 year-old teenage girl who regularly buys her daughter a six pack of pre-mixed alcohol to take to weekend parties.</td>
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<td></td>
</tr>
<tr>
<td>Chris is an 18 year-old student who lends his driver's licence to his 16 year-old brother so he can buy a carton of beer to share with three friends.</td>
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<td></td>
</tr>
<tr>
<td>Dean and his 18 year-old friends get drunk together at a local park while watching the fireworks on Australia Day. They are loud and disrupt several families around them.</td>
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<td></td>
</tr>
<tr>
<td>Nat is a barman who continues to serve alcohol to a group of young friends who are obviously drunk.</td>
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<td></td>
</tr>
<tr>
<td>Max is a grandfather who drives home after his grandson’s 21st party with a Blood Alcohol Concentration (BAC) exceeding the legal limit.</td>
<td></td>
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</tr>
<tr>
<td>Josh is an aggressive drunk who provokes a fight and gets serious head injuries. At the hospital he is aggressive to emergency staff but because his injuries are serious gets seen before many other patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom is 25 and an under 16's football coach. He provides two cartons of beer at the end of year celebrations for all the players to share.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pam is a 15 year-old student who regularly gets drunk at parties and often vomits inside on the host's carpet or furniture.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nick is 17. He and his friends walk home from a party very drunk and throw empty bottles at cars from a footbridge.</td>
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<td></td>
</tr>
<tr>
<td><strong>Tobacco</strong></td>
<td></td>
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</tr>
<tr>
<td>Anne is a mother of two small children. She regularly smokes inside the house and when she is in the car with them. The youngest child has asthma.</td>
<td></td>
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<tr>
<td>Suzie is 16 and regularly offers cigarettes to her friend who is trying to quit smoking.</td>
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<td></td>
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<tr>
<td>Tim is a heavy smoker who often lights up after a meal at friend’s houses without asking first if it is OK to do so.</td>
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</table>
Media messages

Alcohol advertising in Australia is loosely governed by the Alcohol Beverages Advertising Code. The Code states that companies can not make advertisements that:

- do not present a mature, balanced and responsible approach to drinking (e.g. encourage binge or under-aged drinking)
- have a strong appeal to children of underage young people
- suggest that alcohol consumption can create a change in mood or environment (e.g. alcohol contributes to sporting or social success or aids relaxation)
- depict a strong association between the drinking of alcohol (except low alcohol drinks) and the operation of a car, boat or aircraft or other hazardous activities
- challenge or dare people to drink a particular type of alcohol (except low alcohol drinks) or one that contains a higher alcohol content.

Watch the alcohol advertisements your teacher shows you.

Thinking and talking

- What is the main message about alcohol that is presented in each advertisement?
- What techniques do the advertisers use to persuade people to buy their product?
- What techniques do the advertisers use that might particularly appeal to young people?
- Do any of the advertisements breach the Code in any way? How?

Taking action

Choose one of the advertisements that you think may breach the Code. Draft a letter to the Advertising Standards Bureau, describing the company, the particular advertisement and what part of the Code (above) you think it has breached. See the example letter (right).

Your teacher will forward your letter to them or you can contact them by email on www.advertisingstandardsbureau.com.au

Well done for helping put a stop to inappropriate alcohol advertising!
Hypothetical

The following hypothetical aims to make you think about your attitudes to binge drinking, under-age drinking and the effect of alcohol advertising on people’s attitudes and behaviour.

Mr Miller works for an alcohol company which has just launched a mid-strength beer aimed at the younger market. Mr Miller is also the coach of the local football association’s Under 16 side.

At the club wind-up, where the majority of people are under 18, Mr Miller brings several cartons of this new beer and decorates the club rooms with the promotional posters and give-aways. While he doesn’t actually offer the alcohol to under-aged young people, it is openly available for them to take.

The wind up is a very rowdy event, where many under-aged young people become drunk.

Members of the football club’s committee spend several hours the next day cleaning up broken glass and fixing other damage around the club rooms.

The Club President now wants to introduce a club ruling that no alcohol should be available or consumed at any event where people under 18 years are present.

The panel in front of you will discuss the pros and cons of this issue and you, the audience, will be the members of the football club committee who make the final vote on this proposed club rule.

Panel members:

**Mr Miller:** Well loved coach and advertising manager of Little Brothers’ Beer Company. He supports alcohol use by young people as long as adults are around.

**Club President:** Father of Max who does not support under-age drinking. He was involved in the clean up the following day and has seen previous events at the club get out of hand due to alcohol.

**Constable Fry:** Took reports from several neighbours about excess noise from the clubrooms and one about a broken letterbox. He was abused by a large group of teenagers when he went to investigate the situation.

**Max:** Son of Club President. He drank 7 stubbies behind his Dad’s back on the night of the wind-up. He vomited in the car on the way home.

**Taj:** 16 year-old Captain, who had one stubby of the new beer just to see what the fuss was about but drank soft drinks for the rest of the night.

**Bill Neighbour:** Lives over the road from the clubrooms. He has been disturbed by rowdy, under-aged events for many years. Often finds empty cans and bottles in his garden the next day.

**Ambulance officer:** While not called out to attend any situations on this night, has had to attend several emergency situations involving alcohol over the last few years at the football club. Alcohol-related harm is one of the main causes of the injuries he/she attends.

Listen to the panellists present their case. Ask questions of the panellist yourself, so you fully understand the situation. Consider all the opinions that have been shared and decide whether you would vote for the proposed new rule if you were on the football club committee.
The activities in this focus area are designed for typical Year 9 and 10 students.

For students:

**Key understandings**
- Socialising with friends is a normal and important part of growing up.
- There is a range of social, cultural and environmental factors that influence decisions when socialising with friends.
- ‘Planning ahead’ and ‘damage control’ when socialising are both important resourcefulness skills that help minimise alcohol and other drug-related harm.
- Alcohol is the major contributor to road crashes in WA.
- Intoxicated drivers involved in fatal crashes are three times more likely to have been speeding than sober drivers.
- In WA it is against the law for anyone to drive under the influence of alcohol and other drugs.
- The combined use of alcohol with other drugs, such as cannabis or ecstasy, increases the risk of road crashes more than any substance used by itself.
- A safer socialising agreement with an adult is a useful harm reduction strategy for young people.

**Key skills**
- Identify risks and consequences of inadequate planning while socialising with friends.
- Practising ‘planning ahead’ and ‘damage control’ strategies for a range of social situations.
- Practising strategies to prevent young people who have been affected by alcohol or other drugs from driving, riding or walking home at night.
- Practising strategies to prevent self and others from accepting lifts from others affected by alcohol or other drugs.

**Activity 1: Risk assessment and decision-making involved in socialising around drugs**

**RESOURCES:**
- The After Party or The Birthday triggers on the Challenges and Choices DVD.
- Photocopy Resource Sheet 1: Risky decisions one per group.
- Photocopy an appropriate Decision-making model (see p318-320) – one per group.

**HOW:**

**Reviewing the risks**

Explain that wanting to go out, socialise and party is a normal rite of passage for most young people. ‘Planning ahead’ for what could go wrong and having a ‘damage control’ plan if things do go wrong can keep things under control while students are socialising with friends.

Explain that while a lot of what students will be doing in the following activities relates to safer partying, the risks involved in socialising with friends don’t only happen at parties. Similar risks can occur when small groups of friends or couples get together at home, at under-aged concerts, at sports clubs, at a park, at the beach or anywhere drugs may be consumed.
Conduct a card cluster (see p293) on the following two questions.

- What sorts of things make a great party?
- What 'not-so-fun' things might happen at a party?

Risks students could consider include:
- gatecrashers
- binge drinking
- second-hand smoke
- illegal drug use and associated negative effects or overdoses
- poly-drug use and associated effects or overdoses
- drink spiking
- violence and verbal fights
- sexual vulnerability/unsafe sex resulting in sexually transmitted infections and unplanned pregnancy
- driving home with someone who is drunk or intoxicated with other drugs
- walking or cycling home intoxicated with alcohol or other drugs
- walking home alone
- police attendance
- conflict with family.

**DVD trigger**

Choose either The After Party or The Birthday trigger on the Challenges and Choices DVD to revise the risks associated with binge drinking and other drug use.

Give students the following focus questions to guide their viewing.

**Discuss**

- What could they now do to reduce further harms that may occur due to their behaviour? (damage control)?
- Binge drinking has caused the most harm at this party. Do you think this would be true of parties most young people your age go to?
- What other drugs may young people your age experience at parties?
- How could you avoid or reduce the harms associated with these drugs?

**Decision-making**

Explain that often when students are socialising they will be forced to make decisions. Sometimes these decisions will be quick ones, like ‘Do I get a lift home with my brother who I know has been drinking?’ and sometimes they will have time to weigh up some options, like ‘How I am getting home from the party next Friday?’

Decision-making when socialising can be influenced by:

- **social factors** – such as pressure from peers to go to a party or stay at a party; pressure from family not to go or return home on time and to act responsibly; the behaviour of peers and friends at the party.
- **cultural factors** – such as family and/or religious values and attitudes about alcohol and other drugs and sexuality.
- **environmental factors** – such as road and weather conditions; vehicle conditions; availability of phones or money; time of night/day.

**Discuss**

- What possible decisions might you need to make when at a party or social gathering?

Responses may include:

- accept a lift with someone who is under the influence of alcohol and/or other drugs
- accept a lift home with someone they don't know very well
- walk home when drunk or under the influence of other drugs
- walk home alone
- hang around or leave when things get violent or someone comes on too strong
- give in to peer pressure to binge drink or try other drugs
- move from one party to the next without letting parents know of their whereabouts
- be a good friend and make sure their friend stays safe.
Students form groups of four. Distribute Resource Sheet 4: Risky decisions and a decision making model (see 318-320) to each group. Students use the model to identify a range of options available and the possible health and safety consequences for themselves and others in each of the situations on the resource sheet. As a group they must decide their final decision.

Alternatively, ask students to develop their own risky decisions situations and process them as above. Hear student feedback and reasons for final decisions.

**Reflection**

Discuss the following questions as a whole class.

- What factors would support this decision (enablers)?
- What factors would restrict this decision (barriers)?
- What can young people do to prevent someone who has been drinking or using other drugs such as cannabis or amphetamines from driving?
- What can young people do to prevent themselves and others from getting into a car with a driver who has been drinking or using other drugs such as cannabis or amphetamines?
- What social, cultural and environmental factors may have influenced your decision?
- Consider the skills of resilience (listed) and decide which ones you need to deal with peer pressure? (All of them)
  - helpful and positive thinking
  - resourcefulness
  - understanding emotions
  - relationship skills
  - self-understanding.

**Activity 2: Practising ‘planning ahead’ and ‘damage control’ when socialising around drugs**

**RESOURCES:**

- Photocopy Parent and Student Information Sheet: Safer socialising (p 389-390) – one per student
- Photocopy Resource Sheet 2: Sample Safer socialising agreement – one per student.

**HOW:**

‘Planning ahead’ and ‘damage control’

It may be necessary to review factors that affect BAC levels and ‘low risk’ drinking levels for adults (see Unit 1.2 Activity 2: Blood Alcohol concentration and the drug triangle – p47) and the Five skills of resilience (see Unit 1.3: Resilience and harm reduction strategies in practice – p67) before conducting this activity.

Also remind students of some legal aspects of drug use such as under the:

- Liquor Control Act 1988, it is an offence for people under 18 years to consume, buy or obtain or be in possession of alcohol in a public place or licensed venue, and it is an offence to supply or sell alcohol to a minor in a licensed venue or regulated venue. It is an offence to provide a fake ID.
- Cannabis Control Act 2003, it is illegal to grow, possess, sell or supply cannabis and that offenders under 18 years may be cautioned, referred to a Juvenile Justice Team or charged.
- Road Traffic Act 1974, it is illegal to drive under the influence of alcohol or other drugs.

Explain that ‘planning ahead’ when socialising with friends is an effective harm reduction strategy. Sometimes, however, the best of plans can come unstuck and things can get out of hand through no fault of their own. This is when damage control kicks in and new plans and decisions need to be made to keep themselves and others safe.

In groups of three students conduct a rip and review (see p300) considering the following questions.

- What could you do before a party if you were a guest or if you were a host, to keep you and your friends safer?
- What could you do at the party if you were a guest or if you were a host, to keep you and your friends safer?
- What could you do after a party if you were a guest or if you were a host, to keep you and your friends safer?

Hear responses to the rip and review. Ensure students consider the following issues.

**Before a party**

**Guest**

- Know the address and a contact phone number of the host and leave with parents.
- Know how to get to the party safely and carry extra money for taxi, bus, train.
- Plan not to use alcohol or limit the amount of alcohol consumed.
- Plan not to use illegal drugs or not to use alone or with strangers.
- Plan not to combine drugs (e.g. tobacco, cannabis, alcohol, caffeine).
- Plan how to deal with unwanted sexual advances.
- Make a mutual agreement with a friend to look after each other should either of you become intoxicated with alcohol or other drugs.
- Know how and when to get help.
Focus Area 5: Taking action

Unit 5.2 Safer socialising

**Host**
- Register party with police.
- State start and finish times on invitations.
- Don’t use the internet to circulate invitations.
- Make it clear that it is ‘invites only’ on invitations and use checklist at the door.
- Plan adult help to deal with gatecrashers and provide supervision.
- Ensure that supervising adults know that while it is not an offence to serve alcohol to minors in a family home, they are liable if an accident occurs as a result of alcohol being served.
- Plan good music, dancing area, food, toilet arrangements and sufficient lighting.
- Lock bedrooms or close off private parts of the house.
- Plan to have alcohol-free and tobacco-free areas.
- Ideally, don’t allow BYO alcohol or if you do keep it in a public place so consumption can be monitored.
- Plan to have just one entrance with an adult at the door.
- Plan to keep party contained either inside or in the back yard, not on the street.
- Close off pool areas if applicable.

**At the party**

**Guest**
- Drink non-alcoholic drinks or stick to limit of alcoholic drinks.
- Eat non-salty snacks.
- Take sips not gulps of alcohol.
- Avoid drinking games.
- Don’t share bongs or joints to avoid possible transmission of infectious diseases.
- Don’t use other illegal drugs and don’t use alone or with strangers.
- Remain in an area with other people.
- Contact parents/another adult if things get out of hand.

**Host**
- Set a good example and don’t drink, smoke, use cannabis or other illegal drugs.
- Provide small disposable cups rather than encourage guests to drink from bottles or cans.
- Ensure food is available throughout the party.
- Make a wide range of non-alcoholic drinks available.
- Provide a non alcohol or low alcohol punch, or low alcohol beers.
- Don’t top up drinks.
- Encourage supervising adults to serve drinks.
- Ask supervising adults to deal with guests who are intoxicated with alcohol or other drugs or causing things to get out of hand.
- Turn off music and encourage guests to leave at time stated on invitation or time agreed with parents.

**After the party**

**Guest**
- Plan to leave party at the time pre-arranged with parents.
- Know how to get home safely (e.g. share a taxi; get lift with parent or friend’s parent; public transport; sleepover).
- Contact parents/another adult if plans to get home come unstuck.
- Don’t get a lift home with strangers.
- Don’t walk or ride home if you have been drinking or using other drugs.
- Don’t walk home alone or get in a car with a driver who has been drinking or using other drugs.

**Host**
- Ask adult to take car keys off drivers who have been drinking or using other drugs.
- Don’t allow guests who have been drinking or using other drugs to walk or ride home.
- Don’t allow guests to walk home alone.
- Don’t allow guests to drive home with anyone who has been drinking or using other drugs.
- Offer for guests to sleep over.

**Brainstorm** situations where ‘damage control’ may need to come into play. For example:
- when plans to get home are changed due to reasons such as over-crowding; driver drinking or using other drugs; taxis not available)
- a fight breaking out or things getting out of control
- someone coming on too strong
- in an emergency situation
- when students don’t feel comfortable about other peoples’ drug use or behaviour.

**Practising ‘planning ahead’ and ‘damage control’**

Place students into two concentric circles so that a circle talk (see p298) can be conducted. Read one of the scenarios below to students. Each pair then discusses some ‘planning ahead’ strategies that may have avoided or reduced the risk of this scenario happening and then some ‘damage control’ strategies that would reduce the risk of further harm.

Continue to read further appropriate scenarios and rotate one of the circles so that students are discussing each scenario with a new partner. It may be necessary to model the process with the first scenario.
You are going to a party on Friday night where you think cannabis will be available. You are not keen on using cannabis but really want to go to the party. What are some ‘planning ahead’ strategies you could use to avoid using cannabis or reduce your risk of harm from those who do? What are some ‘damage control’ strategies if these plans don’t work?

You are with a group of friends and you are all drunk/stoned. Your friends are keen on walking home from a small gathering because none of you live far away. You need to cross several busy streets to get to your house. What are some ‘planning ahead’ strategies you could have used to avoid getting into this situation of walking home drunk/stoned? What are some ‘damage control’ strategies you could use now that you are in this situation?

You have planned to get a lift home from a music festival with your best friend’s sister. When you go to get in the car you realise that the car is overcrowded with people sitting on laps and not wearing seatbelts. What are some ‘planning ahead’ strategies you could have used to avoid getting into this situation of driving home in an overcrowded car? What are some ‘damage control’ strategies you could use now that you are in this situation?

You are with a friend who has taken an ecstasy tablet and been drinking alcohol. She starts screaming at things that are not there, crying and saying she feels sick. You know her parents will be really angry if they find out what she has done. What are some ‘planning ahead’ strategies she could have used to avoid the harms of poly drug use? What are some ‘damage control’ strategies you could use now that she is in this situation?

You are with a friend who is drunk/stoned and he/she keeps daring you to do something that you think is risky and stupid. You are not intoxicated and are feeling very pressured. What are some ‘planning ahead’ strategies you could have used to avoid the harms from others’ drug use? What are some ‘damage control’ strategies you could use now that you are in this situation?

You are having a small party at your place and have heard a rumour that some of your friends are planning on bringing a bong to the party. Your parents are going to be at the party. What are some ‘planning ahead’ strategies you could use to avoid an illegal drug being on your property? What are some ‘damage control’ strategies you could use if they turn up with the bong at the party?

Discuss

• Do you think risks for boys and girls at parties are the same? Why/why not?
• What do you think some of the main risks for boys are at parties?
• What do you think some of the main risks for girls are at parties?
• Do you think it’s useful to practise some ‘planning ahead’ and ‘damage control’ strategies like we have done today? Why/why not?
• What scenario do you think would be the most likely to happen to you in real life?
• What skills of resilience do you need to put some of these strategies in place? (All of them.)

Safer socialising agreements

Discuss some of the difficulties students have experienced asking their parents’ permission to go out with friends. Discuss what their parents might fear most about letting them go out and how they could overcome those concerns.

Explain that a Safer socialising agreement is a useful harm reduction strategy for young people who want to socialise safely with friends. It is an agreement that they make with parents or another trusted adult (aunty, uncle, big brother/sister, grandparent, adult family friend) that ensures that they can get home safely but also puts some onus on them to stay safe when they are socialising.

Distribute Resource Sheet 5: Sample Safer socialising agreement and explain that this is a sample agreement and that it may not be completely appropriate for them. Explain that this agreement can also serve as a useful refusal strategy if they are being pressured or feeling pressured to drink more or use other drugs.

With a partner, students discuss the sample agreement and then plan and write their own agreement to take home to their family.

Explain that before the agreements can be completed, students will have to negotiate with parents/trusted adult. Students share their final negotiated Safer socialising agreement at following lesson.

Reflection

To personally reflect on this activity students complete the following unfinished sentences (see p328).

- The main risks for me at parties/social gatherings with friends are ____________.
- The ‘planning ahead’ strategies that I would most likely use in real life are ____________.
- The ‘damage control’ strategies that I may need to use are ____________.

Give students a copy of Parent and Student Information Sheet: Safer socialising to take home and discuss with their family.
INTOXICATED DRIVERS INVOLVED IN FATAL CRASHES ARE THREE TIMES MORE LIKELY TO HAVE BEEN SPEEDING THAN SOBER DRIVERS.

ALCOHOL IS RESPONSIBLE FOR 82% OF DRUG-RELATED DEATHS IN YOUNG PEOPLE AGED 15-19 YEARS OF AGE.

Over 33% of driving deaths in the 15-24 year-age group are due to alcohol use.

In WA it is against the law for anyone to drive under the influence of drugs. A person convicted of this offence may be fined from $400 - $5,000 and disqualified from holding or getting a licence (for 6 months to permanent disqualification).

ALCOHOL KILLS MORE WA YOUTH THAN ALL OTHER DRUGS COMBINED. IT KILLS AT 5 TIMES THE RATE OF OTHER LEGAL AND ILLEGAL DRUGS IN THE 15-19 AGE GROUP.

Cannabis and other illegal drugs can increase a driver’s confidence; make them take greater risks; alter their perception of speed and distance; and make them over estimate their driving ability. Illegal drugs combined with alcohol can severely impair driving.

Risky decisions

Alcohol kills more WA youth than ALL other drugs combined. It kills at 5 times the rate of other legal and illegal drugs in the 15-19 age group.

ALCOHOL KILLS MORE WA YOUTH THAN ALL OTHER DRUGS COMBINED. IT KILLS AT 5 TIMES THE RATE OF OTHER LEGAL AND ILLEGAL DRUGS IN THE 15-19 AGE GROUP.

Source: www.officeofroadsafety.wa.gov.au
Risky decisions

Read the following situations and using a decision-making model, work through the consequences of several options for each situation. As a group, decide what your final decision would be in each situation.

You are at a party about a kilometre from your house with your older brother, Anton. You have told your parents that you will get a lift home with him and promised that you will be home before 11pm.

When it’s time to go, Anton looks like he has had too much to drink to drive home safely. He says he is OK and that if he doesn’t get Dad’s car back by the morning he’ll be dead! You don’t know anyone else at the party who is going your way whose car is not already overloaded. You are worried about your parents’ response to this situation. What could you do?

You are at a party and the friend who you arranged to get a lift home with has already been picked up by her Mum and forgot you. You want to leave too but don’t have any money for a taxi and don’t feel you know anyone else well enough to ask for a lift. You have had 6 stubbies of beer. You live about 2 kilometres from the party. What could you do?

You are at a party and some of your friends want you to join in a drinking game with them. The last time you did this you got really drunk and vomited in your Dad’s car on the way home. You are really not keen but your best friend keeps pressuring you to join them. You have other friends out the back who are playing a game of backyard cricket. What could you do?

You are at a party with some new friends. You find your friends in the lounge room passing a bong around and drinking from a bottle of spirits. They don’t offer the bong to you but without saying anything you feel like a bit of an outsider. You have never tried cannabis before and don’t really want to, but you also don’t want to feel like a loser. What could you do?
Sample *Safer socialising agreement*

**Young person’s agreement**

I ____________________________ will:

- leave accurate details about where I am going
- not drink alcohol unless we have discussed it prior to the event
- drink the agreed amount and type of alcohol
- not use illegal drugs
- let you know if my plans change or I am going to be late
- only get a lift home with someone I know who has not been drinking or taking drugs
- not walk home alone or walk or ride home if I have been drinking
- call you if I can’t get a lift home or if I feel threatened or vulnerable
- accept the consequences as discussed if I fail to keep this agreement.

**Parent/trusted adult agreement**

I ____________________________ will:

- not drive if I have been drinking or taking drugs
- drive safely and only ride with others who have not been drinking or taking drugs
- come and get you at any hour or pay for a taxi if you are unsafe or unable to get home safely
- call you if you’re not home by an agreed time
- not start a discussion about what has happened unless we are both calm and not intoxicated
- reward you, as discussed, if you keep this agreement.

Signature ____________________________ Signature ____________________________
Assessment Task

There have recently been a range of alcohol and other drug-related problems in your community (i.e. several road accidents involving drink driving; vandalism of some local business and public buildings; and alcohol fuelled assaults and injuries).

The local government has approached your school asking students to help them develop a plan for community strategies to change the culture of binge drinking in your community and reduce the risks associated with the misuse of alcohol and other drugs at student celebrations and social events.

Your task is to develop these strategies and present them in a format that could be presented at a Council meeting next month.

You might want to consider:

- local media campaigns
- alcohol and other drug free events for young people
- working with licensees at sporting clubs to encourage more responsible drinking
- implementing designated driver programs
- school based alcohol and other drug education programs
- enlisted support from community groups (such as your Local Drug Action Groups, Apex, Lions, Rotary) and professional agencies (such as WA Police; Alcohol and Drug Advisors; Community Drug Service Teams; Regional Population Health Units; RoadWise).

Useful websites
For fact sheets www.dao.health.wa.gov
For illicit drug information www.drugaware.com.au
For Hosting a party for teenagers and Your party, your responsibility booklets download from www.enoughisenough.com.au
For information on the Australian Drug Foundation’s Good Sports – managing alcohol in sport program www.goodsports.com.au
Youth friendly help sites:
  Reach Out www.reachout.com.au
  Kids Help Line www.kidshelpline.com.au
  Somazone www.somazone.com.au
Focus Area 5: Taking action

For students:

Key understandings

➤ A driver’s licence is a privilege not a right.
➤ A driving supervisor must have a current driver’s licence and a minimum of four years driving experience.
➤ Learner and novice drivers are expected to comply with requirements at each phase of the licensing system.
➤ There are penalties for non-compliance with road laws and the licensing system.
➤ Fatigue plays a part in road crashes. Young people need to plan journeys to avoid fatigue.
➤ Driving a safer vehicle may reduce the risk of injury to occupants involved in a crash.
➤ Advice on car insurance and buying safer vehicles is available from reliable sources.
➤ The media can influence consumers’ vehicle choice.

Key skills

➤ Apply these understandings to their own personal situations as road users, in the traffic environment.
➤ Predict situations and ways to deal with a range of traffic-related situations.
➤ Identify those who can offer support and advice.
➤ Make decisions and plan strategies to help others or themselves deal with road trauma.
➤ Share attitudes and values towards safer road use.

The activities in this focus area are designed for typical Year 9 and 10 students.

Activity 1: Driver’s licence – right or privilege?

RESOURCES:

➤ A4 paper – one per student.
➤ Photocopy and cut out cards on Resource Sheet 1: Take responsibility – one per group.

HOW:

Write the terms ‘rights’, ‘privileges’ and ‘responsibilities’ on the board and discuss with students what these might mean in the context of road use. Come to a common understanding of these as a group. For example:

• right – having a just claim or title to something
• privilege – a special right enjoyed by a person that is given or earned
• responsibility – a particular load of care placed on someone who is responsible.

In groups of four, have students complete a rip and review (see p300) by folding a piece of paper into quarters and writing one of the following questions in each section. Students then write their response to each question before tearing the paper into quarters.

1. What are your rights when using the road?
2. What are the responsibilities associated with these rights?
3. What are the privileges associated with using the road?
4. What are the responsibilities associated with these privileges?

Each student in the group is then allocated a number from one to four and receives the other students’ responses to the corresponding question. Allow enough time for students to read the responses and present a summary to their group.
Discuss with students if ‘having a licence and being able to drive’ was listed as a right or privilege. Ask students to explain and justify their responses.

**Identifying responsibilities and consequences**

Label a **T chart** (see p305) ‘driver responsibilities’ and ‘consequences of not being responsible’. Ask students to **brainstorm** (see p298) a list of driver responsibilities and write these on the T chart before identifying what the consequences might be for not being responsible as a road user.

<table>
<thead>
<tr>
<th>driver responsibilities</th>
<th>consequences of not being responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>• learn and practise safe driving habits (e.g. travel at posted speed limit, wear a restraint)</td>
<td>• loss of licence</td>
</tr>
<tr>
<td>• legally obtain a driver’s licence (e.g. pass all required tests and requirements)</td>
<td>• demerit points and fines</td>
</tr>
<tr>
<td>• obey the law (e.g. follow road rules and signs, don’t drink and drive)</td>
<td>• injuring self and others</td>
</tr>
<tr>
<td>• avoid conflicts (e.g. show courtesy and ‘forgive’ other road users errors)</td>
<td>• criminal record</td>
</tr>
<tr>
<td>• protect passengers and other road users (e.g. make sure all vehicle occupants are wearing a restraint)</td>
<td>• jail sentence</td>
</tr>
</tbody>
</table>

After watching, the audience should decide if they would use the solutions identified.

**Discuss**

- Which of the possible consequences would most young people take seriously? Why?
- Which of the possible consequences would make you reconsider acting irresponsibly on the roads? Why?
- Do you think the legal consequences are a deterrent for irresponsible drivers? Why or why not?

**Accepting responsibility**

Suggest to students that in a traffic-related situation, all of those involved have a responsibility at the time to contribute to their own safety and the safety of the others.

Divide the class into groups. Give each group a scenario from **Resource Sheet 1: Take responsibility**. Explain that each student in the group is to assume a role in the scenario and discuss it from that point of view.

Ask each group to **role-play** (see p315) the situation and include the decisions made by each character. After watching, the audience should decide if they would use the solutions identified.

**Discuss**

- Did each character have a responsibility in the situations presented? Why or why not?
- Were there different levels of responsibility?
- What factors might stop a road user from taking responsibility for their actions and decisions?
- How confident do you feel to cope with similar situations?
- What might increase your confidence to speak out when you feel unsafe or feel other’s actions will increase the level of risk for road users? (Having responses and strategies to handle risky traffic-related situations is something that teenagers need to be practise. This increases their confidence and ability to not be influenced by others.)

Adapted from Transport SA, 2004. Your turn: Road safety choices for middle years

**Reflection**

Ask students to complete the following **unfinished sentences** (see p328) then share their responses with a partner or the class.

- A driver should have their licence cancelled when...
- ‘Getting a licence is the same as entering a contract’ means...
Activity 2: Getting a driver’s licence

RESOURCES:
- Photocopy and cut out cards on Resource Sheet 2: Graduated Driver Training and Licensing System – enough for one card per student.
- Large Post-it notes – one per problem.
- A4 paper – several sheets per group.
- File or folder – one per problem.

HOW:
Explain to students that the Graduated Driver Training and Licensing System (GDT&L System) is a graduated system that begins with theory and proceeds through supervised practice to independent driving. This activity will help students understand the legal requirements for each phase of the system and the importance of practice as a learner driver to reduce crash risk.

Explain the jigsaw strategy (see p299) making sure students understand that they will be asked to summarise and share the information on their card with students from other groups.

Give each student in the class a number from one to six. Ask students to form groups according to their number (i.e. all the number ones move together).

Give the number one group the card that has step one on Resource Sheet 2: Graduated Driver Training and Licensing System, group two the step two card and so on until each group has an information card from the resource sheet.

Ask groups to read the information card and identify the main points they will share with the other students. Nominate a time limit for this part of the activity.

Set up new groups that have a representative from each of the original six groups (i.e. is a number one, two, three, four, five and six person). Each member then summarises their information card for the other students in the group.

Ask groups to decide on two interesting points raised during the jigsaw activity then share these as a class. Clarify any questions students have about the GDT&L System and suggest they refer to the Drive Safe book or www.dpi.wa.gov.au (Learner Drivers section).

Identifying strategies to proceed through the GDT&L System
Explain to students that the GDT&L System has requirements that must be complied with to obtain a driver’s licence. For example, using a driving supervisor who has the same class of licence as their Learner’s Permit, and who has had a minimum of four years driving experience. Suggest that some students may have difficulty meeting these requirements.

Have students predict problems they or others may face when going through the GDT&L System to get a driver’s licence or alternatively use the problems provided.

- You pass your Learner’s Permit and want to start supervised driving practice but no-one wants to teach you how to drive.
- Your family owns one car. Your Mum drives it to work during the week and doesn’t get home until 5.30pm.
- Your Dad has offered to teach you to drive but you’re worried he will get angry when you make a mistake.
- You’ve saved up some money for driving lessons but don’t know how to judge if a driving school is a good one or not.
- Your Dad suggests that you get some practice by driving him to and from the local club but you think that he will have a few drinks and shouldn’t be supervising you.
- Your older brother will teach you to drive but you know he’s a reckless driver.
- You’re new to Australia and your parents do not drive or own a car.
- You want to learn how to drive a manual car but your family owns an automatic car.

Place students in groups and use the send a problem strategy (see p317) to help students identify possible solutions to the predicted problems. Give each group a file, large Post-it note and several sheets of paper.

Nominate a problem to each group. The problem should be written on a Post-it note and attached to the outside of the file. Groups then brainstorm ideas on how to solve the problem and write these on a piece of paper. The paper is placed inside the file.

The file is then sent onto the next group and the process continues. Remind groups they are not to open the file and read the ideas of previous groups.

When groups have responded to all of the problems, the files are returned to the original owners who read the responses and pick three or four to share with the rest of the class.

Encourage students to decide, if they were faced with the problem, would they agree or disagree with the possible solutions and justify why.
Discuss

• Are you considering getting a driver’s licence? Why or why not?
• Does everyone have a driver’s licence? Why or why not?
• Where can you get more advice about the licensing system?
• Who do you think might be a suitable supervisor for you? Why?
• What will you do if that person isn’t as suitable as you thought?

Reflection

Have students use a 3-2-1 reflect (see p328) to identify what they have learnt during this activity and what it means to them.

Place students in pairs to share and discuss responses and questions. Ask for some of the questions to be shared as a class and possibly answered.

Activity 3: Future drivers

RESOURCES:

➤ A3 paper – one sheet per group.
➤ A die.
➤ Access to these websites –
  www.dpi.wa.gov.au/licensing/learnerdrivers/1464.asp (Drive Safe book on Department for Planning and Infrastructure website);
  keys2drive.com.au (information about getting a driver’s licence);
  www.dpi.wa.gov.au/licensing/learnerdrivers/1462.asp (WA Licensing System);
  www.dpi.wa.gov.au/licensing/learnerdrivers/1465.asp (online learner’s quiz to prepare for the Learner’s Permit Theory Test).

HOW:

Ask students to brainstorm (see p298) future events that young people their age look forward to (e.g. going to the Yr 12 ball; being able to vote or legally drink alcohol; having an 18th or 21st birthday; learning to drive; getting a licence) and write these on the board.

Ask students to decide which of these events will most change their life. In most cases, students will choose getting a driver’s licence.

Place students in groups of six. Ask students to draw up a T chart (see p305) and brainstorm the advantages and disadvantages of getting a driver’s licence and write these on the chart. Some examples of advantages and disadvantages are provided.

Advantages

• get to friends, work, sport, university/TAFE
• gain independence from parents, no public transport
• able to access previously inaccessible places
• opens up new opportunities such as work, relationships, holidays.

Disadvantages

• vehicle expenses (fuel costs, insurance, repairs, registration)
• costs money (sitting Learner’s Permit Test, driving lessons)
• young people are often killed or injured in road crashes
• friends always asking for a lift
• more drivers means more cars on the road which adds to global warming.

Ask groups to share some of the T chart ideas and decide if the advantages of getting a driver’s licence outweigh the disadvantages.

Identifying road rules for drivers

Discuss why it is necessary for young people their age to know the road rules. Answers may include:

• to ensure the safety of self and others when using the roads
• to obtain a Learner’s Permit and start learning to drive
• so you don’t get fined or lose demerit points as a driver
• the roads would be chaos if everyone just did their own thing.

Explain to students that the Drive Safe book is a comprehensive guide to the road rules that apply in Western Australia and is designed to help new drivers prepare for a lifetime of safer driving. It contains information that students will need to pass the Learner’s Permit Theory Test and obtain their Learner’s Permit.

Place students in groups of equal numbers and nominate a section of the Drive Safe book to be researched. The research can be conducted using the Department for Planning and Infrastructure’s website or copies of the book which are available from licensing centres and some police stations. Let students know they will be responsible for sharing and teaching other class members about the road rules included in their section of the book.

Explain the jigsaw (see p299) strategy then ask groups to ‘count off’ so that each member has a number.
Students then move to form new groups (i.e. all the number ‘ones’ should be together). Check that each group has a representative who can share information from the different sections of the Drive Safe book.

Students then take turns to present some of the rules and guide others through the relevant pages of the Drive Safe book.

Discuss

• What did this activity highlight to you?
• At what age can you sit the Learner’s Permit Theory test? (When students turn 16 they can sit the test at a licensing centre or some regional police stations. There is a cost involved. Students who are involved in the Keys for Life program can sit the test at a school or non-school site.) Contact School Drug Education and Road Aware for further information about Keys for Life.
• If you intend to sit the test when you turn 16, how will you learn the road rules? (The DPI website has an online learner’s quiz which gives sets of thirty questions similar to the test. To pass, students must score a minimum 24 correct. Suggest to students that they can start learning the road rules while travelling as a passenger in a car by observing road signs, traffic signals and the flow of traffic.)
• From your observations as a passenger, what road rules do many drivers not follow?
• Why do you think drivers do not always follow the rules?

Identifying attitudes

Conduct a head talk (see p299) by placing students in groups of six. Allocate a number from one to six to each member. Pose the following statement for groups to discuss.

• If getting a driver’s licence is so beneficial, why isn’t everyone issued with one as soon as they turn 17?

After two or three minutes roll the die to decide which students will present the points raised during their group’s discussion. If not identified by students introduce these points:

• a driver’s licence is not a right but a privilege that has to be earned and has responsibilities
• at 17 not everyone is ready to safely drive a car or may want to drive a car
• it takes a long time to become a safe and competent driver
• being a safe driver doesn’t just entail manoeuvring the car well.

Repeat the head talk procedure using the following statements.

• Knowing the road rules will make a young driver safer.

If not identified by students introduce these points:

• it takes a long time to become a safe and competent driver
• being a safe driver doesn’t just entail knowing the road rules
• young drivers inexperience at driving and overconfidence in their own ability increases their risk
• some road rules are just to get money for the Government.

Reflection

Ask students to think about what type of driver they want to be and complete these unfinished sentences (see p328).

• I think____________is a safe driver because ________________.
• I feel____________(excited, worried) about learning to drive because__________________.
• I can ask__________(Mum, Dad, uncle, friend) to teach me how to drive because__________________.
• When I am old enough to get a driver’s licence I will__________________.

Activity 4: Driving is a complex activity

RESOURCES:

➤ Photocopy Resource Sheet 3: Passenger questions – one per group.
➤ Photocopy and cut out Resource Sheet 4: Skill cards – one per group.
➤ Photocopy and cut out Resource Sheet 5: Hazard cards – one per group.
➤ Photocopy and cut out Resource Sheet 6: Driver distractions – one per group.
➤ Photocopy Parent and Student Information Sheet: P-plate drivers – one per student.
➤ Set of playing cards – one per group.
➤ 2 chairs for each group.
➤ A desk or table for each group.
➤ Photocopy map of local area from street directory – one between two (optional).
Have each group run the activity so that everyone experiences being the driver. If time allows let each student repeat the task so it becomes clear that practice can improve performance.

Debrief the activity by listing all the tasks a driver must undertake, even on a short trip.

**Discuss**

- How did you feel ‘driving’ the car?
- What did you notice about your ability to concentrate and complete each activity accurately? (Explain that different areas of the brain control different actions. Even though activities may be regularly carried out, when two are combined it becomes more difficult as the complexity is increased.)
- Why do young people underestimate the number of things that must be managed to be a safer driver?
- What could assist young driver’s to be able to manage the number of tasks involved in driving?
- Would the driver’s workload increase as the vehicle’s speed increases?
- As a passenger, why is it important that you understand the complexity of driving? (Driver should be able to focus on the road and passengers should not distract the driver.)
- What are some examples of drivers trying to do two things at once? (Put a CD in the player, find a CD track or radio station, open a can of cool drink or answer mobile phone.)

**Identifying driver distractions**

Ask students to identify other driver distractions that may affect a driver’s reactions and ability to concentrate. Remind students that distractions can be inside and outside the vehicle. Examples may include:

- a mobile phone call
- loud music
- an upset young child
- an intoxicated passenger
- changing a CD
- oncoming headlights on a country road
- illuminated warning signs about road works or detours.

Run the *Driving is a complex activity* again and include some of the distractions listed. To simulate driving under the influence of alcohol, ‘fatal vision goggles’ (or beer goggles) can be used. These goggles should be used with caution as students can become dizzy and fall over.
Ask students to decide if the distractions further affected the driver’s ability to concentrate.

**Identifying strategies to reduce driver distractions**

In groups, students create a role-play (see p315) that shows a situation where a driver is being distracted (e.g., passengers shouting to pedestrian friends, child crying in back seat or trying to eat hot food) and having to make a decision to reduce the risk. Alternatively, students can select one of the scenarios provided on Resource Sheet 6: Driver distractions.

Choose one group to perform their role-play to the class, then use the hidden thoughts role-play strategy (see p317) to reveal what each character is thinking or feeling in the situation.

Assign a student to represent each character’s ‘brain’ or ‘alter ego’. The ‘brain’ stands behind their character and when asked a question by the teacher, reveals the character’s hidden thoughts or feelings that may not have been expressed.

### Questions to elicit deeper thinking from the ‘brain’ include:

- What is your character feeling?
- What does your character really want to say or do?
- What is stopping your character from doing what they know is right or necessary?
- What would help your character get on and do this?
- What might help your character to stand up to the other characters in this situation?

Ask the class to decide what the characters could do to reduce driver distractions then repeat the role-play with each character using two or three of the suggested ideas. Discuss which would be the easiest, most realistic or most effective.

**Identifying hazards and driver skills**

Suggest that students, when taking their next trip in a vehicle, observe the tasks a driver performs, scan the environment and check for hazards, and look for driver distractions both inside and outside the vehicle.

Alternatively, provide a photocopy of a street directory map showing the local area. In pairs, students can mark spots that are known to be dangerous or hazardous for drivers, pedestrians and cyclists.

**Reflection**

Have students reflect on these activities by answering the following unfinished sentences (see p328) and sharing their responses with a partner or small group.

- I know that driver distractions include ____________________________.
- As a passenger I can ____________________________ to minimize driver distractions and contribute to a safer journey.
- When I am next travelling in a car I will ____________________________.
- To increase my driving skills I will need to ____________________________.

Give students a copy of Parent and Student Information Sheet: P-plate drivers to take home and discuss with their family.

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**Activity 5: Driver distractions and reaction times**

**RESOURCES:**

- One metre ruler.
- One metre length of elastic.
- Two chairs.
- A marker (e.g., ice-cream container, witches hat, book).
- 30cm ruler or tape measure.

**HOW:**

Driver distractions are known to contribute to crashes. Although this activity is not accurate for reaction distances covered in cars, it will give a demonstration that reactions are not immediate and that distracting a driver affects how quickly they brake.

Explain to students that a driver’s reaction time in an emergency situation contributes to the braking distance and total stopping distance of a vehicle (i.e., reaction distance + braking distance = stopping distance).

Place students in groups of three or four with a set of the listed equipment and the following instructions.

**Braking simulation**

1. Loop the elastic through the ‘zero’ end of the ruler.
2. Attach the other end of the elastic to a desk leg, close to the ground.
3. Without stretching the elastic, lay the ruler back from the desk.
4. Place a marker about 30cm behind the end of the ruler.
Focus Area 5: Taking action

Unit 5.3 Future drivers

Reflection
Ask students to complete the following unfinished sentences (see p328) then share their responses.

• As a cyclist or pedestrian, I can reduce the risk of being hit by a motor vehicle by…

Some responses may include:

• cyclist: being alert, travelling at a safe distance from other vehicles, riding according to the conditions or not wearing headphones.
• pedestrian: leaving enough time to cross the road, don’t step out into oncoming traffic or weave in between cars, be prepared to stop or change direction.

Activity adapted from WASRSP, 1997, RoadSmart.

Activity 5: Scanning and vehicle blind spots

RESOURCES:
➤ Car parked in an open area.
➤ Photocopy Parent and Student Information Sheet: Learner drivers (see p395) – one per student.

HOW:
Learner drivers tend not to adequately scan the driving environment or use rear view mirrors. There are three areas where a driver needs to scan when driving:

1. up ahead and out to the sides
2. using the rear vision mirror, along the road behind the vehicle
3. using the side mirrors, along the road at the sides of the vehicle.

There are also blind spots of a vehicle where drivers have difficulty seeing even when using the vehicle mirrors. To overcome these blind spots, drivers need to move their head and look over their shoulder.

Have several students stand in a circle around a car parked in a safe open area. Nominate a student to sit in the driver’s seat and call out names of students that can be seen using the rear view and side mirrors, and through the front windscreen. Ask students to identify the areas where the driver cannot see.

Swap drivers so students become aware that a driver cannot see the whole road around them due to the ‘blind spot’.

Discuss
• How does your reaction time for braking distance without distractions compare to your reaction time for braking with distractions? Why?
• Why might your reaction time in this activity be faster than in a real-life situation?
• Describe an everyday distraction and situation that could occur to a driver and lead to a crash.
• What other factors may affect a driver’s ability to stop quickly? (Fatigue, alcohol and drugs, road surface, weather conditions, night time are factors that can increase a driver’s ability to react and brake.)
If you are riding near parked cars, what are two things you should do? (Check if parked cars have a driver who may be intending to get out of the car or pull out onto the road. Remind students that cyclists need to take responsibility for their own safety and also allow for possible mistakes by other road users to help avoid a crash.)

What should a driver do to compensate for the blind spots of the car? (Use rear vision mirrors and look over their shoulder to check the blind spot before changing lanes.)

Give students a copy of Parent and Student Information Sheet: Learner drivers to practice using the side and rear mirrors and check for blind spots of a vehicle.

Activity 6: Identifying risks and practising planning journeys

RESOURCES:
➤ Fatigue campaign advertisements on Challenges and Choices DVD or access to www.officeofroadsafety.wa.gov.au (Office of Road Safety - Campaigns and calendar).
➤ Photocopy Resource Sheet 7: Trip planning – one per student.
➤ Street directory – one per group.
➤ Map of south west (optional) – one per group.

HOW:
Explain to students that it isn’t illegal to drive fatigued however the affects of driving tired can be just as dangerous as some illegal behaviours (e.g. drinking and driving). Fatigue affects people in different ways and at different points in a journey. However in most cases fatigue temporarily reduces a driver’s ability to drive safely as concentration, reaction times and decision-making capacity are reduced.

When tired, the desire for drivers to reach their destination and sleep becomes greater than the perceived risk of driving while tired. Young people need to be able to recognise signs of fatigue in themselves and others and have strategies for managing fatigue.

Use a Y chart (see p305) to help the group brainstorm what fatigue looks like, sounds like and feels like. Talk about the generated responses ensuring that students have identified most of the following symptoms:

- drowsiness and yawning
- sore or tired eyes
- blinking or closing eyes for a moment or going out of focus
- missing a road sign or exit
- wandering, disconnected thoughts
- braking too late
- drifting over the centre line
- unable to remember driving the last few kilometres.

Ask students to watch the fatigue road safety campaign ad on the Challenges and Choices DVD or the Office of Road Safety website. This ad shows how the brain functions and the affect on the brain of 17 hours of wakefulness. While watching, students should check their Y chart list against the information provided in the ad.

Identifying strategies to reduce fatigue

Some drivers believe that they are immune to the effects of fatigue and have strategies to combat fatigue. A few examples are listed here. Ask students to brainstorm (see p298) any they have heard.

- ‘I’ll take a flask of strong coffee and something to eat. I don’t want to have to stop.’
- ‘It’s not far. If I speed I concentrate more.’
- ‘I’ll keep the windows down so there’s plenty of fresh air.’
- ‘I’ll put on some loud music.’

Explain to students that these ideas may work in the short term however once fatigue has set in the only answer is for a driver to swap the driving or have a sleep. Remind students that effective strategies aim to reduce the onset of fatigue such as:

- having enough sleep before setting out
- taking a 10 minute break every two hours of driving
- avoiding alcohol or medications that cause drowsiness
- sharing the driving.

Reflection

Ask students to reflect on the information gained during this activity and complete the following unfinished sentences (see p328).

- Fatigue effects driving skills by ___________.
- Fatigue is the ‘hidden killer’ because ___________.
- If I felt tired and was driving a vehicle I would ___________.
- If I was travelling in a vehicle and thought the driver was becoming drowsy I would ___________.
- If I had a crash caused by fatigue and friends were in the car I would feel ___________.

Focus Area 5: Taking action
Identifying strategies for safer journeys
The importance of planning as a factor in safe driving is supported by the fact that most road crashes occur within 15km of the driver’s home. Explain to students that journeys, both short and long, can be made safer by planning and making decisions to manage fatigue and other risks.

Planning decisions are necessary before a trip to:
• locate the destination and estimate the distance to be travelled
• decide the best way of getting there (i.e. shortest time, least distance, less traffic, safer roads and safest route)
• estimate how much time to allow for travel in different traffic and weather conditions
• check the vehicle including tyres, fuel, oil and battery
• decide to have someone travel with you, if the trip exceeds 2 hours, to change drivers
• decide when and where to take breaks
• know how to drive on different types of roads
• know what to do when overtaking of vehicles (e.g. trucks, caravans, farm machinery) or avoiding livestock and wildlife on the road.

During the trip planning decisions can include:
• scanning the traffic environment
• considering an alternative route
• stopping and changing drivers or taking a break to reduce fatigue

Ask students to plan and organize the trip to and from one of the locations described on Resource Sheet 7: Trip planning. Alternatively, students can create a scenario that best represents their location and journeys that they may take in the future.

Students should show the order of planning; the issues to be considered (e.g. fatigue, driving in unknown areas); the decision making process; and options at each stage of the journey to ensure that safety is addressed. Maps can be used to check the route and estimate distance and time.

When completed, have the class compile a list of strategies that would reduce risks during a trip and decide on the level of effectiveness of each.

Activity 7: Identifying vehicle safety ratings

RESOURCES:
• A3 photocopy of Resource Sheet 8: Car considerations.
• Photocopy Resource Sheet 9: Dream car – one per student.
• Red sticky dots – three per male student.
• Green sticky dots – three per female student.
• A4 paper – one per student.
• Large sheet of paper – one per group.
• Access to internet.

HOW:
Suggest to students that when consumers purchase a vehicle they often have different priorities in mind. For example, some may be focused on the cost where others may be more interested in the trade-in offer, engine power, make or colour.

Display an A3 copy of Resource Sheet 8: Car considerations and conduct a values voting (see p310) to identify students’ current attitudes about vehicles. Give male students three red sticky dots and female students, three green sticky dots.

Tell students to imagine they have won $50,000 and are going to buy their first car. Ask students to choose their top three considerations listed on the resource sheet and place a sticky dot on each. Students may choose to place all three dots on one consideration, or two on one and one on another etc.

Discuss the voting results as a class and determine which of the considerations ranked in the top five. Have students justify their vote such as ‘Even though I won $50,000, I would look at value for money rather what type of car it was.’

Discuss
• Were everyone’s priorities the same? Why or why not?
• Would most young people respond this way? Why?
• Why do you think there is a difference in gender responses?
• Was safety a high priority for you when considering a vehicle to purchase? Why or why not?
• What safety features would you want in your ‘dream car’?
• Would you pay extra to have these? Why or why not?
• Who could give you advice on vehicle safety and help you choose a vehicle that was roadworthy? (Suggest that students refer to the Australasian New Car Assessment Program website www.ancap.com.au.)

Vehicle safety ratings
Explain to students that there is now a ‘push’ from road safety experts for vehicle manufacturers and advertising companies to promote safety features. The Australasian New Car Assessment Program
(ANCAP) carries out crash testing and gives consumers consistent information on the level of occupant protection provided by vehicles in serious front and side crashes.

Explain that safety features are designed in two categories:

1. **passive** safety features - protect and minimise injuries of vehicle occupants in a crash (e.g. air bags, seatbelts, crumple zones)

2. **active** safety features - prevent a vehicle having a crash or ensure the driver is in the best position to control the vehicle in any emergency situation that arises (e.g. electronic safety control, ABS, wider vision areas, lighting).

Give each student a copy of Resource Sheet 9: Dream car. Ask students to write the make of five vehicles they would buy then use the suggested websites to check the safety ratings and features of their ‘dream machines’.

**Discuss**

- Was your ‘dream machine’ given a high safety rating? If not, why?
- What safety features do manufacturers now have to include as standard items? (Seat belts, air bags, ABS braking system, crumple zones.)
- Did knowing the safety rating and features of a vehicle influence your decision?
- Will your decision to buy a vehicle in the future be influenced by its safety rating? Why or why not?
- Why do you think many advertising companies do not promote the safety features of a vehicle?
- What could be done to shift the focus of vehicle advertising to safety?

**Consumer perception of safer vehicles**

Have students devise and conduct a survey of people of different ages to determine what consumers consider when purchasing a vehicle and if safety is one of those considerations. The survey could ask individuals to:

- consider a list of vehicles and indicate which they would prefer to buy
- rank a list of considerations when purchasing a vehicle
- choose the vehicles that they believe to be safest.

Students should analyse their findings and present their answers to the following questions in a written report.

- How important was safety in comparison to other considerations?
- Why do you think consumers might not rank safety features highly?

- Did the survey show that people’s perception of safe vehicles was supported by the ANCAP ratings?
- What do you think can be done to increase consumers understanding of vehicle safety and occupant protection?

**Reflection**

Ask students to write their response to the following **unfinished questions** (see p328) then share these with a partner or small group.

- Young people my age choose cars that ____________________.
- Now I know that some cars are safer than others, I will ____________________.
- If I was buying a car, I would get some advice from ____________________.
- Consumers need to know ____________________.

**Activity 8: Media influence on consumers**

**RESOURCES:**

- Collect magazines or newspapers that include car advertisements – one advert per student.
- A4 piece of paper – one per student.

**HOW:**

Ask students to identify who or what might influence their choice of vehicle (e.g. friends, family, advertisements and money) and to what degree these influences would play when making a decision.

Suggest to students that advertising companies try to target specific audiences depending on the type of vehicle that is being promoted. For example, a high powered ute is often depicted as a young male’s ‘dream car’ whereas a luxury sedan focuses on families with young children.

Ask students to draw up a **90 degree thinking** graphic organiser (see p304) and label one section ‘advertisement features’. Students analyse an advertisement and write their answers to the following questions.

- What is the make and model of the vehicle?
- Who is the ad targeting?
- What features are being used to sell the car? (Luxury, price, safety, power, lifestyle, freedom, colour, shape.)
- What else is being used to sell the car? (Humour, location, gender.)
- What safety features were mentioned in the ad?
Students must then consider each piece of information and write their thoughts in the other section of the graphic organiser labelled ‘What does this mean to me?’ For example:

- If I’m single I don’t need a car that will carry more than two passengers.
- I will mainly do city driving so an off-road vehicle would be a waste of money.
- This car has no safety features because of its low cost – is that a good option for me?

As a class discuss the advertisements and the information that may influence a young person’s decision to purchase a vehicle. Highlight any safety features or if the ANCAP rating was promoted in the advertisements.

**Reflection**

- Have students cut out a photo of a vehicle or use a computer program to create an advertisement targeting young people. It should promote the vehicle’s safety features and ANCAP rating, and include a slogan to attract the target audience.
- Students draw their dream car that includes the best safety features currently available. Features should be labelled to explain the protection it offers vehicle occupants.

**Activity 9: Analysing insurance options**

**RESOURCES:**

**HOW:**

Explain to students that there are different types of insurance offered for vehicle owners and that the premiums for some insurance policies may differ according to the driver’s age and driving history. Types of insurance include:

- fully comprehensive – covers the vehicle for accidental damage, theft and fire, and liability cover for damage caused to someone else’s vehicle or property
- third party fire and theft – covers the vehicle for accidental damage, theft and fire
- third party only – covers the damage a vehicle causes to someone else’s vehicle or property
- compulsory third party – is combined with a motor vehicle’s registration papers. The premium is collected for the Insurance Commission of WA by the Department for Planning and Infrastructure. It provides unlimited cover (subject to compliance with conditions and warranties) against claims for personal injury caused to another person, as a result of negligent driving (failure to take reasonable care).

Ask students to evaluate and report on the different types of vehicle insurance available from three companies in order to make a recommendation to the rest of the class.

Students should include a section detailing how they went about obtaining the vehicle insurance information, useful sources so that other students can refer to these in the future and a comparison of the following items:

- the cost of each type of insurance
- payment options (e.g. monthly, quarterly, yearly)
- the age excesses (e.g. the amount paid when a claim is made on a policy)
- the type of damages the policy does and does not cover
- when less insurance will be paid (e.g. if driver or passenger were not wearing a seat belt)
- when the insurance will not be paid (e.g. when a warranty or condition is breached such as driving a vehicle under the influence of alcohol or without a driver’s licence).

Have students make recommendations to use a specific insurance company to the class based on their findings including the products on offer for vehicle insurance for new drivers.

**Discuss**

- Which insurance company provides the best cover for young drivers? Why?
- Will you use the same insurance company as your family? Why?
- When might a young driver not be covered by their vehicle insurance?
- What do young drivers need to know about vehicle insurance?

**Activity 10: Identifying road user attitudes**

**RESOURCES:**
- Photocopy and cut out cards on Resource Sheet 10: Consequence ranking – one set per group.
- Access lyrics to Untitled by Simple Plan and/or Last Kiss by Pearl Jam on www.lyrics.com
- A die.
HOW:

Explain to students that this activity will require them to consider the range of consequences and effects of a road crash. Divide the class into groups and give each a set of cards from Resource Sheet 10: Consequence ranking.

Ask one student from each group to deal out the cards then set out a continuum by placing the ‘greatest impact’ card at one side of the desk and the ‘least impact’ card at the other. The continuum cards are also on the resource sheet.

Read the following scenario for students to consider.

You are a newly licensed driver and have been involved in a fatal road crash. You are unhurt but the occupant of the other vehicle and one of your passengers are killed. Another passenger in your car is in a coma and has brain and spinal injuries.

Ask students to decide the type of consequence their card or cards describe (i.e. physical, emotional) and then take turns to place and justify the positioning of their consequence cards along the continuum. For example, ‘If someone was rejected by their peers they might get angry and start doing other risky things.’ The group should not question each student’s card placement at this stage.

Once all of the cards have been placed, ask students to discuss the consequence ranking and decide as a group, if any of the cards should be moved up or down the continuum.

As a class, compare the consequence ranking and identify any similarities.

Discuss

- Which consequences ranked the highest? (Physical, emotional, legal, social or financial.)
- Why might opinions of the impact of a crash differ from person to person?
- Which consequences of road crashes do most young people think about? Why?
- Has identifying the range of consequences changed your attitude towards the way you will behave in and around traffic? Why or why not?
- Would knowing the legal and financial consequences change the way a young person as a driver? Why or why not?
- What changes would you need to make in your life if you no longer had the use of a vehicle? (Career may be affected; loss of freedom and independence; need to access public transport; depend on friends and family for transport.)
- How would repaying thousands of dollars worth of expenses, not covered by insurance, impact on your life? (Have to take out a loan; not able to socialise until debt is paid; need another job to help pay a loan; increase in insurance premium; refusal to insure by some companies.)

Identifying attitudes

Pose one of the following statements then ask students to write the key points they will include in a chook house speech (see p324). Suggest students include examples of statistics, life experiences or related material to support their speech.

- The financial and legal costs of a car crash are more significant than the emotional costs.
- A car crash doesn’t just affect those involved.
- Young drivers don’t think about the consequences of unsafe driving. They just want to have fun.

Select students to present their speeches before opening the floor for others to add comments and agree or disagree.

Road user attitudes

Explain to students over the years many musicians have written and sung songs about driving and dying in a road crash. Have students locate the words to songs such as Untitled by Simple Plan and/or Last Kiss by Pearl Jam using www.lyrics.com or similar websites.

Place students in groups of six. Give each member a copy of the lyrics and ask them to discuss the following questions.

- What story did the song writer want to tell?
- What does this song mean to you?
- Are there any road safety messages in the song? If so, what are they?
- Would hearing a song like this impact on a young person who makes unsafe traffic-related decisions? Why or why not?

Use a head talk (see p299) to nominate which students report on points discussed in each group.

Discuss

- Has your opinion changed after listening to others’ opinions? Why or why not?
- What other information might help young people to consider the consequences of crashes?

Reflection

Students write a poem or lyrics to song with a road safety theme or message then share these with a partner.
Take responsibility

1. Talk about how your character might be feeling, what they are thinking and what they might do.
2. What responsibilities does your character have in this situation?
3. What might happen to your character in this situation?
4. Decide what your character can do to get home safely.

Four teenagers have been to an all day concert about 30 minutes drive from home. They were given a lift by one of their parents. Now it’s time to go home…

- The driver of the vehicle has had a few beers.
- The teenager whose parent has had a few beers tells the others that having a few beers doesn’t make any difference and it will be okay.
- One of the teenagers has been in some trouble lately and has to be home by 10pm - definitely not late!
- The brother of one of the teenagers has just recently been injured in a road crash. He was a passenger in a vehicle where the driver had been drinking. He’s still in hospital.
- One of the teenagers has always been encouraged to speak up if there is a problem but doesn’t want to look like a ‘loser’ in front of the others.
Take responsibility

Four teenagers have been surfing down south and are about to travel back to the city, a drive of about 3½ hours. They travelled down in a 4WD. It’s around 3pm and they’re ready to go …

- The driver of the vehicle didn’t get a lot of sleep the night before and was up early to go surfing.
- One of the teenagers has a driver’s licence but hasn’t had any country driving experience and has never driven a 4WD before.
- One of the friends wants to sleep on the way home so has rolled his sleeping bag up and is laying down on the back seat. He isn’t wearing a seat belt.
- The sister of the one of the teenagers has just recently been injured in a road crash. She wasn’t wearing a seat belt and has spinal injuries. She is still in hospital.
- One of the teenagers is originally from the country and knows you need to plan ahead when travelling long distances but doesn’t want to cause a fuss in front of the others.

Four teenagers have been to a party. One of the teenagers offered to be the ‘skipper’ and take everyone home. Now it’s time to go and two other friends have asked the driver for a lift. The car is a small sedan and everyone is ready to go…

- The driver hasn’t told anyone about having a couple of beers at the start of the party 3 hours ago and is feeling okay.
- One of the teenagers is really drunk and feels like they’re going to be sick.
- One of the teenagers has offered to share a seatbelt so everyone can fit in the car.
- The aunty of one of the teenagers has just recently been killed in a road crash. She was coming home from work at night and was hit head on by a drunk driver. Her two kids are being looked after by their grandparents.
- One of the teenagers has been in a similar situation before and usually speaks up if there is a problem but it’s getting late.
Graduated Driver Training and Licensing System

Step 1: Learner’s Permit

Before you are issued with a Learner’s Permit you must:

- be 16 years of age
- obtain your parent or legal guardian’s consent. A sample letter is in the Drive Safe book. You must take this with you to the Licensing Centre or Police Station.
- pass a computerised theory test which has 30 multiple choice questions on the road rules and safe driving practice. To pass you must score a minimum of 24.
- pass an eyesight test. If you need glasses or contact lenses your permit and licence will say that these must be worn when you drive.
- pass a medical test. If you have a medical condition or take medication you must declare this on the application form, and take a test if required.
- show proof of identity, date of birth and residential address. You need to show two forms of primary identification (e.g. a current Australian or overseas passport; a birth certificate; WA Proof of Age card) or one primary and one secondary form of identification (e.g. Medicare card; telephone, gas or electricity account; passbook or account statement from a bank). The Drive Safe book lists these in the appendix.
- pay the appropriate fee. The fees are explained on www.dpi.wa.gov.au.

Step 2: Learner Phase 1 - L plates

Once you have been issued with your Learner’s Permit you can begin learning to drive. You must:

- display L plates on the front and rear of the vehicle you are driving
- have your permit with you at all times
- have lessons with a person who has a current driver’s licence for the same class as your permit and has had their licence for four years or more
- not drive if you have a BAC (blood alcohol concentration) equal to, or greater than 0.00%
- not drive on freeways or in Kings Park
- drive at the posted speed limit or up to 100 kmh. Learner drivers in Phase 1 can’t drive above 100 kmh.

Step 3: Practical On-road Driving Assessment

When you can drive and control a vehicle safely and you are at least 16 years and 6 months old you can take the practical assessment. You must:

- book the test at a Licensing Centre or Police Station
- take your Learner’s Permit to the test
- drive a roadworthy and licensed vehicle or you will not be assessed.
- pay a fee. If you don’t pass you will have to pay another fee to take the test again, so make sure you are really ready to do the test before you make the appointment.
- show the assessor that you can handle different situations as well as drive the car. It’s important to make sure that you have had plenty of practice in different conditions (e.g. busy roads, roundabouts, near schools, reversing and parking).
Step 4: Learner Phase 2 – L plates

When you pass your practical assessment you will be given a log book and a Learner Phase 2 Permit. You must:

- keep driving under supervision
- record in your log book at least 25 hours of driving in a range of conditions. The 25 hours is a minimum requirement. Research shows that 120 hours of supervised driving experience can reduce your likelihood of crashing in the first 6 months of driving solo.
- display L plates in the front and rear of the vehicle
- keep your log book in a safe place. If your log book is lost, destroyed or misplaced, you will have to start again.
- keep accurate records. The log book is a legal document. You can be liable for prosecution if you write false or misleading information in the log book.
- practise driving on freeways (where possible).

Step 5: Hazard Perception Test

On your 17th birthday and when you have completed a minimum of 25 hours supervised driving and recorded this in the log book, you can sit the hazard perception test. You must:

- pay a fee before sitting the test
- sit a computerised test to be issued with your provisional licence. The test shows a range of moving traffic scenes. You have to judge when it is safe to start a manoeuvre or when you should take action to reduce the risk of a crash.
- respond to the traffic scenes. The computer recorded response time, or lack of response from you, will be compared to the recommended response (or no response) times required to pass the test.

Step 6: Provisional Licence - P plates

When you have passed the Hazard Perception Test you will:

- be issued with a provisional licence. This means you can drive solo.
- display P plates for 2 years. These must be shown in the front and rear window of the vehicle.
- not drive if you have a BAC (blood alcohol concentration) equal to, or greater than 0.00%
- be fined or may lose your provisional licence if you are convicted of breaking the road rules. For example, driving with a BAC equal to or in excess of 0.00%; failing to stop after or report a crash; unlawfully killing a person while driving a vehicle; dangerous or reckless driving…
- have your licence cancelled if you accumulate 12 or more demerit points within 3 years.
Passenger questions

1. When is your birthday?
2. What star sign are you?
3. What’s the best thing about being your age?
4. What’s the worst thing about being your age?
5. What’s your phone number?
6. What animal do you like the most?
7. What did you do on the weekend?
8. What sports do you like playing?
9. What’s the best movie you’ve ever seen?
10. What do you like about school?
11. What don’t you like about school?
12. What’s your favourite food?
13. How do you feel about sharks?
14. Why do you think people are scared of them?
15. Where would you like to go for a holiday?
16. Who do you think will win the AFL this year?
17. What music do you like listening to?
18. Who’s your favourite group?
## Skill cards

<table>
<thead>
<tr>
<th>check mirrors</th>
<th>merge</th>
<th>turn on wipers</th>
</tr>
</thead>
<tbody>
<tr>
<td>turn right</td>
<td>slow down</td>
<td>turn left</td>
</tr>
<tr>
<td>give way</td>
<td>check speed</td>
<td>stop</td>
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<tr>
<td>reverse</td>
<td>change lanes</td>
<td>change gears</td>
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<tr>
<td>turn on lights</td>
<td>indicate</td>
<td>speed up</td>
</tr>
</tbody>
</table>
### Hazard cards

<table>
<thead>
<tr>
<th>pot hole ahead</th>
<th>dog runs onto road</th>
<th>child on edge of road</th>
</tr>
</thead>
<tbody>
<tr>
<td>traffic warden</td>
<td>road works</td>
<td>cyclist in lane</td>
</tr>
<tr>
<td>putting out crossing flag</td>
<td>ahead</td>
<td></td>
</tr>
<tr>
<td>passengers</td>
<td>young person on</td>
<td>car stalled at</td>
</tr>
<tr>
<td>getting off bus</td>
<td>skateboard</td>
<td>intersection</td>
</tr>
<tr>
<td>ambulance</td>
<td>traffic lights not</td>
<td>hail storm</td>
</tr>
<tr>
<td>coming</td>
<td>working</td>
<td></td>
</tr>
<tr>
<td>wet roads</td>
<td>cyclist wanting to turn right</td>
<td>detour ahead</td>
</tr>
</tbody>
</table>
Driver distractions

A group of friends are travelling down south for a holiday. They start to get bored and decide to put on some music. The back seat passenger leans over and turns the music up really loud, increases the bass and starts playing air guitar.

A group of friends have been to a party. The driver hasn’t been drinking but everyone else has. One of the passengers in the back seat keeps on leaning over to talk to the driver.

A group of friends have bought a pizza to share on the way to the beach. The front seat passenger decides to ‘feed’ the driver so he doesn’t miss out.

A passenger spots a friend on the bus which is travelling alongside their vehicle. He winds down the window and starts yelling out to the friend.

It’s raining and the windscreen has fogged up. The front seat passenger decides to keep wiping the windscreen so the driver can see.

A front seat and back seat passenger are arguing. One of them gets really angry and starts yelling and shoving the passenger in the front seat.
Trip planning

1. Plan and organise the trip to and from the locations described in one of the scenarios.
2. Check the route on a map and estimate the distance to be travelled and time it will take.
3. Show the order of planning; the issues to be considered (e.g. driver fatigue, travelling in unknown locations, driving different car); the decision-making process; and options at each stage of the journey (i.e. before the trip and during the trip) using the table below.

**Scenario 1**
Mac lives in Scarborough and is an apprentice brick layer. He has to get up at 5.30am to start work at 7am in Mandurah. It takes him around 50 minutes to get to Mandurah but on the way home it can take up to 1 hour 20 mins because of traffic.

He finishes work at 4pm. Mac's girlfriend Tamara lives in Cottesloe. He has asked Tamara to a movie that starts at 7.30pm at a cinema in Booragoon.

Both he and Tamara have their driver’s licence but Tamara doesn’t know the area very well. They’ve arranged to meet some friends at a nightclub in Fremantle after the movie. The movie finishes at 9.30pm. Mac gets home around 2am.

**Scenario 2**
Joel, Nick and Pete all live in Hillarys. They have decided to head down to Margaret River for the weekend to a new surfing spot. Pete’s Dad has agreed to let him drive his Toyota Landcruiser as it will be easier to store all the gear in the back and the boards on the roof racks. Pete hasn’t driven it before.

Nick has his driver’s licence but has never driven out of the city. Joel is only 16 and is learning how to drive.

They are going to leave late at night because Pete doesn’t finish his part-time job in Scarborough until 5pm. They all have to be back by 4pm on Sunday because Joel has an indoor cricket match.

<table>
<thead>
<tr>
<th>Things to avoid</th>
<th>Before the trip</th>
<th>During the trip</th>
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</table>
## Car considerations

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<th>cost</th>
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<tr>
<td>economy</td>
<td>comfort</td>
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<td>space</td>
<td>size</td>
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<td>performance</td>
<td>colour</td>
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<tr>
<td>purpose</td>
<td>safety</td>
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<tr>
<td>prestige</td>
<td>other reason</td>
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</table>
Dream car

CONGRATULATIONS You’ve won $50 000 to spend on a new car of your choice.

However, you have to convince the judges that it’s one of the safest cars available in Australia. Here are a few tasks to help you make your decision.

1. Investigate five new cars using the suggested websites to find out the price and safety features.
   - [www.aaa.asn.au/ancap.htm](http://www.aaa.asn.au/ancap.htm) (latest ANCAP brochure can be downloaded)

2. Write other considerations for the purchase (e.g. looks, practicality, running costs, safety, off-road ability, re-sale value) and indicate your priorities.

<table>
<thead>
<tr>
<th>Car model and make</th>
<th>Price</th>
<th>Safety rating</th>
<th>Active safety features (protect occupants in a road crash)</th>
<th>Passive safety features (prevent a vehicle having a road crash)</th>
<th>Other considerations in order of priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</tbody>
</table>

My choice of car would be ____________________________ because
### Consequence ranking

<table>
<thead>
<tr>
<th>LEAST IMPACT</th>
<th>GREATEST IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>loss of driver’s licence</td>
<td>getting a traffic conviction</td>
</tr>
<tr>
<td>critically injuring someone you don’t know</td>
<td>going to court</td>
</tr>
<tr>
<td>losing independence</td>
<td>rejected by peers</td>
</tr>
<tr>
<td>lose your job</td>
<td>injuring yourself</td>
</tr>
<tr>
<td>causing spinal injury to friend or family member</td>
<td>not being able to travel overseas due to conviction</td>
</tr>
<tr>
<td>rejected by long-time boyfriend/girlfriend</td>
<td>vehicle insurance premium increased</td>
</tr>
<tr>
<td>community rejection</td>
<td>unable to fulfil personal goals</td>
</tr>
</tbody>
</table>

- **LEAST IMPACT**:
  - damage to car

- **GREATEST IMPACT**:
  - loss of driver’s licence
Assessment Task

Although drivers possess much freedom on the road to enjoy their motoring, restrictions are imposed by law makers in an effort to ensure the safety of all road users. Speed limits are an example of a restriction. Some states have restricted the power of vehicles for P-plate drivers. These laws are based on crash statistics and also relate to the perceived inexperience of the person behind the wheel. As with any restriction on freedom and choice, there are differing opinions on these laws.

1. Interview task
   You are to conduct interviews with a range of young drivers, their parents and other community members to seek responses to questions covering topics such as owning and driving a car, and the appropriateness of laws restricting car ownership to gain a broader understanding of their attitudes to driving.

   All interviews may be recorded. A written summary of the main points is to be submitted. Some examples of questions for each target group are listed.

   **Interview questions for young drivers**
   1. What do you most enjoy about driving?
   2. When do you find driving stressful?
   3. Why did you choose the car that you now drive?
   4. What do you like/dislike most about the car?
   5. Do you agree that young drivers should not be allowed to drive a V6 or V8 vehicle (e.g. Holden Commodore and Falcon)? Why?
   6. What else can be done to reduce the number of young people killed and injured on our roads?

   **Interview questions for parents or community members**
   1. Do you agree that young drivers are safe drivers? Why?
   2. What are your concerns about young drivers?
   3. Do you agree that young drivers should not be allowed to drive a V6 or V8 vehicle (e.g. Holden Commodore and Falcon)? Why?
   4. What else can be done to help young people stay safer on our roads?

2. Your thoughts about young drivers
   Write your response to the following statement. Highlight some facts using statistics or a graph to support your thoughts.

   **Young drivers do not have the driving experience to make them fully aware of the dangers on the road. Taking risks, overconfidence and peer distractions mixed with the power and performance of a motor vehicle creates a lethal cocktail, putting young drivers and other road users at risk of injury or death. Vehicle power restrictions are essential if the road toll for young people is to be reduced.**

3. Keeping young people safe
   Knowing that in the first year of driving solo, a young person is three times more likely to crash, how will you try to stay safer as a driver? What plans can you make? Who can help you? Write a short response.

Adapted from TAC, 2000. VCE Legal Studies Resource Kit
# Teaching and Learning Strategies

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Teaching and learning strategies

Overview of teaching and learning strategies

The strategies described in this section of the resource represent well-recognised and effective teaching practices for early adolescence education. They promote critical and reflective thinking, research, evaluation and collaborative learning and also focus on literacy skills. The strategies have been designed to accommodate differences in learning styles and reflect contemporary learning theory including Gardner’s Multiple Intelligence Theory and the revised Bloom’s Taxonomy.

The strategies have been divided according to the basic elements of an inquiry process. These elements are also fundamental to the decision-making process in the Health and Physical Education Self-management Skills Learning Outcome. The sections and focus of each are as follows:

<table>
<thead>
<tr>
<th>These strategies …</th>
<th>… can be used to determine students’ current knowledge, skills and attitudes prior to planning a program. They will engage and focus students in the learning experiences and content.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuning in</td>
<td>… encourage investigation and independent learning about key health and safety concepts.</td>
</tr>
<tr>
<td>Finding out</td>
<td>… encourage the analysis, organisation, review and reflection of information.</td>
</tr>
<tr>
<td>Sorting out</td>
<td>… allow students to identify, discuss and develop positive attitudes towards safer and health lifestyles.</td>
</tr>
<tr>
<td>Developing values</td>
<td>… provide opportunities for students to develop decision-making skills to enable them to make safer and healthier choices.</td>
</tr>
<tr>
<td>Making decisions</td>
<td>… provide opportunities for students to develop the communication and negotiation skills required for safer healthier lifestyles.</td>
</tr>
<tr>
<td>Speaking out</td>
<td>… allow students to identify, discuss and consider the changes in their understandings, attitudes and values.</td>
</tr>
</tbody>
</table>

Using the teaching and learning strategies

The teaching and learning strategies are used to engage students in the resilience, drug and road safety content of this resource.

The strategies have been **bolded** within the text of a learning experience (see illustration).

Teachers should refer to this section of the resource for an explanation of the purpose and how to implement the strategy with their class.
Teaching and learning strategies

Selecting teaching and learning strategies

The teaching and learning strategies have been linked to learning experiences described in each unit of this resource. Teachers are encouraged to use their professional judgement to review the suggested strategies and then decide on the most appropriate for meeting the needs of their students and deliver the essential content in either a resilience, drug or road safety context.

Teachers should also consider the appropriateness of the strategies for students after reading the Scope section (pp. 29-30) and the Principles of Learning, Teaching and Assessment (pp. 134-9) of the Curriculum Framework.

Adapting learning strategies

The learning strategies linked to learning experiences are a suggestion only. As teachers know their students learning styles and needs they may need to select alternative teaching and learning strategies or adapt those suggested to deliver the content. For example:

- a think-pair-share has been suggested as a speaking out strategy in this resource. It can easily be adapted for students to use when sorting out or reflecting on information gained during a learning experience.
- a placemat has been suggested as a Finding out strategy in this resource. It can also be used to tune students into a new concept or to consider information when making decisions.

Addressing students’ learning styles and needs

When teachers are asked to cater for individual differences it does not mean that every student must be given an individual work program or that instruction must be on a one-to-one basis. When teaching and learning is individualised it is reflected in classroom organisation, curriculum and instruction. Teaching and learning strategies can include a range of whole class, group and individual activities to accommodate different abilities, skills, learning rates and styles that allow every student to participate and to achieve some degree of success.

After considering students’ needs, learning styles and levels of achievement in relation to the learning outcomes, it is important to select strategies:

- focusing on the development of knowledge, skills and attitudes
- that will assist students to engage in the essential content
- that will support and extend learning
- that will enable students to make progress in their achievement and maximise their accomplishment of the learning outcomes.

Being inclusive of all students

All students are able to learn. However, the learning rate for students with disabilities or severe learning difficulties may be influenced by nature, the severity of their disability or their access and interaction with the environment. Individualised educational programs may be needed in order for these students to demonstrate particular outcomes.
**Tuning in**

The strategies included in this section are:

➤ Before and after
➤ Card clusters
➤ Graffiti
➤ KWL
➤ One minute challenge
➤ Question partners
➤ Quiz

**What is tuning in?**

‘Tuning in’ strategies provide the opportunity for students to explore their current knowledge, attitudes and values about health and safety issues. While working independently or collaboratively, students can use suggested graphic organisers to record and share information.

Teachers will be able to use evidence gathered from students’ responses to plan a program to cater for the needs of all students.

---

**Before and after**

This strategy will help students to:

- consider and reflect on their own and others’ current knowledge, skills, beliefs and attitudes
- identify changes in their own knowledge, skills, beliefs and attitudes.

**How is it implemented?**

1. Devise a set of statements or questions that will identify students’ understanding, beliefs and attitudes towards health or safety issues and write these on *Resource Sheet 1: Before and after*. The focus may be on one issue (e.g. smoking) or a range of issues (see the example provided below).

2. Ask students to respond to each statement/question before commencing a unit or focus area. Collect the resource sheets.

3. Have students complete the ‘after’ column when they have participated in one or several of the learning experiences in the unit or focus area.

4. In pairs or small groups, ask students to reflect on any changes in their understanding or attitudes towards the issue.
Tuning in

Card clusters

This strategy will help students to:
• reflect individually and share ideas with others
• generate ideas to classify, group, label and generalise upon.

How is it implemented?
1. Place students in groups.
2. Give each student two or three slips of paper.
3. Pose a problem or question related to a health or safety issue. For example: What strategies do you use to help keep yourself safe around alcohol? What strategies does your community use to help keep people safe in and around traffic?
4. Students individually write responses on the slips of paper. Only one idea should be written on each slip of paper.
5. Students place their responses in the middle of the group then through discussion with other group members cluster them by identifying similarities. A heading or title may be given to each pile of slips.
6. All groups come together to share their card clusters. Responses may be represented graphically in a mind map or bar graph, or in written form by using each idea as a new sentence.

Graffiti

This strategy will help students to:
• generate ideas and cover several issues or aspects efficiently
• work collaboratively to learn from and share with others.

How is it implemented?
1. Divide the class into small groups.
2. Give each group a large sheet of paper and different coloured felt pens (a different colour for each group member allows for individual contributions to be tracked).
3. Provide each group with a different question, issue or statement to consider.
4. Within a designated time, groups ‘graffiti’ their paper with words, phrases or drawings related to their question, issue or statement. Advise students that they ‘own’ the word/comments/drawings they record. This means that they could be asked to explain or clarify information where necessary.
5. The graffiti sheets are then passed to another group.
6. Instruct students to avoid repetition of ideas by ticking the comments they agree with, writing comments next to ideas and writing their own new responses on the graffiti sheet.
7. The process is repeated until the graffiti sheets are returned to their original owners.
8. Groups read, discuss and summarise the graffiti sheets. Comments may be categorised in order to draw conclusions or present a brief summary presentation to the class.
9. Planning for further learning experiences can be carried out using the students’ responses.

Variations
• Graffiti walk
  Display the graffiti sheets around the room. After Step 4, groups leave their graffiti sheet behind and walk to the next sheet to add and comment on previous response. Remind groups they cannot return to their original graffiti sheet until consideration has been given to all other sheets. Groups then complete the activity as before by reading, discussing and summarising the ideas generated from the graffiti.
• ABC graffiti
  Pose a question or statement related to a health or safety topic. Ask groups to attempt to make an
Tuning in

A-Z of words or phrases linked to the question or statement. For example:

What do you know about ecstasy?
Addictive, Body temperature increase, Capsules or tablets…Zombie like hallucinations.

Describe your dream car.
Automatic, Black paint job, Comfortable seats... Zippy

Students review their responses and choose five words or phrases that best reflect the question or statement. These are then written into a sentence or several sentences to summarise what students think would be the most important things for someone their age to know about the topic.

KWL (know, want to know, learnt)

This strategy will help students to:
• recall and record prior knowledge and identify future learning needs
• reflect on changes in their understanding, skills and attitudes.

How is it implemented?
1. Explain to students that this strategy will help record what they already know, identify issues they would like to learn more about and plan the direction of their learning.
2. Show students how to draw up the KWL table (see example provided).
3. Pose a question, statement or issue for students to consider (e.g. What do you already know about road safety issues for young people?) as a group.
4. Students then brainstorm what they know about the question, statement or issue and fill in the ‘What I know’ column to show the wide range of knowledge already shared as a group.
5. Ask students to think about what they want to know, either individually or as a group then complete the ‘What I want to know’ column to show the group’s areas of interest. It may help to model making a contribution to this column of the KWL table.
6. Have groups share some of the ideas generated in the ‘what I want to know’ columns. This will identify the range of questions raised by the class and offer some students the opportunity to share their current knowledge about these.
7. Keep the KWL tables, then at the conclusion of one or several learning experiences, ask students to complete the last column ‘What I learnt’ to identify what students have learnt and if there have been any changes in attitudes.
8. Determine if further planning of learning experiences is required for students to achieve the outcomes.

Variation
The first two columns of the KWL can be completed either individually, with a partner or in a small group. Students can then join with another person, pair or small group to compare notes and circle similar ideas.

One minute challenge

This strategy will help students to:
• focus on a topic, recall prior knowledge and identify future learning needs.

How is it implemented?
1. Explain to students they will be given exactly ‘one minute’ to write down all they know or would like to know about a certain health or safety topic.
2. Students share their writing with a partner or group.
3. Use common areas of interest to guide the choice of future learning experiences.

Variation
Have students reflect on their understandings and attitudes after completing the learning experiences from a unit or focus area. For example:
• What was the most important or useful piece of information you learnt from these activities?
• What two questions do you still have?
• What would you like to know more about?

Question partners

This strategy will help students to:
• recall prior knowledge and increase understanding of a health or safety issue or topic
• identify questions and future learning needs.
Tuning in

How is it implemented?
1. Devise a set of question and answer cards related to the unit or focus area. Alternatively, students can research information and write their own question and answer cards.
2. Explain to students that each question card has a matching answer card.
3. Hand out cards to students.
4. Students move around the room to find the person with the matching card.
5. In pairs, students discuss the question and answer.
6. Collect the cards and repeat the activity to let students find out more about the issue.
7. Determine the questions that students would like to further investigate and select appropriate learning experiences from the focus areas.

Quiz

This strategy will help students to:
- recall prior knowledge and identify future learning needs.

How is it implemented?
1. Students or the teacher devise a set of quiz questions related to the health or safety topic.
2. Students individually complete the quiz then discuss the questions as a class.
3. Use the questions that students had difficulty answering to guide the selection of further learning experiences.

Variations
- Quiz dominoes
  Research a health or safety issue and devise a set of questions and answers. To make domino cards, write a question and an answer that does not match the question on each card.
  Give each group a set of domino cards to share. Nominate a member of the group to start. This student reads out the question on their card and places it on the table. The student who thinks they have the corresponding answer places it next to the card, as in a game of dominoes. The process is repeated until all questions are completed. Cards should be laid down in a circle formation so that the last question should be answered by the first card placed down.

- Swap stats
  Give each student a swap stats card. Explain that the cards give a question and an answer, which is written as a percentage.
  Explain that students are to move around the room until a signal is given to stop (e.g. whistle or music). Students find the nearest person to them and ask their partner to respond to the question card before revealing the answer. Once the correct statistic has been revealed, partners swap cards and get ready to move onto another partner.
  Continue the process until students have been exposed to most of the statistics being shared.
  The strategy can also be conducted in small groups and a whistle or bell is useful to control student movement.
## Before and after

<table>
<thead>
<tr>
<th>Before (agree or disagree)</th>
<th>Statement</th>
<th>After (agree or disagree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>10</td>
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<td></td>
</tr>
</tbody>
</table>
Finding out

The strategies included in this section are:

➤ Brainstorm
➤ Circle talk
➤ Head talk
➤ Jigsaw
➤ Placemat
➤ Rip and review
➤ Scavenger hunt
➤ Simulated
➤ Streamline
➤ Surveys
➤ Viewing

What is finding out?

‘Finding out’ strategies provide the opportunity for students to develop and demonstrate the Health and Physical Education Knowledge and Understandings and Interpersonal Skills Outcomes. They can identify gaps in their existing knowledge and understanding, and work collaboratively to gather information through self-directed investigation.

Students will be able to use the information gathered to generate and communicate ideas and record responses.

Brainstorm
This strategy will help students to:

• recall existing knowledge and organise ideas
• consider others’ views and ideas
• develop creative thinking processes and problem solving skills.

How is it implemented?
1. Select a topic or pose a question for the brainstorm.
2. Students consider the topic or question and respond. Ideas can be written on the board or on post-it notes so that students can cluster the responses after the brainstorm.
3. The rules for brainstorms are:
   • share whatever comes to mind
   • all responses are recorded
   • the more ideas the better
   • every idea counts – no put downs or criticisms
   • build on others’ ideas
   • write ideas as said – no paraphrasing.
4. Students reflect and discuss the ideas, clarifying responses where necessary.
5. Determine how the information can be further used.

Circle talk
This strategy will help students to:

• share ideas and opinions and develop respect for others’ opinions.

How is it implemented?
1. Place students in two concentric circles (one circle within the other). This structure facilitates dialogue between students.
2. Have students sit or stand facing each other to encourage active listening between partners.
3. Pose a scenario, question or issue for students to consider and discuss.
4. Allow thinking time of approximately 15 to 30 seconds.
5. Nominate the inside circle to start. Students in that circle share their response with their partner who listens and ask questions. Allow 30 seconds to 1 minute for sharing time.
6. When students in the inside circle have finished sharing, the outside circle shares their thoughts with their partner.

7. Have the outside circle rotate one or two places to the left or right. The discussion process is then repeated using either the same or new question.

8. To debrief, discuss the ideas produced during the circle talk. List any questions that students identified to generate further learning.

**Variations**

- If the class is large in number it may help to run two circle talks. This will allow the strategy to be varied by swapping the outside circles from each circle talk.
- To avoid pairing students who will not talk or may argue, manipulate the move on instruction so that these students do not face each other. This intervention will not single the students out.
- If there are uneven numbers of students in the group, place two students together in the outside circle to act as one person. This variation also works well with special needs students as they can be paired with a more capable or supportive student.

**Head talk**

**This strategy will help students to:**
- develop cooperation through problem solving a shared task
- accept responsibility for own learning.

**How is it implemented?**

1. Place students in groups of six and give each member a number from 1 to 6.
2. Pose a question that encourages students’ involvement. For example: *What would you do if a friend collapsed while you were at a party?*
3. Explain that at the end of the discussion one student from each group will be required to provide a summary of the discussion or an answer to the question.
4. Students put their heads together and talk about the question.
5. Give a signal such as ringing a bell to let students know the discussion time is nearly finished.
6. Groups should check that all members know the decided response.
7. Roll a die to determine the students who will provide the response. For example, if the die rolls to number five, all students with that number have to respond for their group.
8. Students from the group can give more information if required.

**Jigsaw**

**This strategy will help students to:**
- critically analyse, evaluate and apply ideas from a large amount of information
- participate and cooperate in small groups
- accept responsibility for their own learning.

**How is it implemented?**

1. Divide the class into equal groups with no more than six students in each. These become ‘home groups’.
2. It may help to give each student a coloured dot, badge or sash to identify home groups.
3. Every member of the home group has a different aspect of the topic to discuss or research.
4. Students form ‘expert’ groups, where all members of the group are discussing or researching the same aspect of the topic. Their job is to prepare a report to take back to their home group.
5. Students move back to their original home group. The diagram provided shows student movement.

6. Experts then report on their aspect of the topic.

7. Allow time to discuss findings as whole class.

**Placemat**

This strategy will help students to:

- brainstorm and generate ideas around an event or issue
- encourage collaboration and team problem solving
- increase accountability and involvement in own learning.

**How is it implemented?**

1. Place students in groups of two, three or four and give a large piece of paper.

2. The paper is then divided into sections based on the number of students in the group, with a square or circle drawn in the centre as shown.

3. Pose a question, statement or dilemma for students to consider. For example: *What increases the risk for young drivers?*

4. Each student writes their ideas or decisions in their section of the placemat. No discussion is to occur in the groups at this stage. Make sure students have enough time to think and work alone.

5. Students share, discuss and clarify ideas that have been written by each member of the group. Remind students that they have the option to pass, especially if they do not know each other well or it is their first attempt at a placemat.

6. The group shares and reviews all ideas to reach a consensus on one set of key ideas.

7. The key ideas are written in the middle section of the placemat.

8. These key ideas are shared with the class and discussed further to enrich the learning.

**Variation**

- Students cut out their section of the placemat then join with two or three others from another group to continue sharing and discussing.

- Consider combining a PNI with a placemat (as shown) or with a think-pair-share (see p 325).

---

**Rip and review**

This strategy will help students to:

- recall existing knowledge and organise ideas
- consider others’ views and ideas.

**How is it implemented?**

1. Students sit facing each other (e.g. knees to knees) in groups of four. This will facilitate dialogue between students.

2. Give each student a piece of A4 paper to fold into quarters. Number each quarter of the page (i.e. 1 to 4).

3. Write four questions or statements on the board (see example provided).

4. Explain to students they are to consider the four questions or statements then write their responses on the piece of paper. At this stage members do not discuss the questions or statements.

5. On completion, students ‘rip’ their response sheet into four squares and place these in piles numbered 1 to 4.

6. Each student takes one pile of responses and summarises the findings for the question.

7. Students then give their summaries to the rest of the group.
Variation

The summary process can be conducted by a whole group (i.e. a group summarises all of the number 1 responses, another group summarises all of the number 2 responses, etc) who then reports to the whole class.

Scavenger hunt

This strategy will help students to:

- locate current and relevant information on health and safety issues in a short time frame.

How is it implemented?

1. Give each student a set of questions related to a topic on a ‘scavenger sheet’.
2. Provide literature such as fact sheets, books, posters, pamphlets or a list of websites. This will focus students on the task and let them use their time more efficiently.
3. Ensure the questions are open-ended to allow students to elicit a range of responses. For example: How have vehicle designs changed over the last thirty years? Who can advise young people about the effects of drugs?
4. Students can work individually or with a partner to answer the scavenger hunt questions.
5. Responses can be used to engage students in class discussions.

Simulated

This strategy will help students to:

- observe key concepts and practise skills related to being a safer healthy person within controlled, recreated environments.

How is it implemented?

1. When facilitating simulated learning experiences:
   - ensure recreated situations are realistic and relevant to students’ interests and needs
   - check that students are provided with opportunities to experience feelings actively and practise skills
   - focus on practising and role modelling safer and healthier skills and behaviours
   - ensure that students reflect on their learning and consider its application to future health and safety experiences
   - allow students time to practise and develop skills.

Examples of simulated experiences

- Interactive CD ROMs and websites

Review a range of websites or CD ROMs that students can use to gain understanding of health and safety issues. Consider the following criteria when selecting a website or CD ROM such as:

- Does it directly help students to achieve the outcomes?
- Is it user-friendly and accessible to all students?
- Is corrective feedback included?
- Does it include consequences for making incorrect skill, knowledge or attitudinal decisions?
- Does it ensure that all students have the opportunity to be actively involved and to observe others?

- Technology challenges

Provide students with a problem to solve. For example: Develop a range of merchandise to promote an anti-smoking message to young people your age. Make sure students have access to a range of materials.

Streamline

This strategy will help students to:

- locate current and relevant information on health and safety issues.

How is it implemented?

1. Pose a question or statement for students to consider and write their own list of five responses on a piece of paper. For example: What are five short term effects of ecstasy use? or What are five things that might influence someone your age when buying a car?
2. Students form pairs and share the responses on their lists.
3. Each pair considers both lists and streamlines these by choosing five responses to form a new list.
4. Each pair then joins with another pair to make a group of four.
5. The process of sharing and negotiating is repeated. Once again a new list of five responses is formed for the group of four.
6. Groups then write their final five on a board for the class to compare and discuss.

Surveys

This strategy will help students to:
• develop open-ended questions for a specific target group and analyse survey responses
• present information in a range of formats.

How is it implemented?
1. Identify an issue or question related to a topic and devise a set of questions.
2. Identify a group of people to interview (e.g. class members, parents, peers, school or community members).
3. Students conduct the survey through observation, interviews or survey sheets.
4. Students sort and compare the responses then assess the most effective way to communicate the information to others (e.g. graph, chart, written summary, school newsletter article, letter to families, PowerPoint presentation, poster)
5. Students display and share the survey results with other students, families or the community with the aim to promote safer healthy behaviours.

Variation
• Letterbox survey
1. Prepare a set of letterboxes and label each with a number. A letterbox can be made using a shoebox, tissue box or ice-cream container.
2. Devise a set of numbered questions (one question for each letterbox) and provide a copy for each student. The questions should require students to respond from a personal view, for example: What do you think the Government could do to discourage young people from starting to smoke?
3. Students complete the questions individually without discussion.
4. Students tear or cut the question strips and place each one in the corresponding letterbox (i.e. question one in letterbox one).
5. Place students in groups and give them a number corresponding to a letterbox.
6. The task for each group is to read and sort the answers into no more than four categories and then report to the class. It may help to allocate roles during this process. For example there should be a time keeper, recorder, reporter and manager. Limit reports to a one minute presentation.

Viewing

This strategy will help students to:
• gather information and obtain different perspectives on an issue by viewing and analysing a range of film, television or print materials.

How is it implemented?
1. When selecting viewing material, have a clear understanding of the learning outcomes to be achieved.
2. Preview the material to ensure it is age appropriate and relevant to health and physical education outcomes.
3. Consider the production date, as students may not respond or relate to material that is clearly ‘old-fashioned’ or presents statistics and information that is no longer accurate.
4. Prior to students viewing the material, direct them to look for particular aspects, concepts or topics being portrayed by posing one or several questions such as:
   • In this video you will see… try to think of how you could solve their problem.
• What would you do?
• Who would you ask for help?
• If you met…what questions would you ask them?
• Explain the feelings of …
• Why do you think / believe …

5. Encourage students to engage in critical and evaluative thinking when viewing.

6. After viewing, engage students in follow-up learning experiences related directly to the viewing material to consolidate and share their learning. For example:
   • design a postcard and write to one of the characters
   • identify emotions of characters from the video, print advertisement (relate to own possible emotions and feelings)
   • talk about the reasons for …
   • discuss the different, attitudes, behaviours or choices of characters
   • role-play different ways to deal with situations identified in the material.
Sorting out

The strategies included in this section are:

➤ Mind maps
➤ 90 degree thinking
➤ T and Y charts
➤ Venn diagram
➤ Written responses

What is sorting out?

‘Sorting out’ strategies provide the opportunity for students to sort, analyse, prioritise, compare and contrast information to further develop and consolidate their knowledge, skills and attitudes.

Summarising key information and clarifying relationships or associations between information and ideas will assist students to draw conclusions and apply their understanding.

Mind maps

This strategy will help students to:

• identify and visually record current understandings
• summarise key information, clarify relationships or associations between information and ideas and draw conclusions.

How is it implemented?

1. Explain the strategy and ensure that students understand that mind maps are personal representations and as such they are not ‘right’ or ‘wrong’.
2. Select a topic and write this in the centre of a page or blackboard.
3. Students then identify connected key words or phrases and write these around the topic, progressively moving to less directly related words. Remind students to write what it is important as excess words ‘clutter’ mind maps and take time to record.
4. Identify links between different ideas and draw lines to highlight connecting ideas.
5. The structure of each mind map is unique. A completed mind map may have lines radiating in all directions with sub topics and facts branching off the main topic.

Some tips for creating effective mind maps

Mind maps can include:

• drawings, wavy lines, bubbles, arrows and colour to add to the visual appeal

Example of a mind map

- colours to separate and organise ideas for easier recall
- pictures or symbols which help with the recall of information
- bubbles, shapes and circles to group similar information and ideas
- arrows to indicate cause and effect.


90 degree thinking

This strategy will help students to:

• graphically organise and record ideas and information that may be seemingly unrelated
• apply these ideas and information to their own lives.
Sorting out

How is it implemented?
1. Ask students to divide page with a diagonal line from top left to bottom right as shown.
2. In the top right hand triangle students record ideas or information from fact sheets, websites or group discussions about a given topic.
3. At the conclusion of the information collection, students reflect on each fact or idea.
4. Students then write in the left hand triangle what the implication of these fact or ideas may have on their own lives. For example: Fact: More than 65% of Australians have never used cannabis. So what? It doesn’t make sense to try cannabis because I think ‘everyone else is using it. It’s OK for me to be in the majority of people who don’t use cannabis.’

T and Y charts

This strategy will help students to:
- graphically organise and record ideas, feelings and information
- identify and focus on what they already know, understand, value and are able to do
- compare and contrast ideas, feelings and information.

How is it implemented?
1. T and Y charts can be used to record and categorise information in many different ways. See some of the examples provided.
2. Pose a question, situation or issue for students to brainstorm and record their responses in either a T or Y chart. This can be done as a whole group or in small groups.
3. All responses should be accepted and recorded.
4. If the strategy is used with small groups, encourage students to share their group’s findings and compare charts with others.
5. New ideas can be added after the discussion or program has been completed.

T chart examples

<table>
<thead>
<tr>
<th>Helpful</th>
<th>Unhelpful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Y chart example

Students brainstorm how an ‘assertive person’ would look, feel and sound.

Venn diagram

This strategy will help students to:
- represent information and thinking in a graphic organiser
- determine similarities and differences between concepts or ideas.

How is it implemented?
1. A Venn diagram is a graphic organiser that can be used to group and separate concepts and ideas.
2. After receiving or collecting information about objects or ideas, ask students how things are the same and how are they different.
3. Students list the similarities in the overlapping parts of the circles and the differences in the areas that do not overlap. An example is provided.

4. This information can then be used by students to help make generalisations about an object or decision about an idea.

Written responses

This strategy will help students to:
- organise and record ideas, feelings and information
- communicate their knowledge and understandings, attitudes and values through a range of genres.

How is it implemented?

1. After locating information related to a topic, students can record and communicate their findings, ideas and opinions in genres such as:
   - recounts
   - reports
   - narratives
   - procedures
   - jingles and raps
   - letters and invitations
   - brochures and pamphlets
   - posters and advertisements.

2. Students can share their written responses by:
   - compiling a book to read to younger students
   - discussing the information with families or peers
   - submitting community newspaper and school newsletter articles
   - creating a PowerPoint presentation
   - displaying the information in communal areas of the school
   - presenting at a school assembly, parents meeting or information session.

Variations

- Comic strips
  Have students draw a comic strip or cartoon where characters are:
  - using assertive communication in a health or safety situation
  - presenting positive messages
  - explaining their feelings and thoughts and deciding on an action.
  Use speech bubbles or thought clouds to convey the information and thoughts. Students can share comic strips to discuss and assess the effectiveness of the communication and the health or safety message.

- Interpreting images
  Students draw a four frame comic strip depicting a health or safety scenario. The comic strip should include blank speech bubbles and thought clouds. Students swap drawings with a partner who must deduct the meaning and fill in the blanks accordingly.

- Newspaper headlines
  Students write their opinion about a health or safety issues described in a newspaper headline. Comments should be supported by factual information.

- 60 seconds 30 words
  Students think for 60 seconds then write in 30 words or less, about a given statement or topic communicating their thoughts, ideas and knowledge.
Developing values

The strategies included in this section are:

➤ Choose a corner
➤ My attitude my actions
➤ Oxford style debate
➤ Values continuum
➤ Values voting

What is values education?

The ‘developing values’ strategies will assist students to develop an awareness of their own attitudes towards particular outcomes and ideals that are associated with a healthy, active lifestyle.

Learning and teaching programs in the Health and Physical Education Learning Area encourage students to develop positive attitudes towards the following values:

➤ active healthy lifestyle, by participating regularly in a variety of movement forms and acknowledging the contribution of the Learning Area to physical, mental, emotional and social health
➤ personal responsibility, by being accountable for health and physical activity
➤ social justice, by being inclusive and respecting the rights of others
➤ personal excellence and the achievements of others, by striving for their personal best and acknowledging the achievement of others
➤ collaboration, cooperation and teamwork, by working cohesively in groups and activities
➤ fair play, by abiding by rules and respecting umpires’ decisions
➤ prevention and safety, by exhibiting safe practices and developing safe environments in the classroom, in play, in games and expeditions
➤ the environment, by demonstrating conservation practices and using minimal impact techniques.

Values education

Health and physical education issues require students to consider beliefs, values, attitudes and behaviours. The relationship between these is described below.

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>...determine values...</th>
<th>...which underlie attitudes...</th>
<th>...and are reflected in behaviours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs are an underlying conviction about an issue or concept.</td>
<td>Values are something believed to be worthwhile.</td>
<td>Attitudes are feelings and inclinations towards actions, situations, people or things.</td>
<td>Behaviours are actions that reflect beliefs, values and attitudes.</td>
</tr>
</tbody>
</table>

Facilitating values education

Teachers implementing a program should act as the ‘facilitator’ in values learning experiences and remain non-judgemental of students who display beliefs that may not agree with their particular stance on an issue.

Teachers should also make students aware that:

• sometimes people form opinions without being well-informed
• personal experiences often contribute to opinions
• there will usually be a cross-section of opinions within any group
Developing values

- peers, family, society and culture will influence values.

Debrief immediately after a values learning experience to allow students to share feelings generated from the activity, summarise the important points learned, and personalise the issues/dilemmas to real-life situations.

Choose a corner

This strategy will help students to:

- identify and clarify attitudes using hypothetical issues
- consider information and others ideas and views
- share reasons for making a decision with others.

How is it implemented?
1. Prepare four signs, numbered with a 1, 2, 3 or 4.
2. Place a number sign in each corner of the room.
3. Explain to students that they are to listen to four statements and choose the one that best represents their opinion. It may help students to become familiar with this strategy by starting with topics that require very little thought. An example is provided.

On the weekend, the thing I like to do most is:
1. watch TV
2. meet up with my friends
3. listen to music
4. read a book.

4. Students move to the corner that best describes their opinion.
5. Students standing together share their reasons for choosing the statement.

6. Invite students to share opinions between corners then move onto a topic or issue that students may not have discussed. Examples are provided.

If I was offered an ‘ice’ tablet at a party, I might:
1. make an excuse and walk away
2. take it from the person but not swallow it
3. report the situation to an adult at the party
4. think about taking it just this once.

Variation

- Human graph

Instead of having a number sign in each corner of the room, place the signs in a line from one to four. Pose the statement and choices then ask students to stand behind the number that best represents their opinion and share their reasons. The advantage of this variation is that it gives a more visual representation of how the class is voting. Quantitative statements can be made by students to describe the voting. For example: More girls agree that passive smoking is a high risk situation for a young child. Most of the class disagreed that hotels should have smoking designated areas.

My attitude my actions

This strategy will help students to:

- understand the factors that influence attitudes
- identify influences that affect health and safety behaviour in a range of situations.

How is it implemented?

The correlation between an individual’s attitudes towards health and safety behaviour is not a straightforward one. Although individuals may have a firm belief or attitude towards a particular health and safety issue, their behaviour may not always reflect this as a range of situational influences can affect behaviour.

For example if the issue is speeding, the student may possess the belief that speeding is dangerous and their attitude is that drivers who speed are irresponsible. These may be influenced by their family, previous experiences or media reports of road crashes where speed was a factor. However when faced with an emergency situation (e.g. a family member being seriously injured) the student’s intention to not speed, may not be evident in their behaviour when driving quickly to the nearest hospital.
The implications for young people is that despite their attitudes and intentions, the way they choose to behave in the real-world can be influenced by the situation with which they are faced. The consequences and potential risks in a range of scenarios can be explored using this model.

1. Explain the model shown on Resource Sheet 2: My attitude my actions.

2. Students identify their attitudes and intention to behave in relation to a given health or safety issue (e.g. smoking, drink driving, binge drinking, not wearing a restraint) and record these on Resource Sheet 2: My attitude my actions.

3. Pose a scenario that challenges the students' attitudes and intended behaviours to allow them to analyse their actions in relation to the situation.

4. Students reflect on strategies to manage the factors that may influence their behaviour.

**Oxford style debate**

This strategy will help students to:

- identify and clarify thoughts and feelings about issues
- consider others' thoughts and opinions
- explain the reasons for an opinion.

How is it implemented?

1. Explain that this strategy will require students to reflect on their attitudes.

2. Select three students to act as 'speakers'. The three speakers, who are positioned around the room, each read a different statement related to a health or safety issue. Make sure the statements prompt analytical and evaluative thinking, and that the correct statement is not obvious.

For example:

- Your attitude may determine whether you chose to use or not use drugs.
- Knowing the effects of drugs on your body may determine whether you chose to use or not use drugs.
- The time, place and occasion may determine whether you chose to use or not use drugs.

3. Students decide which statement most accurately reflects their attitude towards the issue and position themselves near the person who read that statement.

4. Students should remain silent until everyone has moved next to a speaker.

5. When students have gathered next to their chosen speaker they must formulate a group view indicating why they agree with the statement. The speaker records the responses.

6. Ask each speaker to state the reason/s why the group agrees with the statement. Other groups at this stage are only to listen.

7. After hearing each group's rationale, students may challenge or ask other groups to clarify their statements.

8. Give students the opportunity to change their minds and move to another group. If this occurs invite students to share reasons behind the change in their opinion.

Values continuum

This strategy will help students to:

- identify and clarify attitudes about issues
- consider others' thoughts and attitude.

How is it implemented?

1. Prepare a set of signs with opposing responses (e.g. safe/unsafe; useful/not useful; agree/disagree) and place these at opposite ends of the room.
Developing values

2. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.

3. Explain that there are many places along the continuum that may represent each student’s opinion about a given statement.

4. Model this by giving a statement such as ‘Everyone should wear a hat when they go outside’ then placing yourself along the continuum. Tell students why you might have placed yourself at that position.

5. Select a statement and read to the group.

6. Ask students to move to the point on the continuum that best represents their opinion.

7. Students then discuss their reasons for placing themselves in that point on the continuum with others standing nearby.

8. As a class, discuss why there are variations in students’ opinions.

9. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.

10. Examples of questions to ask students during this strategy are:
   - Why would someone place themselves in that position on the continuum?
   - What experiences would have brought them to that conclusion?
   - Would they feel differently if they had more information about this?
   - Was it easy to choose the position on the continuum? Why or why not?

Variation

- Name tag

Construct a values continuum by sticking a length of masking tape along the ground. Ask students to write their name on a post-it note or small card. Pose a question or statement for students to consider before packing their name on the masking tape continuum where it best represents their opinion. Ask students from various parts of the continuum to justify their placement. After the discussion give students the opportunity to reposition their names if they have changed their opinion as a result of the discussion.

Values voting

This strategy will help students to:
- identify and clarify attitudes about issues
- consider others’ thoughts and attitude.

How is it implemented?

1. Select a statement and read to the group.

2. Students indicate their opinion or the opinion of other groups (e.g. friends, family and community members) by casting a ‘vote’. This may be done using one of the variations below.

3. Discuss the statement as a class. Provide students with the option to pass or reconsider their vote after the discussion.

4. Examples of questions to ask students during this strategy are:
   - Why would someone vote in that way?
   - What experiences would have brought them to that conclusion?
   - Would they feel differently if they had more information about this?
   - Was it easy to make a vote? Why or why not?

Variations

- Dot voting

Devise a health or safety question or statement and a set of responses for students to consider. Write each response on a large sheet of paper. Give students two sticky dots each to place on the response or responses that resound more strongly with their attitudes and values. As a class discuss the voting responses.

For example:

The consequence of cannabis use that would most likely stop me from using this drug would be:
- possibility of mental problems
- getting into trouble with parents or teachers
- upsetting friends
- getting caught by police
- possibility of addiction
- possibility of getting respiratory problems
- possibility of reduced concentration and slower reflexes.

- Fist of five

Students consider a statement and then indicate their feeling or opinion by using their hand. A fist indicates ‘strongly disagree’ and proceeds up to five fingers for ‘strongly agree’.
**My attitude my actions**

Use this sheet to identify what will influence your attitudes and behaviours in a given health and safety situation.

<table>
<thead>
<tr>
<th>Health and safety issue</th>
</tr>
</thead>
</table>

### Influences

*Who and what has influenced my thoughts and feelings? (experience, personality, family, media)*

### Situation

#### Attitudes

What I think and feel

<table>
<thead>
<tr>
<th>Situation 1</th>
</tr>
</thead>
</table>

#### Intention to behave

If and when I become involved in this situation I will...

<table>
<thead>
<tr>
<th>Situation 1</th>
</tr>
</thead>
</table>

#### Behaviour

In this situation, I would….

<table>
<thead>
<tr>
<th>Situation 1</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Situation 2</th>
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</table>

<table>
<thead>
<tr>
<th>Situation 3</th>
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</thead>
</table>
Making decisions

The strategies included in this section are:

➤ Decision-making model
➤ Fortune teller
➤ Helpful and positive thinking
➤ Hypothetical
➤ PNI
➤ Problem predicting
➤ Role-play
➤ Send a problem
➤ Snap decisions

What is making decisions?

Being able to make informed decisions by considering the positive and negative consequences of actions and selecting the most appropriate option, is an important skill for maintaining personal health and safety.

‘Making decisions’ strategies provide the opportunity for students to develop, practise and demonstrate the Health and Physical Education Interpersonal Skills and Self-management Skills Outcomes. They can examine self talk and how it impacts on decision making; examine alternatives; record and analyse information; use different decision-making models; select a course of action and reflect on the consequences of their actions.

Decision-making model

This strategy will help students to:

• consider their own beliefs about their ability to view situations and events and solve problems
• explore a series of steps in making decisions in relation to positive healthy behaviours
• share reasons for making a decision with others.

How is it implemented?

As a facilitator in decision-making explain to students that:

• they need to collect accurate information from many sources to inform their decisions
• they need to identify their feelings and values as these can influence options and choices before accurate assessment of a situation can be made
• there is the potential for a decision to have positive and negative outcomes and that predicting outcomes can be difficult
• they are responsible for their actions before a choice is made
• learning how to make more accurate predictions only comes with practice
• there may be a need to re-evaluate the decision they make and adapt this to new situations.

What is a problem, choice and decision?

Prior to using a decision-making model resource sheets (3,4 or 5), students will need to understand the terms of ‘problem’, ‘choices’ and ‘decisions’. Students who have had no previous involvement in making decisions may find it difficult to identify the problem in a scenario.

1. Provide your students with one of the resource sheets (3,4 or 5) to use in the decision-making process.
2. Ask students to identify the problem and write this in the model.
3. Ask students to identify and discuss their feelings about the problem.
4. Students then gather information to identify the range of possible options.
5. Remind students that going to others for information can assist their decision-making, especially when a difficult decision is to be made. However they need to balance their own views with the views of others.
6. Students write the options they have identified on the model.
7. Students consider the consequences (both positive and negative) to evaluate each option. When considering the consequences ensure students look at the different types (i.e. physical, social, emotional, financial and legal). The impact of the consequences on self, family, friends and the community in the short-term and long-term also need to be examined.

8. Students discuss the feelings associated with these consequences and then justify their choice.

Variation

- Problem box
  Cut a slot in a small box (e.g. photocopy paper box) and place this in the classroom. When students are faced with a problem and need advice or guidance, they can write the problem on paper and place it in the box. The problems should remain anonymous. Work through the problems using a decision-making model either as a class or in small groups.

Fortune teller

This strategy will help students to:

- predict potential problems and risks
- select strategies to avoid or reduce the risk in a health-related situation.

How is it implemented?

1. Place students in groups of five. Allocate two students in the group to have the role of ‘predictors’, another two the role of ‘advisors’ and one as ‘decider’. The ‘predictors’ role is to suggest what is likely to happen to the individual in a given situation. The ‘advisors’ role is to suggest some strategies that may reduce the risk of the situation. The ‘evaluator’ is to decide on what strategy would be most effective in the situation.

2. If focusing on drug-related situations give students the categories - ‘drug’, ‘individual’, ‘environment’ and ‘reason’. Have students brainstorm each category and write each idea on a card. For example:
   - **Environment cards**: describe the where, what time and who is supervising or involved.
   - **Individual cards**: describe the person’s age, gender, mood, body weight etc.
   - **Drug cards**: describe the type of drug, how much and over what time.
   - **Reason cards**: could include examples such as wanting to impress, to cope, to have fun or to experiment.

3. If focusing on traffic-related situations give students the headings – ‘road user’, ‘environment’ and ‘vehicle’ or ‘transport mode’. For example:
   - **Road user cards**: describe the age, gender, mood, feelings and activities.
   - **Vehicle cards**: describe the condition of the vehicle (e.g. foggy windscreen, high-powered, faulty brakes) and other factors (e.g. too many occupants or not enough seatbelts for number of passengers).
   - **Environment cards**: describe inside and outside the vehicle such as the location (e.g. intersection on highway, gravel road) and conditions (e.g. raining heavily, busy traffic, passengers playing loud music).

4. Groups then use the cards to create scenarios. For example a drug-related scenario could be: a 15 year old who has had an argument with a best friend, is at the beach with no adults around and has had two full strength beers in 30 minutes to impress his/her mates.
5. Each scenario should be discussed to identify the risks and strategies that may alter the outcomes.

### Helpful and positive thinking

**This strategy will help students to:**
- understand the link between feelings and behaviour
- practise positive self-talk and identify negative self-talk
- understand the importance of managing their feelings before undertaking any decision-making.

**How is it implemented?**

Explain that what students think or say to themselves (i.e. self-talk) can affect how they feel and act in situations, and that self-talk can be either helpful and positive or unhelpful and negative.

Give students a range of scenarios to help develop their understanding of helpful and unhelpful thinking, positive and negative self-talk and to provide opportunity for students to practise positive self-talk.

- **I feel, I think, I can**
  Photocopy Resource Sheet 6: *I feel, I think, I can* and give one to each pair of students in the class. Pose a scenario that may cause distress (e.g. not being invited to a party or being asked to ride in a car with a driver who has been drinking). Model the use of the cards to illustrate that the most important card is the ‘I think’ card as helpful and positive thinking can result in positive behaviour and unhelpful and negative thinking may result in negative behaviour. Ask students to discuss how they would feel and think in this situation and then decide what they can do to have a positive outcome.

- **Thought bubbles**
  Students draw a comic strip scenario of no more than 4 frames outlining a stressful or difficult situation (e.g. student being harassed to share their ADHD medication with others). Students swap their comic strips with a partner. The partner must draw in speech bubbles and write in helpful and positive thinking that could be used to cope with the situation depicted.

### Hypothetical

**This strategy will help students to:**
- explore a health-related situation in a non-threatening way
- trial options and examine consequences and outcomes
- develop empathy for another person’s attitude towards a health issue.

**How is it implemented?**

1. A hypothetical situation is developed either by the teacher or the students for ‘expert’ panel members to debate and ‘community members’ (rest of class) to make a decision upon. Devise the hypothetical situation well before the debate and ensure that the situation is broad enough to warrant a wide range of panel members (e.g. P & C President, student representative, police officer, parent, doctor, tobacco or alcohol company executive, local business person, environmental scientist, sports coach).

2. Give expert panel members their role cards. Both panel and community members then research the topic.

3. On the day of the hypothetical, allow panellists time to practise their introductions and responses to the situation and give the rest of the class time to prepare possible questions that may challenge the panellist’s opinions.

4. Labels describing each expert should be placed on the panel desk.

5. The teacher or a student facilitator poses the hypothetical situation, introduces the members of the panel and prompts the audience for questions.

6. Once the debate is finished facilitate the final voting process with the audience.

7. It is important to process the hypothetical by asking the audience to identify which pieces of information presented by the panel members helped them to make a decision.

### Variation

To give an overview of students’ opinions, stop the panellists at various points during the debate and ask the community members to vote on the hypothetical by a show of hands.

Adapted from *REDI for Parents: Strengthening family-school partnerships*, 2006, Commonwealth of Australia

### PNI

**This strategy will help students to:**
- identify and consider positive, negative and interesting aspects of a situation or problem.
Making decisions

How is it implemented?

1. Explain that considering the positive, negative and interesting aspects of a situation or problem can help students reach a decision.

2. Give groups a copy of Resource Sheet 7: PNI.

3. Pose a question, statement or scenario for students to consider. For example: All alcohol advertising should be banned in the same way that tobacco advertising is banned in Australia.

4. Students then brainstorm the positive, negative and interesting implications and record these on the resource sheet.

5. Students discuss the generated ideas with the class then indicate their opinion in the negative or affirmative.

Problem predicting

This strategy will help students to:
• identify and predict problems that may arise from a health or safety situation
• transfer problem-solving and decision-making skills to situations
• develop strategies to deal with problems before they arise and reduce risk.

How is it implemented?

1. Students generate a range of scenarios or problems that can occur between friends or classmates, or where someone may be influenced to choose an unhealthy or unsafe option. The scenario should include a character plus supporting information.

   • **Who** is influencing the character (e.g. older sibling, peers, adult or person of the same age) or is the influence coming from the character’s own thoughts?
   
   • **What** kinds of things are said, done or thought to influence the character’s behaviour?
   
   • **Where** is the situation happening (e.g. at a friend’s place, the shops, car park)?
   
   • **How** is the character feeling in this situation?

An example is provided.

Toby is 13 and has been invited for dinner at a friend’s house and finds that his friend’s parents are smoking cannabis at home. He is feeling uncomfortable and has sore eyes from the smoke. Possible outcomes or problems:
• he gets an asthma attack from the cannabis smoke
• says something to his friend’s parents and offends them
• eats dinner and doesn’t say anything
• tells his parents when he gets home and isn’t allowed to visit in the future.

2. Collect scenario cards and ask the class to rank the cards from the scenario that would cause the most distress or upset to the one that is the easiest to deal with. Ensure students provide reasons to support their rankings.

3. Give each group a scenario card, ensuring that it was not a scenario originally created by the group.

4. Students discuss the scenario and predict what outcomes or problems could occur.

5. Share the predictions generated by each group then ask students to decide which option they would choose after considering the positive and negative consequences.

6. Students can write or tell a story in which the problem is brought to a solution or role-play various responses to a problem and see how they might work in ‘real life’.

Role-play

This strategy will help students to:
• examine factors and influences affecting behaviour and share and compare experiences
• develop interpersonal skills including assertive communication, negotiation, prediction, problem-solving and decision-making within a range of contexts
• plan effective strategies for managing ‘real life’ situations.

How is it implemented?

**Before the role-play**

1. To ensure effective role-plays, a supportive classroom environment must exist. Establish rules for role-playing including:
• one person speaks at a time
• everyone’s responses and feelings are to be treated with respect
• everyone is entitled to express their opinion or have the option to pass.

2. Ensure that students have a clear understanding of the purpose of the role-play (e.g. to demonstrate assertive communication and to practise negotiating when there is conflict).

3. If there is an audience, prepare and encourage their active involvement in the role-play by giving
them a specific role. For example, audience members can identify the feelings of the role-play characters, comment on appropriateness of actions and provide relevant feedback.

4. Set the scene by choosing a scenario relevant to students or alternatively have students select their own.

5. Use character names rather than student names. Some students may become more engaged in the role-play if given a small prop (e.g. bag, hat or mask).

6. Avoid using extreme stereotypes or allowing the issues to become exaggerated.

During the role-play

7. Give students enough time to practise the role-play especially if it is to be performed to an audience. Performing in front of others is not always necessary as it is the processing rather than the performance that is important.

8. Facilitate the role-play by allowing students to direct the action. Wait until the end before making any comments. Do not judge the actions of a student in any given scenario as right or wrong. Instead focus attention on alternatives and/or consequences of actions.

9. Start the role-play by reminding students to keep the action brief (i.e. a few minutes are usually sufficient). If the role-play starts to deteriorate, stop it quickly, discuss what is happening and re-focus the action.

10. If students become angry, switch roles so they have to argue the opposing view. This may help students to develop understanding and empathy for the views of others. Make a point of taking students out of their role (i.e. by removing props, costumes or character name tags) or just by stating their role has finished.

After the role-play

11. Use open-ended questions that focus on the feelings of the role-play characters, attitudes expressed, consequences of actions, alternatives to decisions/actions, and what students have learned about the characters portrayed, to debrief the role-play. Remember to include the observers in the debrief time. Allow plenty of time for de-briefing and provide positive feedback for effort and participation.

12. As a result of the role-play, ask students to personalise the content by considering what they would do in a similar real-life situation. Ensure they reflect on their learning and consider its application to future experiences. The role-play can be re-enacted by switching roles to demonstrate other courses of action.

13. Remember it is not the role-play that is of prime importance but the examination, discussion or reworking of the situation that takes place following the role-play. Its effectiveness rests on the knowledge, skill and sensitivity of the facilitator.

Variations

• Fishbowl

Make a class set of prompt cards by photocopying Resource Sheet 8: Fish bowl prompts. Have a small group of students perform a role-play on a selected topic at the front or centre of the classroom. Other students sit in front of, or around the small group to observe their discussions and actions. The observers are allocated one of the following responsibilities and given a prompt card to remind them of their task.

- Focus on one of the characters and give them advice at the end of the role-play.
- Focus on one of the characters and identify how this person may be feeling.
- Focus on alternative outcomes relevant to the role-play. For example a student may say - When she said ‘Do you want to try this cigarette?’ he said ‘No, I get asthma.’ But if he’d said ‘No, my Mum will kill me’ she might have called him a loser and kept putting pressure on him.

To conclude the fishbowl, observers report on their findings depending on the assigned task.

• Team role-play

Distribute a student generated scenario to each group of six students. Explain that each group needs to form two teams. One team will represent the person trying to influence someone to act in an unsafe or unhealthy manner. The other team will represent the person being influenced by someone else or by themselves if the influence is internal.

Each team spends several minutes making up ideas that will help their team to win the argument. If the scenario focuses on an internal influence the two teams may have to represent two sides of a conscience.

A student from each team commences the role-play using the ideas that their respective teams identified. If either of the students is unsure of how to respond during the role-play, a ‘time out’ can be called. This time can be used by the students to regroup with their team for further ideas or suggestions, or request that someone else in their team carry on the role-play.

Process the role-play by using the following questions.
Making decisions

• How did it feel to be the influencer?
• How did it feel to be the person being influenced?
• What responses seemed to be the most effective?
• Was it useful to have the support of your friends during the role-play?
• How could you get support from your friends in a similar real-life situation?

Hidden thoughts role-play
Several students play out a role-play to the whole class or a small group. The teacher then assigns a student to represent the ‘brain’ of each character in the role-play. The ‘brain’ should stand behind their character and when asked by the teacher, reveal the hidden thoughts or feelings that may not be expressed by their character.

Questions that will elicit deeper thinking from the ‘brain’ include:
• What is this character afraid of?
• What is this character hoping will happen?
• What is stopping your character from doing what is right or necessary?
• What would help your character get on and do this?
• What would it take for your character to get to stand up to the other person in this scene?

At the completion of the hidden thoughts role-play, ask the rest of the class to offer advice to the characters in the scene and have them ‘try out’ two or three of these pieces of advice. Discuss which would be the easiest, most realistic, most effective etc. The ‘brains’ could respond with hidden thoughts and fears for each.

Adapted from REDI for Parents: Strengthening family-school partnerships, 2006, Commonwealth of Australia

Interview role-play
Students interview a role-play character who is experiencing or is affected by a problem. Students ask questions about what it is like to be in this situation and suggest what they think would be helpful for the character to do.

Send a problem
This strategy will help students to:
• develop problem-predicting and problem-solving skills
• build empathy and experience a variety of perspectives on ‘real life’ situations
• plan effective strategies for managing ‘real life’ situations.

How is it implemented?
1. Place students in small groups.
2. Ask each group to think of a health or safety related situation and write this on a card or piece of paper. The problem is attached to the outside of a folder and swapped with another group.
3. Give groups three to five minutes to consider the problem and brainstorm a range of solutions to the problem. The solutions are listed and enclosed inside the folder.
4. The folder is then passed to the next group and the process repeated. Remind groups not to look in the folders or read the solutions identified by previous groups.
5. Repeat this process until groups have completed several problems.
6. Groups should be given their original problem to review all the suggested ideas and develop a prioritised list of possible solutions. This list is then presented to the class to discuss and decide which solution would be the most effective or one that would feel confident to use.

Snap decisions
This strategy will help students to:
• understand how difficult it is to make quick decisions
• understand the variety of thoughts common to young people in health and safety related situations.

How is it implemented?
1. A volunteer is seated in the ‘snap decision seat’ and presented with a health or safety dilemma. The student must try to put themselves in the shoes of the character described in the dilemma.
2. Two other students stand either side of the seated student. One represents the ‘positive’ side of the situation and the other represents the ‘negative’. (Try to avoid the terms ‘good’ and ‘bad’ or ‘angel’ and ‘devil’ as this places a value judgement on the volunteer’s decision.) Their role is to try and convince the student sitting in the snap decision seat to make a decision based on their comments.
3. The student in the snap decision seat is allowed no thoughts of their own and must make a decision based purely on the arguments presented by the two students.
Decision-making model

**Problem**
What is the problem and how do I feel?

**Choices?**

**Positive things that might happen?**

**Negative things that might happen?**

I would
Decision-making model

If this were the problem...

If this might happen, I would feel...

And you did this...

If this might happen, I would feel...

I would...
Decision-making model

Think WAY TO GO?!  
Having thought about the issue from many different directions, what are some ways to implement a chosen idea or course of action?

Think YES?  
What are the positive aspects about this idea, regardless of how I might feel about it?

Think WHAT ELSE?  
What other information might I need to know before judging an idea?

Think NO?  
What are the negative aspects of this idea, regardless of how I might feel about it?

Think WAIT?  
What other alternatives and possibilities are there to this situation?
I feel, I think, I can

I can...

I think...

I feel...
<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Interesting</th>
</tr>
</thead>
</table>

**Why might this be a good idea?**

**What might be difficult, wrong unhealthy or unsafe about this idea?**

**Now you've thought about the positives and negatives of this idea what else do you think?**
Fish bowl prompt

Think about different outcomes that may have resulted if someone had said or done something differently.

Think about how one character might be feeling in this situation.

Listen to one character’s ideas and responses carefully.

Ideas and responses

Feelings

Different outcomes
Speaking out
The strategies included in this section are:
➤ Chook house speeches
➤ Health promotions
➤ Think-pair-share
➤ Toss a die
➤ Vox pop interviews

What is speaking out?
‘Speaking out’ strategies provide the opportunity for students to develop, practise and demonstrate the Health and Physical Education Interpersonal Skills, Self Management Skills and Knowledge and Understanding Outcomes. They can refine the skills of active listening, assertive communication and negotiation.

By analysing situations where two or more people are communicating, students will be able to determine ways to communicate effectively individual needs, preferences or beliefs without causing conflict. Understanding basic negotiating skills will contribute to students becoming safer and healthier.

Chook house speeches
This strategy will help students to:
• plan a presentation to demonstrate understandings and attitudes to a health or safety issue
• communicate with others through an oral presentation.

How is it implemented?
1. Pose a statement for students to consider (e.g. ‘Supervised driving reduces the risk of novice drivers crashing’ or ‘The Cannabis Cautioning System will reduce cannabis use in our community’).
2. Give students five minutes to write their key notes before moving to the ‘chook house’ (a designated area of the classroom or outside the room as the noise level resembles a chook house) to practise their speech.
3. Give students a further five minutes to write any final notes and points to include in their speech.
4. Place the name of each student in a container.
5. Draw the names of two students who are to present their speech.
6. Invite other students to add further points to those already raised by the two speakers.
7. Ask the group to vote for or against the statement after listening to the points highlighted in the speeches.

Health promotions
This strategy will help students to:
• formulate and share individual ideas through focussed, short-term, purposeful talk with peers
• develop the ability to filter and summarise information
• consider other points of view when making decisions.

Students may undertake health promotion strategies in their school or community as part of an assessment task for a health education unit.

The five key areas of health promotion planning a student needs to consider include:
• Needs assessment e.g. describe the target group, explore the health problem, analyse contributing factors (for example, binge drinking may be influenced by cultural factors and availability), assess community resources.
• Setting goals and objectives as well as being global statements, goals need to specify time, person, place and amount. For example: By the end of 2007, the number of students who binge drink at our school aged 15 to 17 years will have reduced by 10%.
• Selecting program components e.g. limited reach media: pamphlets, information sheets, newsletters, posters; stickers, caps, bags and other small merchandise, and videos. Students
may also consider conducting smaller group strategies such as peer led discussions, role-plays, songs or video competitions.

- **Implementation** it may be appropriate to brief presenters, book venues, develop a time line.

- **Evaluation** the most realistic type of evaluation for student based health promotion is **process evaluation** which measures the activities of the program, program quality and whom it is reaching. This may be done by keeping records of how many people are involved in the program, conducting surveys and by observation. **Impact evaluation** measures the immediate effects of the program, i.e. does it meet its objectives? This may be done by record keeping, surveys, focus groups, interviews and observations.

The following websites may be useful for students to look at health promotion campaigns conducted in WA:
- www.enoughisenough.com.au
- www.quitwa.com
- www.OxyGen.org.au
- www.officeofroadsafety.wa.gov.au

### Think-pair-share

This strategy will help students to:

- formulate and share individual ideas through focussed, short-term, purposeful talk with peers
- develop the ability to filter information and draw conclusions
- consider other points of view when making decisions.

**How is it implemented?**

1. Pose a question, issue or scenario then ask students to **think** about their response. Students may also write down their responses during this time.
2. After giving sufficient ‘thinking time’, instruct the students to form **pairs** then **share** their ideas. This will allow students to consider others’ ideas and perspectives.
3. If time allows, one pair of students may share ideas with another pair, making groups of four. Sufficient time for discussion should be allowed.
4. The discussion can then become a whole class activity where all ideas are considered.
5. As with all the think-pair-share strategies, students should be given the opportunity to reflect on what they have written, heard and discussed.
6. Ask students to consider what influenced their thinking and/or decision.

### Variations

- **Musical-pair-share**
  Explain to students that they are to move around the room until a piece of music stops then find the nearest person and discuss a question posed by the teacher or written on the board. Repeat the procedure for different questions.

- **Think-pair-share-write**
  Conduct the think-pair-share as explained in Steps 1 to 3. Have students reflect on the discussion then write their thoughts on paper.

- **Think-ink-pair-share**
  Ask students to think then ‘ink’ or write their own ideas, understandings or attitudes to a given statement before sharing these with a partner.

### Toss a die

This strategy will help students to:

- formulate and share individual ideas and opinions through focussed, short-term, purposeful talk with peers
- develop the ability to filter information and ask questions
- consider other points of view when making decisions.

**How is it implemented?**

1. Prepare a set of six questions and print a copy for each student. The questions should require students to give a personal view or preference, or recall a personal experience related to the topic.
2. Give students a copy of the questions prior to the ‘toss a die’ activity. This will allow students to discuss the questions with family or friends and think about their responses.
3. Sit students in groups of four. Give each group a die.
4. Explain that one person in the group is to roll the die and answer the question on the sheet that corresponds with the number thrown. The other group members listen to the student’s response.
5. The person to the left of the speaker, after listening carefully, asks the die roller one question about what they have heard. After the question has been answered other students in the group can ask the die roller a question based on what has been said.
Speaking out

6. The die is then passed onto the person sitting to the right of the die roller. The process is then repeated until all members of the group have the opportunity to respond to at least two questions.

Variations
• If students roll a number that has already been rolled by another member of the group they can choose to roll again or answer the same question.
• Consider using two dice and twelve questions.
• Write a set of six questions. Number each question by a playing card such as an Ace, King, Queen, Jack, ten and a nine. Give each group a set of these playing cards instead of a die. The cards should be shuffled and placed in a pile. Group members take turns selecting the top card then respond to the question that matches.

Vox pop interviews

This strategy will help students to:
• develop open-ended questions for a specific target group and analyse interview responses
• determine the most effective way to communicate effectively in a health or safety situation.

How is it implemented?
1. Develop a scenario or problem related to a health or safety issue.
2. Ask students to identify a group of people to interview (e.g. class members, parents, peers or other community members).
3. Those interviewed are requested to suggest how they could communicate effectively and decide what actions could be put in place to reduce the risk for those described in the scenario or problem. Where possible, students can video or audio-record the responses.
4. Students compare and contrast the responses then assess the most effective communication and actions to apply to the situation.
5. Students can display the results of their vox pop interviews using a chosen medium such as a graph, chart, text summary or visual image. The display should include general information about respondents and an analysis of the responses.
6. Information can then be shared through presentations to others (e.g. PowerPoint presentation, talking at an assembly or through a school newsletter article).
**Reflecting**

The strategies included in this section are:

➤ Reflective questions
➤ Thought shapes
➤ 3-2-1 reflect
➤ Unfinished sentences

**What is reflective learning?**

‘Reflecting’ strategies provide the opportunity for students to reflect individually on their learning in relation to understandings, skills, attitudes and values.

A variety of strategies can be used to facilitate students’ reflection such as reports, discussions and portfolios.

Some strategies included in other sections of this resource can be adapted and used as a reflection strategy (e.g. think-pair-share-write, before and after, brainstorm or a KWL).

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**Reflective questions**

This strategy will help students to:

• reflect individually on their learning experiences and how these can be applied to their lives
• generalise skills and knowledge to other situations
• monitor and evaluate a decision making process.

**How is it implemented?**

1. Following a learning experience or at the conclusion of a program, students need to be given the opportunity to reflect on the learning process, their understandings, attitudes and values.
2. The following questions may be used to guide the reflective process and are a suggestion only. Students can respond verbally or in written form.
   - **Description:** What did I do?
   - **Objective:** What did I learn?
   - **Feelings:** How did I feel?
   - **Values:** Why did I feel like that?
   - **Application:** How will I use the skill or information?
3. The questions could be permanently displayed for regular reference.

**Variation**

• **Journal reflection**

  Have students keep a journal to document their responses to these questions and other personal reflection.

---

**Thought shapes**

This strategy will help students to:

• reflect individually on their learning experiences and how these activities can be applied to their lives
• generalise skills and knowledge to other situations
• understand and manage their emotions.

**How is it implemented?**

1. Display the Resource Sheets 1-4: Thought shapes around the room.
2. Explain that the shapes can be used by students to reflect on their learning after completing an activity or a series of activities.
3. Explain what each shape signifies.
   - ▲ The most important thing I have learnt from doing this activity/unit.
   - ■ How I can apply the knowledge and skills I have learnt outside this classroom
   - ♥ How I feel about using the skills and ideas I have learnt.
   - ● The thoughts still going around in my head after this activity/unit.
4. Students can talk or write about their responses to these shapes.
5. If using the circle shape, record the questions raised by students and plan further learning experiences using this information.
Variations

- **Individual thoughts**
  Make a class set of thought shape cards and give each student a different shaped card. Students can then respond to the shape either through writing or by talking with another student who has a different shape or with a student who has the same shape.

- **Group thoughts**
  Place students in groups of four with one set of thought shape cards. Students take turns to select a card and share with the group.

3-2-1 reflect

**This strategy will help students to:**
- internalise and make sense of new information
- generalise skills and knowledge to other situations or their own lives.

**How is it implemented?**

1. After watching a video trigger, viewing a website, reading a fact sheet or completing a series of classroom activities, students complete the following individually:
   - **3 recalls:** students state three facts they can recall from these sources
   - **2 so what’s:** students write two things about why the material is relevant (i.e. how it relates to them/school/community)
   - **1 question:** students write one question. For example: ‘Why is it that…?’, ‘In the future, what will…?’, ‘How does this affect…?’

2. Students join with a partner and present their 3-2-1 reflect responses. Encourage students to discuss and answer the question posed by their partner.

3. Ask for interesting ‘recalls’, ‘so what’s’ and ‘questions’ to be shared as a class to ascertain whether main concepts have been understood by students.

Unfinished sentences

**This strategy will help students to:**
- reflect individually on their learning experiences and how these activities can be applied to their lives
- generalise skills and knowledge to other situations
- monitor and evaluate a decision making process
- understand and manage their emotions.

**How is it implemented?**

1. After being involved in a learning experience or series of learning experiences students consider then answer the following questions either verbally, in written form or with drawings. These may be recorded in a journal.
   - I learnt that …
   - I was surprised that …
   - I felt today was … because …
   - I intend to …
   - I think it is important to …
   - I still want to know …

2. Provide opportunities for students to share their thoughts with others. This can be done using strategies such as think-pair-share (see p325) or circle talk (see p298).
The most important thing I have learnt is …
Thought shapes

What I enjoyed most is....
Thought shapes

How I feel about using the skills and ideas I have learnt is…
The thoughts still going around in my head are …
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General drug information

1. INTRODUCTION

The information contained in this section has been compiled for teachers to provide them with general drug information to support the early adolescent content for resilience and drug education. This information aims to increase teachers' knowledge and understanding of drug use and the context for drug using behaviour; as well as acknowledge the complexity of the issues that may surround drug using behaviour.

Caution: this background information is not to be used as classroom material.

Drug education programs are aligned within the broader context of student health and well-being issues. The Challenges and Choices curriculum is one component of a range of strategies schools can implement to provide a comprehensive approach to drug education.

At times teachers may need to respond to students’ and/or parents’ concerns regarding alcohol or other drug use. Some of the information provided here may be useful to assist teachers in responding to these requests. The teacher’s role does not expect them to respond to all drug-related queries or concerns. A referral approach to responding is recommended and some suggestions will be provided later in this section to support teachers in responding.

However, teachers need to ensure that their response is consistent with their school’s drug practices and procedures documents.

Further professional development is recommended to support individual teachers to increase their confidence in this area.

The Keeping in touch: Working with alcohol and other drug use (2006) is a Western Australian initiative to support school staff to respond to drug use issues in schools and can be accessed through SDERA.

2. THE WESTERN AUSTRALIAN DRUG AND ALCOHOL STRATEGY

The Western Australian Drug and Alcohol Strategy (WADAS) 2005–2009 is the key guiding document for the State Government of Western Australia. The Strategy provides direction for the combined efforts of the community, Government and non-Government organisations in working towards reducing drug-related harms. The focus of the strategy is that drug-related problems are treated primarily as social and health issues as opposed to an emphasis on the law enforcement approach.

The key strategy areas are:
- prevention and early intervention
- treatment and support
- law, justice and enforcement.

Consistent with the National Drug Strategy 2004–2009, WADAS operates from the guiding principle of harm minimisation, which encompasses the core functions of supply reduction, demand reduction and harm reduction.

Harm minimisation refers to those policies and programs aimed at reducing drug-related harm at all levels of society. Examples of harm-reduction strategies include: the promotion of safe limits for drinking; first aid education; laws restricting the sale of alcohol under certain circumstances; random breath testing (RBT); consumer information on labels of prescription drugs and medicines; smoke-free workplaces; and the provision of methadone maintenance treatment for people dependent on heroin.

School Drug Education and Road Aware is a demand reduction strategy that offers resources and professional development for all WA teachers.

3. DEFINITIONS AND TERMINOLOGY

The following are some of the key terms used when talking about drug use:

➤ A drug

The term ‘drug’ is very broad. The World Health Organization (1982) refers to a drug as any substance (with the exception of food and water) which, when taken into the body, alters its function physically and/or psychologically.

➤ Psychoactive drug

Psychoactive drugs are those which affect the user’s Central Nervous System (CNS) and alter the user’s mood, perceptions (thinking) and behaviour. Psychoactive drugs are often referred to as being mood or mind altering.

This resource also examines non-psychoactive drugs, for example, antibiotics alter the way the body functions, but they are not psychoactive.

➤ Psychoactive drug classification

Psychoactive drugs can be categorised into four main groups according to their effect on the CNS:
- Depressants slow the activity of the brain and decrease its alertness. Examples of drugs in this category include alcohol, tranquillisers, heroin, opioid analgesics, cannabis in low doses, volatile substances in low doses and minor analgesics.
- Stimulants have the opposite effect to depressants by increasing the activity of the brain. Examples include caffeine, nicotine, amphetamines and cocaine.
• **Hallucinogens** may cause the user to experience perceptual and sensory distortions, and sometimes hallucinations. Examples include LSD, cannabis in high doses, volatile substances in high doses, ‘magic mushrooms’ and mescaline.

• **Others** include drugs that have more than one effect on the CNS. For example, cannabis can have both depressant and hallucinogenic effects; ecstasy can have both stimulant and hallucinogenic effects.

➤ **Abuse or misuse**

It is not considered appropriate to use the terms drug abuse or misuse as they are too subjective; what you may consider to be acceptable may well be determined abuse by another person. The World Health Organization (1982) recommends the use of the following terms:

• **Unsanctioned use** where use is not approved by a community or other group (e.g. heroin use in Australia or alcohol use in a Muslim community).

• **Hazardous use** where there is a probability that the use will result in harm of some description (e.g. tobacco smoking and the increased likelihood of health problems in the future).

• **Dysfunctional use** where the drug use is causing or contributing towards social or psychological problems (e.g. relationship problems or interfering with school attendance).

• **Harmful use** where the drug use is known to be causing physical or mental health problems (e.g. consuming alcohol at a level that is compromising liver function).

➤ **Polydrug use (mixing drugs)**

The use of more than one drug either simultaneously or at different times is known as polydrug use. The combination of different drugs can increase or alter the effects of individual drugs and often results in unpredictable effects. It can alter the chemistry of each drug and alter the way the body and the CNS respond.

The reaction to combinations of drugs varies considerably among individuals. This unpredictability makes polydrug use potentially dangerous. For example, alcohol is often used in combination with a range of other drugs. When combined with other depressant drugs such as heroin or tranquillisers, the effect is particularly hazardous and increases the risk of overdose.

➤ **Tolerance**

Tolerance can occur when a person regularly uses a drug over a period of time. This means a person needs more of the drug to achieve the same effect. The first time a person uses a drug they will be likely to have a very low tolerance to it and will be likely to feel the effects very strongly. Generally, as a person uses a drug regularly, their tolerance will increase and they will need larger amounts of the drug to achieve the same effect.

➤ **Dependence**

Dependence can be psychological or physical or both. Some experts believe that it is difficult to distinguish between physical and psychological dependence.

**Psychological dependence**

People who are psychologically dependent on a type of drug find that using becomes far more important than other activities in their life. They crave the drug and will find it very difficult to stop using it.

**Physical dependence**

Physical dependence occurs when a person’s body adapts to the presence of the drug. The body gets used to functioning with the drug present.

➤ **Withdrawal**

This is a series of symptoms that may appear when a drug on which the user is physically dependent is stopped or reduced significantly. As the body has become accustomed to the drug for normal functioning, it has adapted (neuro-physiological adaptation). When the drug is taken away or the dose reduced, the body compensates for the loss of the drug effect and tries to counterbalance for the change, so producing withdrawal symptoms. The withdrawal symptoms vary depending on a range of factors including the type of drug and the level of dependence.

4. **MODEL FOR UNDERSTANDING DRUG USE**

➤ **The Interaction Model**

This model is derived from Social Learning Theory and explains that the way a person (individual) experiences alcohol or other drugs does not depend only on the drug itself or factors to do with the drug. The experience will vary depending on the drug factors, individual...
factors and the factors in the environment. There are three sets of factors:

- **the drug** (what it does – effect, how much – dose, how often)
- **the individual** (gender, age, health, attitudes, values)
- **the environment** (when – time of day, where – place used, who with, how much – price, availability, culture, family; laws).

**The Interaction Model (Zinberg 1984)**

For example, using the Interaction model, factors for **alcohol** can be discussed under the following headings:

**Factors to do with the drug (alcohol):**
- influence of friends; social, cultural and religious norms
- laws, availability and cost
- social setting or venue

**Factors to do with the drinking environment:**
- amount consumed, strength
- type, for example, is it carbonated or not
- speed of drinking, use of other drugs

The model can be used to explain both the subjective drug using experience and drug taking behaviour and emphasises the importance of environmental factors (culture, price, availability, role models, legality).

The same person using the drug may have a different experience if the environment is different.

5. MODELS FOR WORKING WITH PROBLEM DRUG USE

➤ **Thorley’s Model**

This model was presented by Thorley (1980) to show that problems may arise from a number of patterns of using drugs and not just because someone is dependent on a drug. A common misconception is to think that if someone has a drug problem then they must be dependent. Yet, they may have only been experimenting with that drug for a short time. Thorley’s model explains that problems arise from intoxication, excessive regular use and dependency.

Thorley’s model has three parts:

- problems from getting drunk/stoned (**intoxication**)
- problems from using drugs regularly (**regular excessive use**)
- problems from not being able to stop using drugs (**dependence**).
Problems of intoxication

Problems from getting drunk/stoned usually come from the short-term effects of the drug. These problems people see most often, are the most disturbing, visible and are usually social (e.g. drunk driving, violence, family violence, regrettable behaviours, accidents).

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>FAMILY, FRIENDS</th>
<th>LAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hangover</td>
<td>Arguments</td>
<td>Being drunk in a public place</td>
</tr>
<tr>
<td>Feeling sick/vomiting</td>
<td>Fighting</td>
<td>Doing damage to things</td>
</tr>
<tr>
<td>Stomach pains/problems</td>
<td>Neglecting children</td>
<td>Drink driving</td>
</tr>
<tr>
<td>Head injuries from falls</td>
<td>Violence at home</td>
<td>Assaulting people physically or sexually</td>
</tr>
<tr>
<td>Other accidents/injuries</td>
<td>Sexual assault</td>
<td>Accidental killing</td>
</tr>
<tr>
<td>Drowning</td>
<td>Child abuse</td>
<td></td>
</tr>
<tr>
<td>Accidental overdose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Problems of regular excessive use

Problems from using drugs regularly (excessive regular use) come from continued use over a period of time. This may not allow the person’s body to recover completely from the last time they used, so each time their health may get a little worse. Money problems may develop because of regular spending on the drug. Some problems of excessive regular use are:

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>FAMILY, FRIENDS</th>
<th>LAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain damage</td>
<td>Family problems</td>
<td>Drug possession offences</td>
</tr>
<tr>
<td>Mouth/throat cancer</td>
<td>Marriage problems</td>
<td>Drink driving offences</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Work problems</td>
<td>Not paying bills</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neglected children</td>
<td>Criminal activities:</td>
</tr>
<tr>
<td>Pancreas disease</td>
<td>No food in the house</td>
<td>• prostitution</td>
</tr>
<tr>
<td>Nerve damage</td>
<td></td>
<td>• drug dealing</td>
</tr>
</tbody>
</table>

Problems of dependency

Problems from not being able to stop using drugs may happen when a person spends more and more time getting and using drugs to avoid drug withdrawals. This means that they spend less and less time doing other things. Some people find it harder to stop than others, so their dependence can be more severe.

Many people are likely to have had some negative effects from their drug use at some time, but only a small number will have problems in all three areas of the Thorley’s model.

➤ Four Ls Model

This model describes a person’s life and divides it into four areas where harm from drug use may happen: Liver, Lover, Livelihood, Law (the four Ls). It is a useful model when working with a person to identify the level of harm arising from their drug use.

For example:

<table>
<thead>
<tr>
<th>LIVER</th>
<th>LOVER</th>
<th>LAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical, psychological and emotional health problems</td>
<td>Relationship problems with partners, family, friends, peers</td>
<td>Legal problems</td>
</tr>
<tr>
<td>LIVELIHOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work, school, money, recreation, lifestyle problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This model illustrates that substance use can be considered as a continuum from non-use to dependent use. The arrows point in both directions in the model to outline that drug use can move in either direction along the continuum. For example, an individual may move from experimenting with a drug to recreational use of that drug, and may later return to non-use of that substance. Drug use is not necessarily progressive.

This model can be used to explore the different problems that exist with using drugs in any of the four of the five identified patterns. If occurring, drug use by school aged children will generally be in the experimental and recreational categories.

- **Non-use**
  An individual makes a choice not to use a substance.

- **Experimental**
  One-off or short-term use of a substance which may be motivated by curiosity, availability and opportunity.

- **Recreational**
  A choice is made to use a particular substance in specific recreational circumstances – often in the company of friends. Use may be infrequent or it may be regular but with no preoccupation with obtaining/using the drug. Factors contributing to recreational use may again be availability and opportunity.

- **Problematic**
  Regular and predictable pattern of use. Drug use may enable coping or avoidance of problems while at the same time creating negative consequences in various areas of an individual’s life. The individual is preoccupied with obtaining and using substance/s.

- **Dependent**
  Regular, frequent use at high levels. The user experiences ongoing preoccupation with the substance/s and psychological and physiological dependence – a compulsive need to have the drug/s. States of emotional and physical distress are experienced when the substance/s are not available. The user is aware that a problem exists but continues to use. They are caught up in a cycle.

---

**The stages of change model**

Prochaska and DiClementes (1986) developed a trans-theoretical model to depict how people change. The model was developed from research with smoking cessation programs and from this initial research, they introduced the concept that behaviour change is a process involving five stages. The model has generic application across many behaviours and has since been tested with weight control, substance use and other problematic behaviours.

The stages of change include:

- **Precontemplation** – there is no intention to change a behaviour in the foreseeable future
- **Contemplation** – people are aware of a problem and contemplating action, but have not yet made any commitment
- **Preparation** – individuals are intending to take action within the near future and may have begun to make some plans in preparation for the change
- **Action** – the stage in which individuals take action to modify their behaviour
- **Maintenance** – where people work to prevent slips or a relapse and continue to work on gains made staying with the changed behaviour.

The spiral diagram further illustrates these processes and is a more useful way of conceptualising behaviour change:
6. PREVALENCE OF DRUG USE AMONG WA SECONDARY SCHOOL STUDENTS

The following information is included to provide teachers with a context for further understanding patterns and prevalence of drug using behaviour among different populations.

**Percentage of students who had ever used any legal or illegal substance in 2005**

<table>
<thead>
<tr>
<th>Substance</th>
<th>12–17 years</th>
<th>12–15 years</th>
<th>16–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td>94</td>
<td>96</td>
<td>94</td>
</tr>
<tr>
<td>Alcohol</td>
<td>80</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>Tobacco</td>
<td>31</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td>Cannabis</td>
<td>23</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>15</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Inhalants</td>
<td>14</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Amphetamines*</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Steroids</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Heroin and other opiates**</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Percentage of students who had used any legal or illegal substance in the last month, 2005**

<table>
<thead>
<tr>
<th>Substance</th>
<th>12–17 years</th>
<th>12–15 years</th>
<th>16–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td>70</td>
<td>76</td>
<td>72</td>
</tr>
<tr>
<td>Alcohol</td>
<td>44</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Tobacco</td>
<td>10</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Cannabis</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Amphetamines*</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Steroids</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heroin and other opiates**</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Key:  * This category includes amphetamines, dexamphetamines not prescribed by a doctor and methamphetamines.
      ** Also includes opiates such as methadone, morphine or pethidine other than for medical reasons.

2005 ASSAD Survey Results for Licit and Illicit Drug Usage (School Students – Western Australia)
7. DRUGS AND THE LAW

➤ Alcohol

There are two laws in WA that aim to reduce alcohol-related harm across the community: the Road Traffic Act and the Liquor Control Act.

In WA, it is illegal to drive with a blood alcohol level (BAL) in excess of 0.05%. The current limit for provisional, learner drivers is 0.00%.

The Liquor Control Act 1988 states that:

- Juveniles (people under the age of 18 years) are prohibited from consuming, buying, obtaining, or attempting to obtain liquor in a public place or on licensed premises. It is an offence to sell or supply alcohol to a juvenile in licensed or regulated premises. Examples of licensed premises include pubs, nightclubs, sporting clubs and some restaurants. Examples of regulated premises include BYO restaurants, carparks, local halls, parks, footpaths, parked cars and rental accommodation.
- People living or working in a neighbourhood can lodge a Section 117 complaint about licensed premises, or noise emanating from the premises.
- Licensees or their employees are not permitted to sell or supply liquor to a drunk person.
- A licensee, manager, employee or agent may refuse admission to or remove a person from the licensed premises for reasons including being drunk, quarrelsome or disorderly, behaving in an offensive manner or not being dressed in accordance with advertised dress standards.
- It is illegal to provide false ID.
- Police can issue on-the-spot fines to young people who break the laws in the Liquor Control Act 1988.

➤ Tobacco

In WA, tobacco kills more than 1,400 people every year and is the largest cause of preventable death and disease in Australia. There are significant laws in WA, which aim to reduce the harms associated with tobacco.

**Tobacco Products Control Act (2005)**

The Tobacco Products Control Act 2005 has two main objectives:

- to actively discourage the smoking of tobacco
- to promote good health and prevent illness.

To achieve this, it has three main functions:

- to prohibit the sale or supply of tobacco products to persons under 18 years of age
- to restrict and regulate the display of tobacco advertising
- to provide for the establishment of the Western Australian Health Promotion Foundation (Healthway).

The Tobacco Products Control Act is part of a comprehensive approach to tobacco control harm in WA. Other strategies include community education and mass media to reduce the prevalence of smoking and the incidence of tobacco related diseases.

**Summary of the major provisions of the Act**

**Certain advertising is prohibited**

Tobacco advertising that is located in a public place or is visible from a public place (e.g. posters, billboards etc.) is prohibited. The definition of a tobacco advertisement is broad and brand names and phrases such as ‘discount’ or ‘cheap cigarettes’ are considered to be tobacco advertisements.

Tobacco advertising is banned at point-of-sale (e.g. inside retail outlet) and display of tobacco products are limited to one square metre. A tobacco advertisement must have a health warning displayed stating either ‘SMOKING KILLS’ or ‘SMOKING IS ADDICTIVE’ and must occupy 50% of the total area of the advertisement.

Packages or cartons of cigarettes containing tobacco products (although considered to be tobacco advertisements) are permitted to be displayed inside retail outlets. Health warnings must be displayed where these products are sold.

The legislation makes it an offence to distribute, sell, hire or supply objects that contain tobacco advertising (e.g. coasters, programs, cigarette lighters, t-shirts etc.).

**Competitions**

Any competition or inducement, which promotes the sale of tobacco products, is prohibited. Examples include offering a free cassette tape with the purchase of cigarettes, offering a free scratch ‘n’ match ticket with a carton of cigarettes and offering a free lighter with a packet of cigarettes. Price discounting of tobacco products is also prohibited.

**Free samples**

The distribution of free samples of tobacco products is prohibited. The sale of confectionary and toys that resemble cigarettes is also prohibited.

**Sponsorship**

Tobacco sponsorship of sport, racing and the arts is banned under the Act. There are, however, exemptions for events of national and international significance. The Minister for Health is responsible for approving applications for exemptions under Section 14 of the Act.

**Packaging and packing of tobacco products**

All cigarettes manufactured in Australia must display health warnings on the front of cigarette packs. An
explanatory message on the back of the cigarette pack and information on nicotine, tar and carbon monoxide levels must be displayed on one side of the pack.

Cigarette packages imported into Australia must also comply with the regulations.

Sales to minors
A person who sells or supplies a tobacco product to a person under the age of 18 years commits an offence. This includes retailers who sell or supply cigarettes to a child as well as individuals who supply children with cigarettes. It is also an offence to sell tobacco papers, pipes and other smoking implements to a person under 18 years. Retailers who sell tobacco products must be licensed and check I.D. when selling tobacco products. It is an offence to purchase a tobacco product or smoking implement on behalf of a person under 18 years.

Vending machines
Vending machines containing tobacco products are permitted only on premises licensed to sell liquor. These machines must be clearly labelled with an explanatory message stating either ‘SMOKING KILLS’ or ‘SMOKING IS ADDICTIVE’ and a sign stating that it is an offence to sell or supply cigarettes or tobacco to any person under 18 years of age.

Under the Act, it is also an offence to permit a child to obtain tobacco products from a vending machine.

Packages of cigarettes
The selling of individual cigarettes or packages containing less than 20 cigarettes is an offence under the Act.

Penalties for sale to minors
For individuals, the maximum fine for a first offence is $10,000 and $20,000 for a subsequent offence. The maximum fine for a body corporate is $40,000 for a first offence and $80,000 for a subsequent offence.

Licensing of tobacco sellers
Anyone in WA who sells tobacco products by retail sale, wholesale sale or indirect sale must be licensed.

Enforcement
The Department of Health is responsible for the enforcement of the Tobacco Products Control Act 2005. The Commissioner of Health has the responsibility for authorising all prosecutions for breaches of the legislation. To report breaches of the Act, or for further information, contact the Tobacco Control Branch of the Department of Health on (08) 9242 9633 or 1300 784 892.

➤ Cannabis
Cannabis use is currently prohibited in all States and Territories of Australia. It is illegal to cultivate, possess, distribute, use or sell any cannabis product. However, different States and Territories apply different penalties for infringements of the law.

Cannabis Control Act 2003 (WA)
It is against the law to cultivate, possess, use, sell or supply cannabis. It is also against the law to possess pipes and other implements on which there are detectable traces of cannabis.

While the possession of small amounts of cannabis is still an offence it can now be dealt with by issuing a Cannabis Infringement Notice (CIN). If an adult receives a CIN and pays the financial penalty or attends a Cannabis Education Session (CES), the person will not be required to appear in court and will not incur a criminal record.

Can a young person be issued with a Cannabis Infringement Notice (CIN)?
No. Under the Young Offenders Act 1994, young people (aged 10-17 years inclusive) who are found growing, in possession of, or using cannabis within the limits set by the CIN scheme may be cautioned or referred to a Juvenile Justice Team.

What is the Cannabis Infringement Notice (CIN) Scheme?
The Cannabis Infringement Notice (CIN) Scheme enables police, at their discretion, to issue an infringement notice for possession of small amounts of cannabis. People who receive a CIN will be required to pay a financial penalty within 28 days, complete a Cannabis Education Session (CES) within 28 days or can choose to have the matter heard in court.

There is a limit to the number of times within a three-year period that a person who is issued with a CIN may choose to pay a financial penalty rather than complete a CES or go to court. A person who is issued with one or more CINs on each of the three separate days within a three-year period will be required on the third, and any subsequent occasion, to attend a CES or go to court, and will not be eligible to pay a financial penalty.

If police have relevant evidence, a person found in possession of a small amount of cannabis could still be charged with the more serious offence of possession of cannabis with intent to sell or supply.

The CIN Scheme does not apply to possession by an adult of any quantities of cannabis resin (hash), hash oil, other cannabis derivatives, or hydroponically grown cannabis. The possession of any quantity of these substances will continue to be prosecuted through the courts.

➤ Other illicit drugs
Illegal use, possession, manufacture or supply of illicit drugs carries heavy fines and/or prison sentences. Penalties range from a $2,000 fine and/or two years in a prison to a $100,000 fine and/or imprisonment for...
25 years. In addition, a person convicted of a drug offence will receive a criminal record and this can lead to difficulties in getting a job, credit or visas for overseas travel.

There are four main types of charges relating to illegal drugs. These include:
- use
- possession
- cultivation
- trafficking.

The laws relate to all illicit drugs, including prescription drugs if they have been supplied without a prescription, or have been obtained fraudulently.

In WA, it is against the law for anyone to drive or be a supervisory driver while under the influence of drugs. Breaking this law carries penalties including disqualification from driving, fines and/or imprisonment.

➤ **Volatile substances**

Substances for ‘sniffing’ are both readily available and cheap. There is no law against selling, buying, possessing or using them in WA, with the exception of those products classified as Schedule 6 poisons. It is illegal to sell or supply a Schedule 6 poison to persons under 16 years of age.

It is illegal for retailers to sell volatile substances to people who are likely to abuse them under Section 206 of the WA Criminal Code. Retailers are encouraged to abide by a Code of Conduct in relation to the supply of volatile substances. This includes such things as banning the sale to minors unless accompanied by an adult and storing all portable butane products and spray paints in locked cabinets.

If there are signs that a young person is in ‘moral danger’ as a result of solvent use, the police can act under Section 138B of the Child Welfare Act.

8. **DEALING WITH EMERGENCIES**

➤ **When dealing with an emergency situation in the school environment, school policy and procedures are followed at all times.**

Within a broader context, it is important students are able to respond in an emergency situation when the safety of oneself and others is at risk. For example, alcohol and other drug overdoses can result in loss of consciousness or other harms which may be deemed emergency situations. If a student believes their friends or a family member may be adversely affected by alcohol or other drugs, action is needed.

See **Unit 2.2 Resource Sheet 5: Basic life support guidelines** (p117) for an overview of the St John Ambulance DRABC Action Plan.

9. **STANDARD PRECAUTIONS**

**What are standard precautions?**

Standard precautions are work practices required to prevent the spread of infections. It is a standard precaution to treat all blood (outside of the body) as potentially infectious.

**Where possible, minor injuries should be self treated by the injured person and standard precautions should be applied to ALL people regardless of whether or not you believe that person has an infection. Obviously younger students will need adult assistance.**

Standard precautions include good hygiene practices such as washing and drying hands, using plastic or disposable gloves when in contact with another person’s body fluids, and appropriate handling of needles, syringes and other sharp objects.

**Why are standard precautions necessary?**

Standard precautions are necessary to reduce the risks of catching any infection that another person may have. Some items, such as discarded needles and syringes, could potentially contain organisms responsible for the transmission of blood borne viruses (BBVs), such as hepatitis and HIV.

**What are some examples of standard precautions?**

- **Broken skin**

  Broken skin includes not only open wounds, scratches and cuts, but also skin that is damaged from dermatitis, or inflamed skin around the nails and cuticles. Bleeding teeth or gums may also allow entry of organisms if body fluids enter the mouth.

- **Washing**

  Washing is one of the most effective ways to remove infectious organisms from the skin. Hands and lower arms should always be thoroughly washed and dried after any contact with another person’s body fluids or body wastes. Use of plastic gloves is also an expected standard practice.
• Discarded needles and syringes

In addition to the above standard precautions responding to discarded needles and syringes requires standard precautions to decrease the risk of transmission of a BBV. For example: having appropriate sharps containers (e.g. one that is leak, puncture and shatter proof such as a lunch box or an empty plastic cool drink bottle) for the disposal of needles, syringes and other sharp objects. If objects such as discarded syringes are found, the sharps container should be taken to the object and an adult should use tongs (or another appliance) and place it by the blunt end into the container. Put the sealed container in a domestic rubbish bin (not the recyclable bin).

• Needle stick injuries

Needle stick injuries and blood cross contamination can be a potential source of infection by HIV, hepatitis B and C infection. However, a person who is pricked or scratched with a discarded needle has a very low risk of becoming infected with HIV. This is because the virus does not live long outside the body. There is a possibility of infection from hepatitis B or C or tetanus, because these viruses are able to survive outside the body for longer periods.

First aid procedure for injuries where blood transfer is suspected:

• Wash the infected area immediately and thoroughly with soap and water.
• Apply antiseptic and a sterile waterproof dressing to the wound.

• Take the infected person to a medical practitioner for assessment and treatment.
• Tests will be done to assess if protection from hepatitis B is required. A tetanus injection is advisable.
• HIV antibody testing may be recommended by the medical staff. This should always include pre and post-test counselling.

All Department of Education and Training (WA) schools need to refer to the Regulatory Framework documents including HIV/AIDS and Hepatitis and Student Health Care Policy.

Non government and Catholic education schools need to refer to their sector guidelines.

10. FIRST POINT OF CONTACT FOR ALCOHOL AND OTHER DRUG INFORMATION

The following information is provided to guide teachers as to the range of AOD agencies in WA. When responding to parents and/or other drug-related concerns or queries, a referral base is recommended.

An important starting point is the Alcohol and Drug Information Service (ADIS).

**Alcohol and Drug Information Service (ADIS)**
(08) 9442 5000
Toll free (country callers only) 1800 198 024
E-mail: adis@health.wa.gov.au

In addition, other key services include:

**Parent Drug Information Service (PDIS)**
(08) 9442 5050
Toll free (country callers only) 1800 653 203
The following websites are also recommended:

**Drug and Alcohol Office website**
www.dao.health.wa.gov.au

**Drug Aware website**
www.drugaware.com.au

**Enough is Enough website**
www.enoughisenough.com.au

**School Drug Education and Road Aware website**
www.sdera.wa.edu.au

**Australian Drug Foundation website**
www.adf.org.au
### 11. OTHER AGENCIES PROVIDING ALCOHOL AND OTHER DRUG INFORMATION

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TYPE OF SUPPORT PROVIDED</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Information Service (ADIS)</td>
<td>• Factual information, pamphlets on the effects of drugs</td>
<td>(08) 9442 5000</td>
</tr>
<tr>
<td></td>
<td>• Counselling service</td>
<td>Toll-free 1800 198 024</td>
</tr>
<tr>
<td></td>
<td>• Referrals to community support agencies</td>
<td></td>
</tr>
<tr>
<td>Australian Council for Health, Physical</td>
<td>• Information on promoting health in schools</td>
<td>(08) 9383 7708</td>
</tr>
<tr>
<td>Education and Recreation (ACHPER)</td>
<td>• Access to professional development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Curriculum resources</td>
<td></td>
</tr>
<tr>
<td>Australian Drug Foundation/Druginfo</td>
<td>• Drug information, resources</td>
<td>(03) 9278 8100</td>
</tr>
<tr>
<td>Clearinghouse</td>
<td>• First aid guidelines and training</td>
<td>1300 858 584</td>
</tr>
<tr>
<td>Australian Red Cross (WA)</td>
<td>• Drug information publications</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Office, Western Australia</td>
<td>• State drug and alcohol policy development</td>
<td>(08) 9370 0333</td>
</tr>
<tr>
<td></td>
<td>• Professional development</td>
<td><a href="http://www.dao.wa.gov.au">www.dao.wa.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>• Contact for CDSTs, LDAGs, Next Step</td>
<td><a href="http://www.drugaware.com.au">www.drugaware.com.au</a></td>
</tr>
<tr>
<td></td>
<td>• Information about tobacco</td>
<td><a href="http://www.enoughisenoough.com.au">www.enoughisenoough.com.au</a></td>
</tr>
<tr>
<td>Coordinator, Religious Education Team</td>
<td>• School health professional development and advice</td>
<td>(08) 9212 9212</td>
</tr>
<tr>
<td>(including Health and Physical Education),</td>
<td>• Advice on policy development and associated issues</td>
<td>(staff)</td>
</tr>
<tr>
<td>Catholic Education Office of Western</td>
<td>• Curriculum resources</td>
<td>(08) 9388 3343</td>
</tr>
<tr>
<td>Australia</td>
<td>• Information about tobacco</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Professional development and relevant campaigns</td>
<td>(08) 9222 4441</td>
</tr>
<tr>
<td>National Heart Foundation – Smarter than</td>
<td>• Advice regarding Aboriginal health issues</td>
<td></td>
</tr>
<tr>
<td>Smoking Project</td>
<td>• Curriculum resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Information about tobacco</td>
<td></td>
</tr>
<tr>
<td>Office of Aboriginal Health, Department of</td>
<td>• Professional development</td>
<td></td>
</tr>
<tr>
<td>Aboriginal Health, Department of Health</td>
<td>• Advice regarding Aboriginal health issues</td>
<td></td>
</tr>
<tr>
<td>Western Australia</td>
<td>• Curriculum resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Information about tobacco</td>
<td></td>
</tr>
<tr>
<td>Parent Drug Information Service (PDIS)</td>
<td>• Factual information, pamphlets on the effects of drugs</td>
<td>(08) 9442 5050</td>
</tr>
<tr>
<td></td>
<td>• Counselling service</td>
<td>Toll free 1800 653 203</td>
</tr>
<tr>
<td></td>
<td>• Referrals to community support agencies</td>
<td></td>
</tr>
<tr>
<td>St John Ambulance</td>
<td>• First aid guidelines and training</td>
<td>(08) 9328 7355</td>
</tr>
<tr>
<td>Tobacco Control Branch, Environmental Health</td>
<td>• Legislation and policy issues</td>
<td></td>
</tr>
<tr>
<td>Directorate, Department of Health Western</td>
<td>• Advice regarding Aboriginal health issues</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>• Curriculum resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Information about tobacco</td>
<td></td>
</tr>
</tbody>
</table>

### 12. AGENCIES PROVIDING ALCOHOL AND OTHER DRUG SUPPORT TO YOUNG PEOPLE AND THEIR FAMILIES.

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TYPE OF SUPPORT PROVIDED</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Alcohol and Drug Service (Inc)</td>
<td>Indigenous outreach service. Alcohol and drug program for Indigenous young people with</td>
<td>(08) 9221 1411</td>
</tr>
<tr>
<td>(formerly Noongar Alcohol &amp; Substance Abuse</td>
<td>addictions.</td>
<td></td>
</tr>
<tr>
<td>Service)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol and Drug Information Service (ADIS)</td>
<td>Confidential and anonymous counselling on drugs, including alcohol. AIDS referral is</td>
<td>(08) 9442 5000</td>
</tr>
<tr>
<td></td>
<td>also provided.</td>
<td>Toll free 1800 198 024</td>
</tr>
<tr>
<td>Drug-Arm</td>
<td>Emergency accommodation for youth in crisis aged between 13-18 years of age.</td>
<td>(08) 9497 9498</td>
</tr>
<tr>
<td>Holyoake</td>
<td>Counselling and group work for those affected by alcohol or other drug use.</td>
<td>(08) 9416 4444</td>
</tr>
<tr>
<td>Palmerston</td>
<td>Residential farm with counselling for those affected by drug use, including a parent</td>
<td>(08) 9328 7355</td>
</tr>
<tr>
<td></td>
<td>support group.</td>
<td></td>
</tr>
</tbody>
</table>
### 12. AGENCIES PROVIDING ALCOHOL AND OTHER DRUG SUPPORT TO YOUNG PEOPLE AND THEIR FAMILIES (cont.)

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TYPE OF SUPPORT PROVIDED</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Drug Information Service (PDIS)</td>
<td>Factual information, pamphlets on the effects of drugs, counselling service, referrals to community support agencies</td>
<td>(08) 9442 5050 Toll free 1800 653 203</td>
</tr>
<tr>
<td>Women’s Health Services – Alcohol and other drug services (Formerly Perth Women’s Centre)</td>
<td>Counselling for women with, and those affected by other people’s, drug dependencies.</td>
<td>(08) 9227 9032</td>
</tr>
<tr>
<td>Teen Challenge</td>
<td>Residential rehabilitation centre for 16-35 year olds experiencing problems.</td>
<td>(08) 9309 5255</td>
</tr>
<tr>
<td>Western Australian Substance Users’ Association Inc. (WASUA)</td>
<td>Fixed site needle and syringe exchange program.</td>
<td>(08) 9227 7866</td>
</tr>
</tbody>
</table>

### 13. AGENCIES PROVIDING GENERAL COUNSELLING SERVICES TO YOUNG PEOPLE AND THEIR FAMILIES

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TYPE OF SUPPORT PROVIDED</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Care (24 hour service)</td>
<td>After-hours crisis service, available 24 hours.</td>
<td>(08) 9323 1111 Toll free 1800 199 008</td>
</tr>
<tr>
<td>Department for Community Development</td>
<td>Psychological services and counselling for crisis situations.</td>
<td>(08) 9222 2555</td>
</tr>
<tr>
<td>FPWA</td>
<td>Therapy and counselling on sexual issues.</td>
<td>(08) 9227 6177</td>
</tr>
<tr>
<td>Freedom Centre</td>
<td>A place for young gay, lesbian, bi-sexual, transgender and questioning people to meet, chat and access information.</td>
<td>(08) 9228 0354</td>
</tr>
<tr>
<td>Hearth</td>
<td>Counselling for mothers with addiction problems.</td>
<td>(08) 9370 3272</td>
</tr>
<tr>
<td>Killara Youth Support Services</td>
<td>An outreach support service for young people aged 10 to 18 years whose behaviour is coming to, or likely to come to, the attention of the police.</td>
<td>(08) 9355 8000</td>
</tr>
<tr>
<td>Mission Australia – WA</td>
<td>Services for young people 15-24 years who are in crisis.</td>
<td>(08) 9225 0400</td>
</tr>
<tr>
<td>Parenting line</td>
<td>Information and advice for carers of children up to 18 years of age.</td>
<td>Toll free 1800 654 432</td>
</tr>
<tr>
<td>Pregnancy Problem House</td>
<td>Provides help and support to pregnant females and provides an alternative to abortion.</td>
<td>(08) 9344 8110</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services (3 main sites: PMH, Family Pathways, Family Early Intervention Program (FEIP) Lemnos Hospital)</td>
<td>Support provided to clients of the hospital only.</td>
<td>(08) 9340 8373</td>
</tr>
<tr>
<td>Quarry Health Centre</td>
<td>Health issues specific to young people.</td>
<td>(08) 9430 4544</td>
</tr>
<tr>
<td>Sexual Assault Resource Centre</td>
<td>Supplies counselling, medical help and information on support groups for males and females aged 13 years and over.</td>
<td>(08) 9340 1820</td>
</tr>
<tr>
<td>Women’s Information Service</td>
<td>Telephone information and referral service only.</td>
<td>(08) 9217 8230 Toll free 1800 199 174</td>
</tr>
</tbody>
</table>
More information about specific drugs

1. CAFFEINE

What is caffeine?

Caffeine is one of the class of chemicals known as xanthines. It is a stimulant so therefore, speeds up the production of nerve impulses thereby increasing the activity of the brain. In its purest form, caffeine consists of bitter-tasting crystals, and is found in many common substances such as coffee, tea, cocoa, chocolate, cola, some prescription and over the counter medicines (e.g. No Doz) and stimulants available from health food shops called guarana. Guarana is usually sold as a drink; however, it also comes in capsules and gum form.

What are the immediate effects of using caffeine?

The effects of caffeine will vary from person to person due to the drug itself, characteristics of the person and occasion on which the drug is taken. The amount of caffeine in one or two cups of coffee can produce a few mild effects within five minutes, including an increase in:

- alertness
- metabolism and body temperature
- blood pressure
- urination
- gastric acid secretion.

Peak blood levels are reached within 30 minutes and on average, half the caffeine in a given dose is metabolised. There is no day-to-day accumulation of caffeine in the body as it is almost all metabolised.

In large doses, (around eight average cups of coffee or 600 mg) caffeine can produce (especially in non-users) headaches, jitters, nervousness and even delirium.

Caffeine can improve the performance of some athletes, combating tiredness and increasing endurance. It is used to stimulate regular breathing patterns of premature babies immediately after birth. It has also been used in conjunction with other medications to treat migraines.

Caffeine can help the body burn fat quickly which is why it is used in weight loss products. It is also used as an appetite suppressant.

What are the long-term effects of regular high intake of caffeine?

In very large doses, (10,000 mg or more) caffeine can produce high blood sugar and urinary acid levels. Ten grams is equivalent to 100-200 cups of tea or coffee!

Regular use of more than 600 mg of caffeine per day (or eight cups of instant coffee) can cause chronic insomnia, persistent anxiety, depression and stomach upset. It can also cause some heart conditions to get worse and increase the cancer causing effects of some substances. There is no evidence of caffeine producing any toxic effects if consumption is below 600 mg a day.

There is a danger that caffeine may threaten the bone mass of young children since it can cause excess secretion of calcium and magnesium. Children may be less likely now to replace this lost calcium by drinking milk, given the growing popularity of caffeine laden soft drinks.

Caffeine and carbonated bubbles in soft drinks can trigger ‘refluxing’, in which a muscle allows the acidy contents of the upper stomach to back up and irritate portions of the respiratory tract, including the throat and ears. Doctors have recommended that children stay well under 100 mg of caffeine a day, which is approximately one cola drink and a 200 g chocolate bar.
How much caffeine in a ‘cuppa’ or chocolate bar?

<table>
<thead>
<tr>
<th>DRINK/PRODUCT</th>
<th>SIZE/AMOUNT</th>
<th>STRENGTH (CAFFEINE CONTENT)</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instant</td>
<td>150 ml</td>
<td>60-100 mg</td>
<td>According to amount used; depending on the type of beans, method and strength of brew; packaging will usually indicate strength</td>
</tr>
<tr>
<td>Drip/percolated</td>
<td>150 ml</td>
<td>10-150 mg</td>
<td></td>
</tr>
<tr>
<td>Espresso</td>
<td>150 ml</td>
<td>90 mg</td>
<td></td>
</tr>
<tr>
<td>Decaffeinated</td>
<td>150 ml</td>
<td>2-4 mg</td>
<td></td>
</tr>
<tr>
<td>Tea</td>
<td>150 ml</td>
<td>30-100 mg</td>
<td>Depends on strength of brew</td>
</tr>
<tr>
<td>Cocoa</td>
<td>150 ml</td>
<td>30-60 mg</td>
<td>Other chemicals in the product can vary the caffeine content</td>
</tr>
<tr>
<td>Cola soft drinks</td>
<td>250 ml</td>
<td>40-50 mg</td>
<td>Often contains lots of sugar and phosphoric acid too</td>
</tr>
<tr>
<td>Diet cola soft drink</td>
<td>250 ml</td>
<td>40-50 mg</td>
<td>Often contains lots of sugar and phosphoric acid too</td>
</tr>
<tr>
<td>Chocolate milk drink</td>
<td>250 ml</td>
<td>2-7 mg</td>
<td></td>
</tr>
<tr>
<td>Energy drink</td>
<td>250 ml</td>
<td>80 mg</td>
<td></td>
</tr>
<tr>
<td>Milk chocolate bar</td>
<td>55 g</td>
<td>3-20 mg</td>
<td></td>
</tr>
<tr>
<td>Dark chocolate bar</td>
<td>55 g</td>
<td>40-50 mg</td>
<td></td>
</tr>
<tr>
<td>Prescription and over-the-counter medicines</td>
<td>20-100 mg per dose</td>
<td>No Doz and some medicines (cough, headache and slimming preparations) contain caffeine</td>
<td></td>
</tr>
</tbody>
</table>

What are energy drinks?

Energy drinks are designed to increase physical performance and stamina. Most energy drinks are produced and marketed for the general population; however, some are designed especially for elite athletes.

What are the main ingredients in energy drinks?

The main ingredients in energy drinks are caffeine, taurine (amino acid) and glucuronolactone (natural metabolite and carbohydrate). Some new drinks on the market also contain opium poppy seed extract or ephedrine. Both taurine and glucuronolactone also occur naturally in the body.

What are the health effects of energy drinks?

Not enough is currently known about energy drinks and their effect on health and well-being. Producers of these products do state the health benefits. Some are increase in physical endurance, increase in concentration and mental alertness, improved reaction time and improvement in stamina. Evidence shows that it may be wise to be cautious in the consumption of energy drinks.

Although caffeine, taurine and glucuronolactone occur naturally in the body, the fact that they are present in much higher doses in energy drinks may be cause for concern. Caffeine can have an effect on the growing brain and that it may cause a decline in the body’s immune system. At present, health authorities have deemed energy drinks as relatively safe for consumption, with some cautions.

Who should avoid energy drinks?

Research shows that children and young people who consume energy drinks may suffer sleep problems, bed-wetting and anxiety. Children who consume two or more cans of energy drinks a day may become irritable and anxious.

Women who are pregnant are advised to avoid energy drinks as high amounts of caffeine can increase the risk of miscarriage, difficult birth and delivery of low-weight babies.

Young people often combine caffeine and alcohol believing that the caffeine helps them party harder and longer. The effects of combining energy drinks with alcohol are not yet clear but there have been serious concerns for some time. There have been reports of young people dying, possibly as a result of mixing alcohol and energy drinks.

Energy drinks with caffeine can cause dehydration. The combination of dehydration and exercise can be dangerous.

People with heart disease and those who are sensitive to caffeine are advised not to exceed 2–5 cans per day.
2. ANALGESICS

What are analgesics?
The term ‘analgesics’ refers to those substances used to relieve minor pain. They are depressant drugs, often called pain relievers or painkillers. They include:

- **aspirin** (such as Disprin and AsproClear, Aspirin, Aspros)
- **paracetamol** (such as Panadol, Dymadon, Tylenol)
- **combination products**, that is, those containing aspirin and codeine (such as Veganin) or paracetamol and codeine (such as Panadeine).

Aspirin and paracetamol are the two analgesics most commonly used today. When used by themselves (single analgesics) they are widely available without prescription, and are classified as ‘S2’ in the WA Poisons Act. However, when combined with other substances (compound analgesics) such as each other, caffeine, codeine or salicylamide, they are classified ‘S4’ and require a doctor's prescription.

How many young people use minor analgesics?

The 2005 Australian School Students Alcohol and Drug survey (ASSAD survey WA) found that analgesics were the most commonly used drugs among students aged 12 – 17 years. Overall, almost all male (91%) and female (96%) students had used analgesics at some time in their lives. Just over three-quarters of all students (77%) had taken analgesics in the last month. The proportion of students using analgesics in the week prior to the survey increased with age from 32% of 12 year-olds to 47% of 17 year-olds using in the last week. Females were more likely than males to have used analgesics in the past month or week.

What is aspirin and can it be harmful?

Aspirin (acetylsalicylic acid) is widely used for relief of pain, fever and inflammation. It may cause irritation of the gastric mucous membrane and even bleeding from the stomach. Excessive use of aspirin over a long period may result in ringing in the ears, giddiness, nausea and mental aberration. Regular long-term use of aspirin may cause kidney damage and anaemia. Aspirin has also been linked as a trigger for asthma attacks.

The fatal dose of acetylsalicylic acid varies with the type of preparation. Ten to 30 g of aspirin may be lethal for adults, although sometimes very high doses have not caused death. This poisoning requires urgent medical treatment.

Aspirin should not be given to children or teenagers except on medical advice. It has been found to increase the risk of Reye's Syndrome, a rare disorder that can result in coma and death.

What is paracetamol and can it be harmful?

Paracetamol is very soluble and is used for the relief of pain and fever. It is absorbed very rapidly through the upper gastro-intestinal tract and reaches a peak blood concentration in about one hour.

An overdose can produce acute and sometimes fatal liver damage, the severity of which is related to the total dose. A dose of 25 g (as few as 10 tablets) may be fatal.

Because of the effect of paracetamol on the liver and kidneys, it should be avoided by people with an infection in either of these organs.

Australia has the highest incidence of analgesic-related renal failure in the world. Such damage can occur from using as little as two tablets per day on a regular basis.

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### Caffeine content of some popular energy drinks and soft drinks

<table>
<thead>
<tr>
<th>DRINK (250 mL)</th>
<th>CAFFEINE CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impulse</td>
<td>88 mg</td>
</tr>
<tr>
<td>Red Bull</td>
<td>80 mg</td>
</tr>
<tr>
<td>‘V’</td>
<td>78 mg</td>
</tr>
<tr>
<td>Coca-Cola</td>
<td>48.75 mg</td>
</tr>
<tr>
<td>Diet Coke</td>
<td>48 mg</td>
</tr>
<tr>
<td>Pepsi</td>
<td>40 mg</td>
</tr>
<tr>
<td>Diet Pepsi</td>
<td>44 mg</td>
</tr>
<tr>
<td>Pepsi Max</td>
<td>44 mg</td>
</tr>
</tbody>
</table>
Does aspirin prevent heart attacks?

Low doses of aspirin can thin the blood and prevent blood clots which are often the cause of heart attacks. This is appropriate only for those assessed by a doctor to be at high risk of a subsequent heart attack.

Why are analgesics used by teenagers?

Most young people use analgesics for the same reasons as adults, that is, to relieve pain. In many instances, children use analgesics because this is what they have learned from their parent’s example and from advertising. Analgesics are often advertised as a quick fix for many of life’s stressors.

What are the possible causes of headaches?

One of the most common types of pain young people experience is headache. Headaches can be caused by a range of factors, some of which may include:

- dehydration (many headaches are experienced in summer)
- menstrual pain
- skipping meals
- inadequate ventilation – stuffy rooms
- cessation of a high caffeine intake
- illness such as toothache, virus, hay fever
- emotional upsets and crying
- stress and worry
- eye strain
- exposure to loud noises or strong smells.

Can analgesics do more than relieve pain and fever?

Analgesics cannot:

- cure whatever is causing the pain
- prevent headaches
- provide extra energy
- calm people who are upset
- induce sleep.

What are the alternatives to using analgesics?

Analgesics for pain relief should be used only after several alternatives have been explored. The alternative tried will be influenced by the cause of the pain. A range of strategies may help relieve different types of pain.

- If the pain is related to menstruation try lying down, placing a hot water bottle on the abdomen or lower back, massage, a drink of warm milk, drinking lots of water two or three days before the start of menstruation, or mild exercise.
- If the pain is stress-related, try talking to someone, listening to music, hugging, deep breathing, a shoulder massage, or mild exercise.
- If the pain is related to illness or tiredness, try getting extra sleep and a healthy diet.

When should analgesics be used?

Sometimes analgesics will be the best form of short-term treatment for pain. They are very useful drugs when used occasionally for pain or to help lower a temperature. They may be used while seeking a solution to the cause of pain. For example, treating a toothache while waiting to visit the dentist.

How should analgesics be used?

Once it has been decided that taking an analgesic is the most appropriate course of action to relieve pain, strategies to reduce the potential for harm include:

- checking the expiry date before use
- using them strictly as directed. Like all medications, analgesics have side-effects. The recommended dose has been calculated to minimise the negative effects and maximise the therapeutic effects
- avoiding taking analgesics for more than three days in a row without consulting a general practitioner as they are meant for short term pain relief
- returning the medication to a locked container out of reach of children after use
- not using in combination with other drugs
- consulting a general practitioner or pharmacist if unsure about any aspect of treatment.

3. ALCOHOL

What is alcohol?

Alcohol is a by-product of the process known as fermentation whereby yeast reacts with the sugar contained in fruits, vegetables and grains to produce alcohol and carbon dioxide. There are six basic types of alcoholic drinks: beers, cider, table wines, fortified wines, liqueurs and distilled drinks. Ethyl alcohol or ethanol is the intoxicating ingredient in alcoholic drinks. While alcoholic drinks vary in colour and taste, pure alcohol is colourless and tasteless.
How many young people drink alcohol?

In the 2005 ASSAD survey, 29% of WA school students aged 12-17 years had consumed alcohol in the last week (i.e. were current drinkers), 44% in the last four weeks, 65% in the last year. Over each of the time periods indicated, the prevalence of alcohol consumption increased with age. There were no significant gender differences in the proportion of students who had consumed alcohol in these time periods except for 12 year olds who were more likely than females to have drunk alcohol (80% vs 72%).

Overall, 29% of females and 24% of males aged 12-17 years who had drunk alcohol in the last week were 'at-risk' of short-term harm from alcohol consumption (i.e. males were deemed 'at risk' if they consumed more than 7 standard drinks on any day in the last week. Females were deemed 'at risk' if they consumed more than 5 standard drinks on any one day in the last week). Females were more likely to be classified 'at risk' than males (30% vs 24%). The prevalence of 'at-risk' drinking behaviour increased with age for both males and females, rising dramatically after the age of 14 years for both genders. At 13 years, 0% of males and 6% of females who consumed alcohol in the past week had done so at levels considered to be 'at-risk' for short-term harm. By 17 years, nearly half of males (44%) and nearly two in five females (38%) drank at 'at risk' levels.

What type of alcoholic drink do young people consume?

Overall, the alcoholic drinks most likely to be consumed by 12-17 year olds were spirits (42%), followed by premixed spirits (32%), full-strength beer (27%). Full-strength beer (43% vs. 9%) was more popular among males than females, whilst pre-mixed spirits (52% vs. 14%) were more popular among females than males.

Where do young people prefer to drink?

The 2005 ASSAD survey reported that the most common places for drinking alcohol for current drinkers were at home (33%) and at parties (32%). Approximately 16% consumed their last drink at a friend's home. Approximately 5% had consumed their last drink at a licensed venue.

Drinking at home decreased with age while drinking at parties and friends' homes tended to increase with age. For students aged 12-15 years, home was the most common drinking place while for 16-17 year-olds, parties were the most common place of last drink.

Where do most young people obtain their alcohol?

The 2005 ASSAD survey reported that the majority of students who had consumed alcohol in the past week did not purchase their own alcohol (91%), with the most common source being from parents (40%), followed by friends (19%). Some students reported that they had asked someone to buy alcohol for them (18%), while a smaller portion was given alcohol by their siblings (8%).

What is binge drinking?

The terms ‘at risk’ drinking and ‘binge’ drinking are often used interchangeably. Researchers generally refer to ‘high risk’ or ‘binge’ drinking as more than 7 standard drinks on any day in the last week for males and more than 5 standard drinks for females.

While many young people begin their drinking experiences between the ages of 12-14, research indicates that ‘binge’ drinking appears to increase markedly with each year level.

Is alcohol a drug?

Alcohol is one of the most common and socially acceptable drugs used in Australia. Many people incorrectly assume that the term ‘drug’ means only those drugs that are prohibited by law. Alcohol slows down the CNS, affecting the transmission of messages to and from the brain. It slows the user’s reaction time and coordination and is thus classified as a depressant.

How is alcohol absorbed, metabolised and eliminated?

Alcohol is absorbed into the body through the stomach and small intestine then passes into the bloodstream where it is carried to all parts of the body. It is distributed throughout the water in the body. Food in the stomach slows the absorption process, which is the reason why, as a harm reduction strategy, people are encouraged to eat before and while they drink. However, even though the process of absorption may be slowed down all the alcohol consumed will, eventually, reach the bloodstream.

Alcohol is metabolised and eliminated by the body in four ways:

- Broken down by the liver (~ 90%). The liver breaks down approximately 10 g of alcohol per hour (one standard drink)
- Breathed out (~ 3%)
- Lost as perspiration (~ 3%)
- Eliminated as urine (~ 3%)

What are the effects of alcohol?

Alcohol affects different people in different ways, or even the same person in different ways on different occasions. The effects of alcohol will depend on:

- alcohol consumed (dose, strength, etc)
- individual drinker (gender, size, mood, expectation, state of health, etc)
There are, however, certain effects that most people experience when drinking. Initially, the drinker may feel relaxed, less inhibited and more confident. Movement and speech may become slightly disjointed. More alcohol is likely to result in loss of muscle control, tiredness, blurred vision and confusion. Higher doses can result in nausea, vomiting, vertigo, and sleep. Still higher doses may result in blackout, coma or death due to alcohol poisoning. It must be stressed that individual differences make it impossible to predict exactly what reactions and behaviours will occur as a result of alcohol consumption (see information on the Interaction Model on page xxx).

**Are males and females affected by alcohol in the same way?**

A male and female of the same height and weight will not be affected by alcohol in the same way. Generally, women experience higher blood alcohol levels than males after drinking the same amount. This is because women tend to have more fatty tissue and less water in their bodies than males. As alcohol is water-soluble, and women tend to have less water in their bodies than males, the same amount of alcohol is distributed into a lesser amount of water. Therefore, women will have a higher concentration of alcohol in their blood.

**How can a person sober up?**

There are many myths about sobering up after becoming intoxicated by alcohol. Some of these include drinking black coffee, exercising, taking a cold shower, or vomiting. However, the only thing that will sober up a person, is **time**. It takes one hour for an average, healthy adult to eliminate one standard drink (10 gms) of alcohol. Other strategies may make the person feel better, but will not hasten the sobering-up process. Vomiting will only get rid of alcohol still in the stomach, it will not reduce the amount of alcohol already in the person’s bloodstream.

**What are the possible health benefits of alcohol use?**

The cautious conclusion of the research on the health benefits of alcohol use is that moderate levels of alcohol intake (one standard drink per day) may be protective against certain kinds of heart disease. These benefits may outweigh the detrimental effects; particularly in those aged over 40 years and in high-risk groups (smokers, those who have high blood pressure, are overweight and/or have a genetic predisposition to heart disease). It is not yet clearly established that wine is the only alcoholic beverage that offers these benefits. It is possible that the particular benefits attributed to wine could be the result of factors other than beverage type (such as diet).

The results of research into compounds found in wine and various food products, which are believed to provide benefit by inhibiting low-density lipoprotein oxidation in humans, while promising, are inconclusive. It should be noted that:

- the health effects have only been observed in a test tube. There is uncertainty as to how these experiments might relate to the complex processes which occur in humans;
- many products that may offer these benefits (grapes, tea, etc.) can be consumed without any of the risks associated with alcohol consumption.

**What harm may be caused by alcohol use?**

Excessive consumption of alcohol causes many diseases, injuries and social problems. Alcohol-related problems are among the **four major public health problems in Australia**, along with coronary heart disease, injury and cancer.

Problems related to alcohol use can be defined as either short-term or long-term. While long-term effects can be discussed, the possible **immediate and short-term problems** are most appropriate for secondary students.

Drinking too much alcohol on one occasion (binge drinking) can result in many negative consequences. Some examples include:

- vomiting
- arguments and/or violence
- hangover
- unplanned sexual behaviour which could result in pregnancy, HIV and/or other STDs, a bad reputation, and social isolation from friends
- road trauma related to drinking and driving or being a passenger in a vehicle driven by someone who has been drinking
- injuries
- regrettable behaviours
- coma and death from alcohol overdose
- drowning.

It is safer not to use alcohol at all. However, it must also be recognised that some students will choose to drink, either now or in the future. They may also attend functions where other people are drinking. If students use alcohol, are planning to use alcohol, or know others who use alcohol the classroom discussion may focus on the reduction of harm. In this context, students should note the following:

- drinking environment (who with, where, customs, culture, laws, etc).
• Discuss the issue of drinking with your parents and try to come to some agreement about consumption.
• Organise transport in advance. Never drink and drive, or get into a car with someone who has been drinking or using other drugs.
• Drink at a safe place.
• Eat before and during drinking.
• Avoid binge drinking. Drink slowly and enjoy the experience while reducing the chance of negative consequences.
• Choose drinks that are lower in alcohol content.
• Pour your own drinks to avoid your drink being ‘spiked’ and to keep tabs on how much you are drinking.
• Keep hold of your own drink to avoid your drink being ‘spiked’ and to keep tabs on how much you are drinking.
• Avoid drinking alcohol in places where it is illegal. For example, in a public open space or on licensed premises if under the age of 18 years.
• Ask a friend who is not drinking to look after you.
• Look after your friends. For example, stop them from getting involved in fights, don’t let them leave with someone they have only just met, administer first aid if they collapse from drinking too much.

• Learn first aid so you can help friends in difficulty.
• Drink water to avoid dehydration.
• Get an adult to help if things get out of hand.
• Call for medical help if needed.
• Do not use other drugs while drinking alcohol.
• Alternate alcoholic with several non-alcoholic drinks.

The Australian Alcohol Guidelines for safe limits of alcohol consumption for men are no more than four standard drinks a day on average and no more than six standard drinks on any one day with one or two alcohol-free days per week. Consumption rates for women are no more than two standard drinks a day on average and no more than four standard drinks on any one day with one or two alcohol-free days per week.

These are not safe limits of alcohol use for driving, they are for general health. They are recommendations for adults – there are no recommended levels for people under 18 years of age.

Standard drink recommendations have been set so that people have some idea which levels of consumption will cause the least harm to their health. Knowledge of standard drinks allows people to monitor how much they are drinking. Keeping track of, and cutting down on, the amount of alcohol consumed can reduce negative consequences such as hangovers, unsafe sex practices, vomiting, violence and abusive behaviour.

What is a standard drink?
One standard drink contains approximately 10gms of alcohol.

<table>
<thead>
<tr>
<th>DRINK</th>
<th>AMOUNT</th>
<th>mL</th>
<th>% ALCOHOL/VOLUME</th>
<th>STANDARD DRINKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-strength beer</td>
<td>1 middy</td>
<td>285 mL</td>
<td>4-6%</td>
<td>1</td>
</tr>
<tr>
<td>Wine</td>
<td>1 glass</td>
<td>100 mL</td>
<td>10-14%</td>
<td>1</td>
</tr>
<tr>
<td>Fortified wine (port, sherry)</td>
<td>1 glass</td>
<td>60 mL</td>
<td>17-19%</td>
<td>1</td>
</tr>
<tr>
<td>Spirits</td>
<td>1 shot</td>
<td>30 mL</td>
<td>37-43%</td>
<td>1</td>
</tr>
<tr>
<td>Alcoholic Soda</td>
<td>1 bottle</td>
<td>330 mL</td>
<td>5.5%</td>
<td>1.5</td>
</tr>
<tr>
<td>Alcoholic Cider</td>
<td>1 stubby</td>
<td>375 mL</td>
<td>4-6%</td>
<td>1.5</td>
</tr>
<tr>
<td>Canned spirits and soft drink</td>
<td>1 can</td>
<td>375 mL</td>
<td>6-8%</td>
<td>1.5</td>
</tr>
</tbody>
</table>
4. TOBACCO

What is in tobacco?

Tobacco contains thousands of chemicals that may harm people's health. The main chemicals are summarised below.

- **Nicotine** is largely a *stimulant*, which causes increased blood pressure, increased heart rate, reduced skin temperature, irregularities in heart rhythm, increased demand by the heart for oxygen, and increased activity of the gastrointestinal tract. A typical cigarette contains 1-2 mg of nicotine.

- **Carbon monoxide** leaves the heart (and all body tissue) with less oxygen to do the work that is required by the body (i.e. circulating the blood). The carbon monoxide attaches to haemoglobin (a substance in red blood cells). The function of the red blood cells is to carry oxygen around the body. However, the blood cells prefer carbon monoxide to oxygen. This places extra strain on the body because the heart has to work harder to get the oxygen it requires. At the same time, the heart has to do this extra work when its own blood supply is short of oxygen.

- **Tar** is the total particulate matter produced by a burning cigarette. It contains several thousand chemical compounds with a wide range of effects. The contents include a number of proven carcinogens (cancer causing substances). The average content of tar in Australian cigarettes has been reduced significantly from 20 mg in 1969 to about 10 mg in 1985. Tar content ranges from 1 mg per cigarette to 15 mg.

- **Phenol** stuns and eventually destroys the cilia that line the bronchial tubes. This leaves the lungs open to irritants and cancer-producing substances.

- **Irritant chemicals** cause 'smoker's cough' and hasten the destruction of lung tissue. They also cause 'heavy chest', shortness of breath and wheezing.

How many young people use tobacco?

Most young people and most adults are not smokers. It is important for students to understand that young people who do not smoke are more likely to be one of a crowd, than the odd person out. Experimenting with smoking does not necessarily mean that a young person will become a regular smoker. However, nicotine is a potent drug and neuro-physiological adaptation can happen quickly.

How many deaths are caused by tobacco?

Tobacco is the major cause of preventable drug-related mortality in Australia – it accounts for over 19,000 deaths each year.

In WA, an average of 1,500 deaths per year are attributable to smoking, with an estimated 18% of all male deaths and 10% of all female deaths in 2001 being due to tobacco smoking.

Five conditions were responsible for 85% of tobacco-related deaths over the 1983-2001 period, including lung cancer (30%), ischaemic heart disease (23%), chronic obstructive pulmonary disease (19%), stroke (8%) and atherosclerosis (5%).

What are the medical uses of tobacco?

Unlike most other psychoactive drugs, there are no current medical uses for tobacco.

Australian Bureau of Statistics figures show that smoking in Australia has dropped by 24% since the late 1970s. This has been primarily the result of people giving up smoking.

What is passive smoking?

Passive smoking is a term used to describe the inhalation of tobacco smoke by people who don't smoke but spend time with smokers. **Mainstream** smoke is smoke drawn through a cigarette into a smoker's mouth and lungs and then exhaled.

**Sidestream smoke** is the smoke that drifts off the end of a burning cigarette, pipe or cigar and is completely unfiltered. Some poisons in tobacco smoke are much more concentrated in sidestream smoke than mainstream smoke and are more dangerous because the particles are smaller. These smaller particles reach deeper into the lungs and stay longer in the body.

Passive smoking is also referred to as second-hand tobacco smoking or the inhalation of environmental tobacco smoke (ETS).

Major health effects of passive smoking

- **Irritant effects:** Most non-smokers experience general discomfort from tobacco smoke, such as irritation to the eyes, throat and airways.
Specific drug information

- **Heart disease**: There is increasing evidence that passive smoking causes heart disease in healthy non-smokers. Research has found that non-smokers living with smokers have a 30% increased risk of death from heart attack.

- **Lung cancer**: The average lung cancer risk to the passive smoker is increased by 30%, compared to someone who is not exposed. It has been estimated that the risk of developing lung cancer from passive smoking is about 90 times higher than the risk of developing an asbestos-related cancer from asbestos in buildings.

- **Existing health conditions**: The conditions of people with allergies and lung disease can be aggravated by exposure to tobacco smoke. Although there is no evidence linking passive smoking as a cause of asthma in adults, there is evidence that it can exacerbate asthma in those who already suffer from the underlying condition.

- **Pregnancy**: The unborn child whose mother is a smoker or is exposed to smoke is a passive smoker because it receives tobacco by-products through its mother’s bloodstream. The nicotine increases the baby’s heart rate and the carbon monoxide from the tobacco takes the place of oxygen in the blood, leaving less for the baby. A pregnant woman who does not smoke herself but is exposed, on a regular basis, to the smoke of others is more likely to have a low birth weight baby and that child is at greater risk of dying before, at, or shortly after birth.

- **Infancy**: In the first year of life, smoking is considered one of the major risk factors for Sudden Infant Death Syndrome (SIDS or cot death). If the baby is breast fed by a mother who smokes, nicotine and other tobacco by-products are passed on through the milk. If parents or other people regularly smoke around the baby, the risks associated with passive smoking increase.

- **Childhood**: Cigarette smoke is more dangerous for young children than adults because their lungs are still developing. Children exposed to passive smoking are more likely to have serious chest infections, poor lung function and growth, and triggered asthma attacks.

**Strategies to encourage a smoker to quit**

Ask the smoker:

- when and why they smoke
- to write down when it was and why they had each cigarette
- to be aware of when they smoke and try to do something different, e.g. stand up if they usually sit down to smoke
- to think of all their good reasons for quitting and write them down
- to set a date to quit and write it down and tell family and friends of this date
- what support they may need, e.g. a friend to quit with
- to plan in advance ways to cope with cravings for cigarettes, e.g. when I feel like a cigarette I will chew gum, have a walk or use the ‘Four D’s’ (Delay the urge, Drink water, Deep breathe, Do something else to take your mind off smoking)
- to contact the Quit line on 131 848 for a free Quit Kit.

**What consequences of smoking are relevant to young people?**

When educating young people about the consequences of smoking, it is important to emphasise the **immediate and short-term effects of smoking** more than the long-term negative effects. This is because students do not generally identify with the long-term consequences associated with smoking.

Consequences that are more likely to be personally relevant for students include:

- Smoking causes **premature** ageing of the skin.
- Smoking is **expensive**. A pack-a-day smoker spends approximately $3,650 a year on cigarettes. This money could be used for clothes, CDs and videos.
- Smoking causes **smelly breath** and leaves hair and clothes smelling of stale cigarette smoke. Non-smokers save money on such things as shampoos, conditioners and breath fresheners.
- Smoking affects the **environment**. Millions of trees are burned to cure tobacco to make cigarettes.
- Smoking **stains teeth and fingers**.
- Just one cigarette begins to put extra pressure on the **heart**.
- Smoking can cause **respiratory problems** for asthmatics.

**5. CANNABIS**

**What is cannabis?**

The term cannabis refers to the products derived from the Indian hemp plant called Cannabis sativa. Some common street names for cannabis are grass, dope, gunja, mull. Cannabis is used recreationally in three main forms.

- **Marijuana** is the most commonly used form and is made from the dried leaves, stems and flowers of the plant. It is the most common and least powerful form of cannabis.
• **Hashish** (hash) is made from the plant's resin, which is extracted from the flowering tops and leaves of the female plant, then dried and compressed. The concentration of THC is higher than in marijuana, producing stronger effects.
• **Hashish oil** is a very thick, concentrated liquid which is extracted from the plant. It is the most powerful form of cannabis.

A non-potent strain of Cannabis sativa is used to produce fibres for use in paper, textiles and clothing.

**What is the drug in cannabis?**
Delta-9 tetrahydrocannabinol (THC) is the psychoactive ingredient of the Indian hemp plant (Cannabis sativa).

Cannabis is classified as a unique psychoactive drug because in low doses the psychoactive ingredient, THC, primarily has a **depressant** effect on the CNS, but in larger amounts can also cause **hallucinations**.

**How is cannabis used?**
Marijuana is usually smoked in hand-rolled cigarettes often called joints or in smoking implements such as pipes and bongs. Hashish can be smoked or taken orally, usually in tea, cakes or cookies. Hashish oil can be consumed by smoking (one way this is done is by rubbing a small amount of oil onto the outside of a cigarette) or taken orally in food or drinks.

**How many young people use cannabis?**
The 2005 ASSAD survey reported that cannabis was the **most widely used illegal drug** among 12-17 year-old students. Nineteen percent of 12-15 year olds and 38% of 16-17 year-olds reported using cannabis in their lifetime. Sixteen percent of 12-17 year-olds had used cannabis in the month prior to the survey. Eight percent of 12-15 year-olds and 16% of 16-17 year-olds had used cannabis in the month prior to the survey.

In all time periods, the proportion of **students** using cannabis **increased with age**. That is, older students were more likely to report using cannabis than younger students. Lifetime use increased significantly from 6% among 12 year-olds to 38% of all 17 year-olds. Current use of cannabis increased from 2% of 12 year-olds to a peak of 8% among 17 year-olds.

Males were more likely than females to have used cannabis in all time periods and age groups except 17 year-olds.

**What are the possible immediate effects of using cannabis?**

As with other drugs the effects of cannabis vary according to the characteristics of the:
• **user** – personality, mood and previous experience with cannabis
• **drug** – the amount of cannabis used, how the cannabis is used, the amount of THC contained in the cannabis
• **setting** – the laws related to cannabis use, the place where the cannabis is consumed and the social setting.

THC has both depressant and mild hallucinogenic effects on the CNS. A small dose can produce the following immediate effects:
• mild euphoria
• relaxation
• loss of inhibitions
• a tendency to talk and laugh more than usual
• loss of concentration
• impaired balance and coordination
• increased appetite, often termed ‘the munchies’
• reddened eyes
• increase in heart rate;
• tunnel awareness – where a person focuses their awareness on one thing and ignores all others
• blood pressure changes (may increase while sitting down and decrease on standing).

With larger doses of cannabis the effects listed above may be stronger. The user may also experience changes in perceptions in time, colour, distance, touch or other sensations similar to mild hallucinations.

Larger doses of cannabis can produce:
• confusion
Specific drug information

- restlessness
- delusions
- hallucinations
- depersonalisation
- excitement
- a serious psychotic episode.

Cannabis can also affect:
- short-term memory
- logical thinking
- motor skills (movement skills)
- ability to perform complex tasks.

Cannabis and other drugs

If cannabis is used in conjunction with other depressant drugs, the depressant action generally increases.

Using cannabis with other drugs increases risks. When cannabis is combined with alcohol, it can frequently lead to behaviour which causes injuries. For example, because cannabis interferes with a person’s motor and coordination skills, vision and perceptions of time and space, a person’s ability to drive safely and complete tasks that require concentration can be impaired. This impairment increases substantially when cannabis is used with alcohol.

How long after using cannabis are the effects felt?

When smoked, the initial effects of cannabis are usually felt within 15 minutes, with the maximum effects usually felt within an hour. If eaten, it may take up to an hour before the effects are felt.

The peak effects of cannabis normally last only a short time because the concentration of THC in the bloodstream is redistributed quickly into fatty body tissue and is also converted by the lungs and liver into its metabolites.

How long are the effects felt?

When cannabis is smoked, the effects can last for between two and four hours. When eaten, the effects may last for between four and seven hours.

How long does it remain in the body?

THC and its metabolites are highly fat-soluble. They may be stored and accumulated in the fatty tissues of the body (including the brain) from which they are gradually released over time and then cleared from the body. This means these compounds may be detectable in very small amounts in the blood for several days or weeks. It has been shown that THC can be held in fatty tissues for more than 28 days. The health significance of the storage of cannabinoids in fatty tissues has not been fully determined. The THC and other cannabinoids do not remain active in terms of psychoactive effects.

Is it possible to overdose on cannabis?

The acute toxicity of cannabis is very low. There are no confirmed cases of deaths from cannabis overdose in the world literature. It should be noted, however, that while there are no recorded deaths from cannabis overdose, there are other risks associated with its use.

What are the possible risks when intoxicated on cannabis?

Possible health problems:
- injuries in a variety of situations
- injury and death associated with motor vehicle crashes
- sexually transmissible infections (including HIV)
- drowning
- possible reproductive impairment
- possible damage to unborn children.

Possible legal and financial problems:
- arrest
- a criminal record for possessing small amounts of cannabis in some states in Australia
- expensive fines.

Research in Australia and the US shows evidence of some long-term effects in some regular cannabis users.

- Respiratory illness: Marijuana cigarettes have more tar than tobacco, placing cannabis users at an increased risk of respiratory illness such as lung cancer and chronic bronchitis. This risk is increased because marijuana smokers often inhale deeply, and hold the smoke in the lungs longer, to increase the effects of the drug. Cigarette smokers who also smoke cannabis have an even greater risk of respiratory disease.

- Reduced motivation: Many regular users, especially young people, have reported that they have less energy and motivation, so that performance at work or school suffers. Usually these effects disappear gradually when cannabis use stops.

- Brain function: Concentration, memory and the ability to learn can all be reduced by regular cannabis use. These effects can last for several months after ceasing cannabis use.

- Hormones: Cannabis can affect hormone production. Research shows that some cannabis users have a lower sex drive. Irregular menstrual
cycles and lowered sperm counts have also been reported.

**What harm may be caused by cannabis use?**

It is safer not to use cannabis at all. However, some students may be aware of a range of harm-reduction strategies for using cannabis. In this context, students should note the following:

- **Don’t drive or operate machinery.** These activities can be dangerous while under the influence of cannabis. The risk of being involved in a motor vehicle accident is likely to be increased when cannabis users drive while intoxicated by cannabis. The combination of alcohol and cannabis intoxication will substantially increase this risk.

- **Avoid activities that require coordination** where the effects of cannabis may place the user at increased risk of injury or death such as swimming.

- Using cannabis can have harmful effects that can place users in dangerous situations. Therefore, they should not be left alone. If the situation becomes unsafe, call for help immediately. Students need to be made aware that police are not called to attend drug-related first aid situations if an ambulance is in attendance.

**Are there therapeutic uses of cannabis?**

Some cannabis users report that cannabis helps them relieve the symptoms of medical problems. In 2000, a NSW Government report concluded that cannabis could be useful for certain medical conditions, and recommended more research should be conducted.

The report suggested that cannabis may be most useful for the following conditions:

- pain relief (analgesia) – for example in people with cancer
- nausea and vomiting – particularly in people having chemotherapy for cancer
- wasting, or severe weight loss – in people with cancer or AIDS. Cannabis may increase the person’s appetite and relieve their nausea
- neurological disorders – cannabis may be useful in relieving the symptoms of multiple sclerosis, spinal cord injury and other movement disorders, because it helps relieve muscle spasms.

Research is continuing.

**Is there a link between cannabis and psychosis?**

In general, there appear to be three separate circumstances whereby cannabis and psychosis are linked:

- It is believed that cannabis use (especially if heavy and regular) may be linked to a condition known as a drug-induced psychosis, or *cannabis psychosis*. This can last up to a few days. The episodes are often characterised by hallucinations, delusions, memory loss and confusion.

- Cannabis use may also precipitate a latent psychosis. In other words, it could bring forward an episode of schizophrenia or manic depressive psychosis in a vulnerable or pre-disposed individual.

- It is possible that cannabis use can trigger psychotic episodes in a person who already has a mental illness.

**Can users become dependent on cannabis?**

Frequent use can lead to dependence for some people. Cannabis dependence syndrome occurs in heavy, chronic users. There is good experimental evidence that chronic heavy cannabis users can develop tolerance to its subjective and cardiovascular effects. Recent research has shown dependent users experience some physical withdrawal symptoms such as sleep and appetite disturbance and a general physical unease as well as psychological withdrawal symptoms.

**Does cannabis use lead to the use of other illicit drugs?**

The majority of those trying heroin, cocaine or amphetamines have tried cannabis. However, most users of marijuana do not use other illicit drugs.

Adolescents who initiate cannabis use in their early teens are at higher risk of progressing to heavy cannabis use and other illicit drug use, and to the development of dependence on cannabis. Probability should not, however, be confused with causation.

**What is the law regarding cannabis use?**

Cannabis use is currently prohibited in all States and Territories of Australia. It is illegal to cultivate, possess, distribute, use or sell any cannabis product. Different States, however, apply different penalties for infringing the law.

Refer to page 341 for further information regarding The Cannabis Control Act (2003).

6. **HEROIN**

**What is heroin?**
On the street, heroin may be known by many different names including hammer, H, smack, horse, white, beige. The popularity of these names varies from time to time.

Heroin (diacetylmorphine) is a depressant, which means it suppresses the activity of the CNS. It belongs to a group of drugs called opioids, which are often referred to as narcotic analgesics. These drugs are strong pain relievers. Opioids are derived from a milky white substance produced by the opium poppy, which, when dried is known as opium.

Heroin is manufactured from morphine or codeine, major alkaloids of opium, by chemical process. Heroin is about three times more potent than morphine.

In its pure form, heroin is usually a white crystalline powder. On the street it is usually sold in the form of powder or ‘rocks’ and can range in colour from white to brown, depending on the substances it is mixed or ‘cut’ with. It is usually sold in small folds of paper or small plastic bags, and sometimes in capsules.

Currently most of the illicit heroin in Australia comes from Asia, the Middle East and South America. The opium poppy is grown legally in Tasmania for medical purposes.

The purity of heroin sold on the street varies considerably and is dependent on the amount of other substances, such as glucose, quinine and talcum powder, with which a drug is cut.

In Australia, heroin is most commonly injected intravenously. It can also be smoked (either in cigarettes or on tinfoil, referred to as ‘chasing the dragon’) and snorted.

**How many young people use heroin?**

The 2005 ASSAD (WA) survey found that heroin was used for non-medical reasons or without a doctor’s prescription by 1% or less of all students in the last month, with 3% having ever used heroin in their lifetime.

**What are the possible effects of heroin?**

As with all drugs the effects of heroin will vary from person to person depending on characteristics of the individual, the drug and the setting.

Heroin crosses the blood brain barrier quickly, resulting in a euphoric feeling, or intense rush, which is then followed by a calming effect, slowing the reactions through the thought process. The effects of heroin usually last approximately four hours.

The **immediate effects** of heroin may include:

- feelings of well-being
- relief of pain
- shallow breathing
- nausea and vomiting
- constipation
- sleepiness
- loss of balance, coordination and concentration.

**Large doses** of heroin can cause:

- very depressed breathing
- pupils to narrow to pin-point
- cold skin
- the CNS to depress to the point where a person slips into a coma and dies.

Because street heroin is usually mixed with other substances, it is almost impossible to assess its strength or composition without laboratory testing. Unpredictable and high levels of purity can be a cause of overdose. Combining heroin with other drugs, particularly other depressant drugs such as alcohol, and minor tranquillisers such as Rohypnol is, however, a significant cause of overdose. When two or more depressant drugs are combined, the CNS becomes very depressed and breathing may cease.

**What are the harms associated with injecting drugs?**

There is a range of problems associated with injecting any illicit drug. People who inject heroin or other drugs risk becoming infected with HIV and other BBVs if they share needles, syringes and other injecting equipment (i.e. swabs, tourniquet, spoons, filters, water) with other people.

**Injecting** can also result in a blockage of blood vessels (caused by powder particles not being properly filtered); this can cause major damage to the body’s organs including:

- inflamed blood vessels and abscesses
- blood poisoning
- bacterial infections, which may damage the heart valve
- vein collapse
- infection at injection site
- bruising.

**Long-term use** of heroin can result in a range of health problems including:

- dependence
- loss of appetite
- pneumonia
- chronic constipation
- heart problems
- chest and bronchial problems
• irregular menstruation (females)
• infertility and impotence (males).

Heroin use can also result in a range of social and legal problems.

Caution should be taken when discussing injecting drug use with young people. It is important to be aware that very few school students inject drugs.

It is necessary that young people who do inject drugs be provided with counselling options. Some students may be aware of the various harm reduction strategies around injecting drugs including:

- **New sterile equipment** should always be used (needle, syringe, swab, tourniquet, spoon, glass, filter and sterile water.
- **Avoid getting blood on hands** and fingers. It is believed that some BBVs have been transmitted when users have placed bloody fingers or hands on equipment or the site of injection.
- **Filter paper**, clean cotton wool or tampons should be used to filter the drug. Cigarette filters are not recommended.
- **Sterile water** should be used to inject the drug.

**How do people overdose?**

Overdose from heroin (or other opioids) happens when the body becomes so relaxed that breathing ceases. Breathing becomes very slow, body temperature drops, and the heartbeat becomes irregular. When breathing becomes so slow that it stops altogether, death can occur.

The major causes of heroin overdose in this State are currently:

- the combination of heroin (or other opioids) with alcohol or other CNS depressants such as benzodiazepines
- the higher purity of heroin.

Not all people who overdose ‘drop’ immediately. Data shows that death, as a result of overdose, may occur rapidly (less than 20 minutes after injection) or may be delayed (occur more than 20 minutes after injection). Friends should be encouraged to look for signs that their friends may be in trouble – this could include heavy snoring.

The ambulance service will not call the police unless there is a death or if they are threatened. Young people need to be encouraged to call an ambulance if they think a friend is overdosing.

**What is ecstasy?**

MDMA stands for methylenedioxymethamphetamine, and is commonly known as ecstasy. Ecstasy is known on the street as E, ease, X, XTC, love drug and hug drug. MDMA is a derivative of amphetamine, and shares the **stimulant** properties of amphetamines and hallucinogens in its side effects as well as residual effects.

Ecstasy was originally developed as an **appetite suppressor**, although it was never used for this purpose. It was occasionally used in the US in the mid 1970s in therapy classes to enhance communication.

Ecstasy became available in Australia in the mid 1980s and was made illegal in 1987.

In Australia, street ecstasy doesn’t always contain just MDMA – it is often mixed with (or substituted by) related drugs including amphetamine, MDA, PMA, ephedrine and LSD. Some tablets sold as ecstasy contain no ecstasy at all. Some even contain no drugs at all.

Ecstasy is usually sold as small tablets or capsules. Yellow or white tablets are the most common, but many other colours and designs have also been available. Some tablets are also sold with embossed shapes on them such as hearts, doves, robins, rabbits and champagne bottles.

Ecstasy is usually swallowed. If swallowed, the effects usually start within 30 to 90 minutes. Most of the effects last for six to eight hours; however, sometimes effects may last for up to 24 hours.

**How many young people use ecstasy?**

The 2005 ASSAD (WA) study found that overall 4% of 12-17 year-old school students had used ecstasy in their lifetime, while 1% had used it recently (i.e. in the last month).

**What are the possible effects of ecstasy?**

As with other drugs, the effects of ecstasy will vary from person to person depending on characteristics of the individual, the drug and the setting.

Some of the **immediate effects** of ecstasy may include:

- feeling of well-being
- increased confidence
- anxiety
- nausea
- sweating
- hot and cold flushes
- jaw clenching
Specific drug information

• teeth grinding
• increased pulse rate
• increased blood pressure
• high body temperature
• dry mouth
• insomnia
• poor concentration
• sensations of floating
• paranoid feelings – fear of persecution.

Higher doses can produce:
• irrational behaviour
• convulsions (fits)
• dehydration
• urinary retention
• rhabdomyolysis (muscle meltdown)
• vomiting
• hallucinations
• excessive thirst.

Ecstasy affects the production of serotonin, a mechanism that regulates the body’s temperature. It appears to cause a loss of control of normal body temperature.

When the effects of ecstasy are combined with physical activity such as dancing, the user may overheat and dehydrate. In order to combat dehydration and to rehydrate the body, people need adequate amounts of water.

Ecstasy may also disturb the brain's mechanism for satiation (knowing when you have had enough water), causing users to continue drinking. This results in body cells swelling. When the brain is affected, swelling of the brain stem and spinal cord affects respiration, heart rate and blood pressure can lead to death.

Ecstasy users at dance parties should sip water at the rate of 600 ml per hour to replace lost fluids and rest frequently in cool places. The effects of the drug may cloud the judgment and perception of the user, so it may be wise to alert others who are not using to monitor users.

Ecstasy may also have a ‘hangover’ effect which usually occurs the day after it is taken. Symptoms may include:
• depression
• drowsiness
• muscle aches
• loss of appetite
• insomnia
• loss of concentration.

What are amphetamines?
Amphetamines are a group of drugs commonly referred to as speed. Common street names include MDA, goey, oxblood, dexies, Crystalmeth and ice. Dexamphetamine and methamphetamine are the best known forms of amphetamine currently available in Australia. They speed up or stimulate the activity of certain chemicals in the brain and are classed as stimulant drugs.

Amphetamines brought on the street are usually supplied as a white or yellow powder, tablets or as liquid in capsules. They can be swallowed, injected, smoked or inhaled (snorted).

How many young people use amphetamines?
The majority of students surveyed in 2005 had never used amphetamines (non-medical purposes), with 9% reporting any lifetime use of amphetamines. Lifetime use of amphetamines increased significantly with age, from 7% of 12-15 year-olds to 14% of 16-17 year olds. Similarly, recent use of amphetamines increased with age, from 5% of 12-15 year-olds to 11% of 16-17 year-olds. Two per cent of all students reported current use of amphetamines.

What are the possible effects of amphetamines?
The effects of amphetamine depend on the characteristics of the drug, the individual and the setting.

The immediate effects of amphetamine can last from two to five hours. Often, the user describes the initial feeling as a ‘rush’. The effects can include:
• increased alertness
• increased confidence and energy
• hyperactivity/talkativeness
• reduced appetite
• inability to sleep
• enlarged pupils
• anxiety
• irritability
• suspiciousness
• a threatening manner
• panic attacks.

Sometimes users may experience a residual ‘hangover’ which may last from two to 26 hours.

At low doses, the physical effects of amphetamines can be similar to those of natural adrenalin produced by the body. The effects can include:
• reduced appetite
• increased rate of breathing and pulse
• increased blood pressure
• dry mouth
Specific drug information

- headache
- skin rashes
- widening of the pupils.

**High doses** of amphetamine can include:
- restlessness
- irritability
- dizziness
- irregular heartbeat
- stomach cramps
- impaired coordination, particularly with difficult motor tasks such as driving.

**Psychological effects** include:
- increased alertness and energy
- delayed fatigue
- feeling of well-being and good mood.

With **increasing doses** users may become:
- talkative
- excited
- restless
- irritable
- filled with a sense of power
- irrational
- aggressive
- hostile.

**Repeated high doses** can cause:
- delirium
- panic
- hallucinations
- feelings of persecution.

The continued use of amphetamines is likely to cause some health problems. These may include:
- malnutrition
- reduced resistance to infection
- violence
- hallucinations
- high blood pressure which can lead to stroke
- panic attacks
- periods of psychosis.

**What is attention deficit hyperactivity disorder (ADHD)**

Attention deficit hyperactivity disorder (ADHD) is characterised by inattentiveness, impulsivity, and hyperactivity that are persistent and sufficiently severe to cause functional impairment at school, at home and with peers. Hyperactivity is not always present in those with ADHD. Individuals diagnosed with the predominantly inattentive subtype, (ADHD-PI), display symptoms of inattention only. This subtype is often harder to detect, as the symptoms are sometimes mistaken for laziness and lack of motivation.

In WA, 1.8% of the childhood population are on stimulant medication for ADHD. As ADHD is understood to affect conservatively 5% of the population there is still likely to be an under identification of the problem.

It is important for ADHD to be diagnosed by a trained specialist to avoid misdiagnosis. Also, it is common for ADHD to be accompanied by other disorders such as depression, anxiety and learning difficulties. All need to be identified and treated appropriately.

**How is ADHD treated?**

The most effective treatment for ADHD is a multimodal approach, including behaviour management, family counselling and support, educational management and medication. Amphetamines have been used since about 1936 for treating ADHD. Extensive research has shown them to be safe and effective. The stimulant group of medication (dexamphetamine and methylphenidate) has a 60–90% likelihood of being effective.

In WA, dexamphetamine and methylphenidate (Ritalin) are the two most common treatments. These medications, if successful, will ‘enhance’ an inattentive child’s natural abilities. They help focus attention, shut out distraction and allow impulsive children to think before they act.

Dexamphetamine is the longer lasting of the two short-acting medications and tends to work for six to eight hours. This is usually attempted first because, if effective, a school dose can be avoided. Ritalin has a rapid onset and short duration (approximately 3½–4 hours), and hence is administered at breakfast and lunchtime. By evening, the blood level drops, allowing for normal sleep. The short half-life is a problem in some children who experience an end-of-dose rebound in dysfunctional behaviour. Although the medications are similar some children respond better to one rather than the other.

There are also two long-acting forms (up to 12 hours) of methylphenidate on the market (Ritalin LA and Concerta). They require only a once-daily dose and work in the same way as the short acting stimulants. A long-acting non-stimulant, atomoxetine (Strattera), is also available.

9. **HALUCINOGENS**

**What are hallucinogens?**

Hallucinogens are naturally or synthetically produced drugs that act to alter a person’s perception of the world.

Natural hallucinogens include plants such as some mushrooms (psilocybin) and the peyote cactus (mescaline). Other hallucinogens such as LSD,
bromo-DMA, MDA, STP and PCP (angel dust) are manufactured in laboratories. Certain drugs such as cannabis and MDMA (ecstasy) may produce hallucinogenic effects at high doses or in particular circumstances.

In WA, LSD and psilocibin mushrooms (‘magic mushrooms’) are the hallucinogens most commonly used.

How many young people use hallucinogens?
The 2005 ASSAD (WA) study found that overall 4% of all students reported having used LSD or other hallucinogens in their lifetime, with 1% having taking them in the last month. Males were more likely than females to have ever used hallucinogens across all age groups.

LSD
Lysergic acid diethylamide (LSD) is commonly known as acid, trips or tabs. It is synthetically produced and is considered to be the most powerful hallucinogen developed.

LSD is effective in extremely small doses with usual doses ranging from 25 to 300 micrograms. Because the amounts of the drug are so small it is usually mixed with sugar and sold on small pieces of absorbent paper decorated with popular designs. It can also be sold on sugar cubes, small squares of gelatine or in capsule, tablet or liquid form.

LSD is usually swallowed. It may be swallowed immediately, placed under the tongue and dissolved, or the paper tile first chewed for up to 15 minutes to release the hallucinogen into the mouth. When swallowed, the effects of LSD usually take between 30 to 60 minutes to begin, depending on individual reactions and the amount of food in the stomach. The effects usually last for six to 12 hours.

As with all drugs, the effects of LSD are dependent on characteristics of the drug, the user and the setting.

The short-term physiological effects may include:
- slight increase in body temperature
- dilation of the pupils
- slightly increased heart rate and blood pressure
- increased levels of glucose in the blood
- dizziness
- drowsiness
- nausea.

The psychological effects can include:
- alterations in the mood and emotion
- euphoria and dysphoria (sometimes during the same trip)
- visual hallucinations
- perceptual disorder
- emotional instability
- inability to cope
- paranoia.

LSD may also precipitate psychotic episodes that would normally be suppressed.

Some users may experience ‘flashbacks’ where there is a spontaneous recurrence of the original experience at a later date. These ‘flashbacks’ can occur weeks or even months after the last use of the drug. The mechanism that underlies ‘flashbacks’ is unknown.

Psilocibin (magic mushrooms)
Psilocybin is the natural hallucinogenic chemical found in some mushrooms. It may be sold as white crystals, crude mushroom preparations or whole dried brown mushrooms. Some species of magic mushroom grow wild in Australia.

It is very dangerous to pick and eat wild mushrooms as it is very difficult to distinguish magic mushrooms from the poisonous ‘look alikes’. Some poisonous mushrooms can cause death or permanent liver damage within hours of being taken.

The effects of magic mushrooms are usually similar to those of LSD but usually last for a shorter time (four to six hours). Users often experience a feeling of nausea before the psychoactive effects of the drug set in.

10. MINOR TRANQUILLISERS
What are tranquillisers?
Tranquillisers can be classified into two groups: major tranquillisers which treat severe mental illness, and minor tranquillisers which are used to treat less serious depression, anxiety and insomnia.

Major tranquillisers, including phenothianzines, are used mainly in cases of psychosis, such as schizophrenia and mania. They are also used to treat some behavioural disorders in children.

Minor tranquillisers may be classed as sedatives, hypnotics or (sleeping pills) and anxiolytics (which relieve anxiety). Some of the more common minor tranquillisers, by trade
Specific drug information

name, include Valium, Serepax, Mogadon, Nitrazepam, Rivotril and Rohypnol. Like alcohol and heroin, minor tranquillisers are **depressants**. They affect the CNS by slowing down the body physically, mentally and emotionally.

**How many young people use tranquillisers?**

The 2005 ASSAD (WA) survey found that nearly 15% of all students had ever used tranquillisers (for non-medical purposes) in their lifetime. Recent and current use of tranquillisers was low, with around 3% to 4% of all students reporting tranquilliser use in the last month or week. There was a general trend towards **greater use of tranquillisers by males** than females in lifetime use.

**What are the most commonly used minor tranquillisers?**

The most commonly prescribed group of anxiolytics and hypnotics are benzodiazepines (benzos). Benzodiazepines are usually prescribed by doctors to treat anxiety and sleep problems. They are also used in the treatment of epilepsy, alcohol withdrawal and muscle spasms. When doctor’s instructions are followed, they are usually safe and effective if used for short periods of time.

Long-term use can result in unpleasant side effects and may lead to dependence. Harm associated with the use of minor tranquillisers may include lack of motivation and nausea. Because reflexes are slowed down, the ability to drive and complete other complex tasks may be affected. When used with other depressant drugs, such as alcohol or heroin, the potential for harm increases.

**11. COCAINE**

**What is cocaine?**

Cocaine is a **stimulant**, which is commonly known on the street as coke, snow, flake, dust, crystal, nose candy and white lady. The most common routes of administration are by snorting and intravenous injection. The hydrochloride salt form of cocaine is not suitable for smoking, as in this form, the drug decomposes at the temperature required to vaporise it.

The base form of cocaine, which is achieved by the chemical activation of the hydrochloride form vaporises at low temperature and can be smoked. This form of cocaine is commonly known as crack (from the cracking sound it makes when it is heated).

**How many young people use cocaine?**

The 2005 ASSAD (WA) survey found cocaine was used for non-medical reasons or without a doctor’s prescription by 1% of all students in the last month, with 3% having ever used cocaine in their lifetime.

**What are the effects of cocaine?**

As with all drugs the effects of cocaine are dependent on characteristics of the drug, the user and the setting.

**Immediate effects**

The effects of smaller doses may include:

- increase in heart rate
- increase in blood pressure
- increased body temperature
- increased energy and alertness
- increased confidence
- feeling of invincibility
- diminished fatigue.

The effects of larger doses may include:

- anxiety
- insomnia
- paranoia
- persecutory fears.

**Long-term effects**

- sexual dysfunction
- interpersonal conflicts
- severe depressive conditions
- dysphoria
- bizarre and violent psychotic disorders which may persist for weeks after use.

**12. ANABOLIC-ANDROGENIC STEROIDS (ANABOLIC STEROIDS)**

**What are anabolic-androgenic steroids?**

Anabolic-androgenic steroids (or anabolic steroids) are a group of drugs that include the male sex hormone **testosterone** and several synthetically produced structural derivatives of testosterone. They are not classed as psychoactive drugs. The anabolic effects assist in the growth and repair of tissue, mainly muscle. The androgenic effects are involved in the development and maintenance of male sex characteristics. All anabolic steroids have both anabolic and androgenic effects to varying degrees.

Anabolic-androgenic steroids have the potential to increase the size and strength of an athlete, thereby improving performance in activities, which require strength and size. They have no positive effects on aerobic performance. Some people use steroids to enhance their body shape.

Anabolic steroids are available as tablets to swallow, or as liquid for injecting.

**How many young people use steroids?**
The 2005 ASSAD survey found steroids were used for non-medical reasons or without a doctor’s prescription by 1% or less of all students in the last month, with 2-3% having ever used steroids in their lifetime.

**What are the possible effects of anabolic-androgenic steroids?**

There are ranges of adverse side effects which users may experience following the non-medical use of anabolic steroids, some side effects are irreversible and others have been associated with death.

**Physical** side effects may include:
- acne
- high blood pressure, caused by a build of fat in the arteries
- liver problems
- heart problems
- increased cholesterol levels
- gynaecomastia (breast-like growth in the male)
- hair loss
- hypertension
- sleeplessness
- headaches
- tendon injuries
- permanent short stature in adolescents
- tendon/ligament damage
- water retention.

**Psychological** side effects may include:
- increased aggression
- increased irritability
- mood swings, schizophrenic type activity
- depression
- dependence.

**Females** may experience:
- clitoral enlargement
- smaller breasts
- voice changes
- cessation of menstruation
- excessive growth of hair on back and bottom.

**Males** may experience:
- shrinking testicles
- prostate problems.

In addition, there is also a risk of infection with HIV and other BBVs such as hepatitis C, if injecting equipment is shared. Regular users also place themselves at risk of other health problems associated with injecting drugs.

Some regular users develop very aggressive personalities, which can result in episodes known as ‘roid rages’.

Steroid users have various patterns of drug use. There are, however, some features that form the basis of all anabolic steroid use. ‘Cycling’ refers to the practice of using anabolic steroids for a set period of time, followed by a period of no use. ‘Stacking’ refers to the practice of using two or more anabolic steroids.

**13. VOLATILE SUBSTANCES (SOLVENTS/INHALANTS)**

It is recommended that information on volatile substance use should not form part of the general drug education curriculum.

School drug education on volatile substance misuse, including butane, should occur when groups of students are at risk, by virtue of a local outbreak or when widespread discussion of the issue by young people is occurring. A sensitive and targeted response is needed to avoid the problem escalating. Teachers need to ensure that their response is consistent with their school’s drug policy and procedure documents.

**What are volatile substances?**

Volatile substances (solvents, inhalants) can be defined as any substance that gives off a vapour at room temperature and is capable of causing intoxication. They are liquids or semi-solid liquids and have the capacity to change rapidly from a liquid or semi-solid state to a gas when exposed to air.

Products containing volatile substances include semi-solids such as glues; liquids such as petrol, chrome paints, paint thinners and cleaning fluids; and gases such as aerosols (e.g. spray paints, deodorants, fly sprays), nitrous oxide (e.g. whipping cream bulbs), amyl nitrate and butane.
Strategies to address volatile substance use must take into account the substance being used as well as the context of the individual, community and social group in which this person belongs and the type of use occurring.

Volatile substances are classified as depressants. In larger doses, some users may also experience hallucinations. The onset of effects from volatile substances can occur within two to five minutes and disappear within five to 45 minutes.

How many young people use volatile substances?

The 2005 ASSAD (WA) survey found that nearly 14% of all students reported that they had deliberately sniffed inhalants at least once during their lives. Overall, 6% of students reported using inhalants in the last month and 5% reported using them in the last week. Unlike other drugs, the proportion of students who inhaled substances decreased with age. Recent use of inhalants decreased from 9% among 12 year-olds to 3% among 17 year-olds while current use decreased from a peak of 7% among 12 year-olds to 2% among 17 year-olds.

Volatile substance use tends to be cyclical and highly localised in nature. Dependent use is rare and is more likely to coincide with other problems that the individual may be experiencing.

What are the possible effects of volatile substances?

The effect of volatile substance use has been compared to feeling drunk. As with alcohol, volatile substance use can contribute to accidents, antisocial behaviours and death.

The effects of volatile substances are dependent on characteristics of the drug, the user and the setting and can result from both short and long-term use. It is important to note that significant harm can occur from a single occasion of use.

**Short-term** effects may include:

- excitement
- euphoria
- slurred speech
- double vision
- relaxation
- loss of inhibitions
- headache
- confusion
- loss of coordination
- aggressive behaviour
- irritations to the eyes, nose and throat
- shallow breathing
- possible hallucinations.

**Long-term** effects of regular chronic use may include:

- weight loss
- fatigue
- tremors
- violent outbursts
- depression
- social and developmental problems
- damage to the liver, kidneys and brain.

When intoxicated with volatile substances young people are at greater risk of injury, participating in unprotected and/or unwanted sexual behaviour, violence and other regrettable behaviours.

If a person intoxicated with particular solvents participates in vigorous activity, there is risk of heart failure (known as sudden sniffing death syndrome).

For more information regarding volatile substances, please contact:

**The Alcohol and Drug Information Service (ADIS)**
(08) 9442 5000
Toll free (country callers only) 1800 198 024
E-mail: adis@health.wa.gov.au
Young people and crash involvement

Road crashes are the leading cause of injury-related death for young people aged between 0 and 16 years. Young people involved in road crashes are more likely to be:

- injured than killed
- killed when not wearing a restraint
- killed as a passenger or pedestrian
- seriously injured or hospitalised as a cyclist or ride of wheeled recreational devices such as skateboards, scooters and rollerblades.

In 2005, 243 young road users aged 0-16 years were killed or hospitalised as a result of a road traffic crash. This age group makes up 23% of the Western Australian population but comprised 6% of all fatalities and hospitalised casualties.

The graph and table below show the breakdown of fatalities and hospitalised casualties of young people up to 16 years of age by road user group. The majority of these killed or hospitalised were as passengers (56%). 52 young pedestrians were killed or hospitalised in 2005. Of these 38 (73%) occurred in the metropolitan area and 14 (27%) in the rural area.

Child road traffic fatalities and hospitalized casualties by road user group, WA, 2005

![Graph and table showing road traffic fatalities and hospitalised casualties by road user group, WA, 2005.]

25% of motor vehicle occupants aged 12 to 16 years who were killed or hospitalised were unrestrained. Overall, unrestrained child motor vehicle occupants were over-represented (22%) compared to all fatally injured and hospitalised motor vehicle occupants (10%).


Road safety issues for young people

**PASSENGERS**

Many young people in this age group are at risk when travelling as a passenger in a vehicle because they:

- **do not wear a restraint.** Passengers travelling unrestrained in a car are ten times more likely to be killed in a road crash than those wearing a seatbelt. Of children and adolescents aged six to 16 years killed in car crashes, 55% were found not to be wearing a restraint (64% males and 44% females). This percentage is high relative to other age groups (e.g. 34% for 17 to 39 year olds). *(Data Analysis Australia. 2000.)*

- **travel in overcrowded vehicles and open load spaces (i.e. back of utes, panel vans and station wagons).** Passengers travelling in the open load space of a vehicle (which is illegal in WA) are more likely to suffer injury or death in a crash or rollover due to non-restraint usage.
Information for road safety education

• engage in inappropriate behaviours which distract the driver. Driver distractions (e.g. noisy passengers, answer mobile phones, changing music stations or CDs) are now considered to be contributing factors to road crashes.

• choose to travel with drivers who act unsafely such as speeding or drink driving.

Reducing risk when travelling in a motor vehicle

Young people can reduce the likelihood of injury by:
• wearing a restraint on short and long trips
• not travelling in overcrowded vehicles or open load spaces (i.e. back of utes, panel vans, station wagons)
• not travelling with a driver who has consumed alcohol or other drugs
• entering and exiting from the door closest to the kerb
• ensuring that the driver can concentrate on driving and is not distracted
• keeping all body parts within the moving vehicle
• having a range of practised responses to use in traffic-related situations (e.g. when a driver is speeding or has been drinking).

Reducing risk when travelling on public and community transport

Young people can reduce the likelihood of injury when boarding and alighting from a bus by:
• standing well away from the roadside
• waiting for the bus to stop and let other passengers get off before boarding
• moving quickly to an available seat
• holding onto the straps or handles if a seat is not available
• standing in the aisle away from exit doors
• storing bags underneath the seat
• keeping all body parts inside the bus
• ensuring that the driver and other passengers are not distracted
• remaining seated until the bus has completely stopped
• waiting on the footpath or roadside until the bus has moved away (at least 20 metres down the road) before attempting to cross remembering to stop, look, listen and think.

Reducing pedestrian risks

Young people can reduce the likelihood of injury when crossing the road by:
• always using the systematic search strategy (described below)
• selecting safer places to cross where they have a clear view of the road and approaching traffic in both directions
• using designated crossings (e.g. crosswalks, pedestrian phase signals, railway crossings)
• using a footpath when available.

Systematic search strategy

Regardless of age, the following procedure should be used by all pedestrians when crossing roads.

Step 1: Choose the safest place to cross.
Step 2: Stop back from the kerb and road.
Step 3: Look in all directions for traffic.
Step 4: Listen for traffic.
Step 5: Think about when it is safe to cross.
Step 6: When the road is clear and all traffic has come to a complete standstill, walk straight and quickly across the road. Keep checking the road by looking, listening and thinking about the traffic while crossing.

Pedestrian facilities

It is important that pedestrians use designated pedestrian facilities even if it means walking some extra distance. If a pedestrian facility is not available, pedestrians should always cross where they have a clear view of traffic in every direction and drivers can see them waiting to cross.
Information for road safety education

Pedestrian facilities include:
- traffic lights with pedestrian phasings
- warden controlled children’s crossing
- pedestrian footbridge
- pedestrian crossings
- traffic lights with parallel pedestrian crossing
- underpass and overpass
- roads with a median strip in the middle.

Using railway level crossings
Pedestrians should:
- always use the maze crossing or pedestrian facility
- use the systematic search strategy, looking and listening for trains
- not cross until the lights have stopped flashing, the bells have stopped ringing and the boom barriers are raised or open, even if a train cannot be seen approaching
- wait until the train has moved away before crossing.

Crossing at traffic lights
It is safer to use the systematic search strategy described previously when the green ‘walk’ figure is illuminated. However, children should be reminded not to presume that traffic will stop and to check the traffic before stepping onto the road.

Crossing between parked cars
Crossing between parked cars is not the safest option for pedestrian, however when this is the only choice:
- select a gap between two cars which have no drivers
- make sure the gap is not big enough for a car to park
- walk to the outside corner of the car and stop where drivers can see the pedestrian and the pedestrian can see the traffic (i.e. in line with the outside edge of the cars)
- use the systematic search strategy to cross the road.

Walking where there is no footpath
When a footpath is not available, pedestrians should:
- walk on the road verge as far away from the road as possible
- walk on the edge of the road if no verge is accessible and face oncoming traffic
- move off the road edge until any oncoming vehicles have passed.

Boarding a bus
Pedestrians waiting to board a bus should stay on the footpath or road verge until the bus has stopped and then move.

Crossing after a bus has left
Pedestrians should wait until the bus has moved away and the road is clear before crossing using the systematic search strategy.

Visibility in traffic
Pedestrians can increase visibility in the traffic environment by:
- wearing light, brightly coloured or reflective clothing (e.g. a jacket, cap or sneakers) especially at times of poor visibility (i.e. dusk or wet weather)
- carrying a bag that has reflective strips of stickers.

CYCLISTS AND RIDERS OF SCOOTERS, SKATEBOARDS AND ROLLER-SKATES
Young people derive great enjoyment and satisfaction from cycling and using other wheeled recreational devices. It gives them a sense of pride and achievement when they become proficient in their skills. However cycling, rollerblading, roller-skating and skateboarding poses significant risks for young people and each year in Western Australia several hundred are admitted to hospital.

- Between April 2004 and March 2005, 11 cyclists aged between 0 and 16 years of age were killed on Australian roads (ATSB Road Deaths Report March 2005).
- In Australia injuries through scooter riding are on the increase. Two out of three of those injured are under 14 years of age. The most common serious injuries are fractures to the arm/wrist usually as the rider puts out a hand as they fall (Kidsafe Bicycle Safety, WA, 2003).

The following data contains descriptive statistics of the presentations to the Emergency Department for Princess Margaret Hospital for Children.

- Approximately 43,000 children and young people each year are treated at PMH emergency department. Approximately 25% of these children present as a result of an injury. Of these, 1,142 (11%) children sustained injuries as a result of ‘sports or leisure’ activities. Of the sports and leisure activities, 320 (28%) of the presentations were involving roller blades, skateboards or roller-skates and in-line skating crashes.

- The most common injuries associated with these boards and skates are to the hand, wrist and elbow, the knees and to the head.
Information for road safety education

• Head injuries occur when riders, not wearing helmets, are unable to break their fall or hit objects. They are less common than other injuries but are usually the most serious.
• Children most at risk are those 6 to 14 years old.
• Most falls are the result of simple loss of control.
• The majority (73%) of injuries occur either at home, on the roads or on a footpath/bike path, not in a skating or recreation area.
• Approximately one third (29%) of skate associated injuries occur on sealed roads.

Developmental considerations

Behavioural, physical, sensory and cognitive abilities of children develop continually through childhood. Children under ten years of age generally have not developed the necessary cycling and traffic skills to safely ride in the traffic environment. They are at risk because they:
1. may not have the necessary physical skills to handle a bicycle
2. lack knowledge and skills to deal with the traffic environment
3. do not always think about the consequences of their actions
4. have not developed an effective search behaviour and may not look for long enough when scanning traffic
5. give in to peer pressure to act unsafely
6. over-estimate their ability
7. are still developing the ability to discern the speed of an approaching vehicle and distance depth cues, and the sensitivity to sounds and being able to determine where sounds are coming from. (These skills may take up to age 12 to fully develop).

For young cyclists who have mastered balance and keeping course, the additional mental effort required to apply road rules can interfere with the motor tasks. Research suggests that most cycling crashes for this age group occur when vehicles are manoeuvring such as backing out of driveways and entering the road. Cycling through intersections is particularly challenging for 12-14 year olds and they also find scanning for gaps very difficult.

Reducing cyclist and other riding risks
Young people can reduce the likelihood of injury by:
• selecting a correct sized bicycle and helmet
• wearing an Australian Standards Approved bicycle helmet
• wearing protective equipment such as wrist, elbow and knee pads
• increasing their visibility in the traffic environment by wearing reflective or brightly coloured clothing
• complying with road rules and traffic signs.

Selecting a correct sized bicycle
• There should be about 3cms clearance between the crossbar of the frame and the rider when they are standing with feet flat on the ground.
• On BMX and mountain bikes the clearance should be 5 to 10cms.
• When seated the riders arms should be slightly bent when holding the handle grips and their knees should not hit the handlebar.
• The rider should be able to reach and operate the brake levers.

Effectiveness of helmets

Over three quarters of fatal bicycle injuries are due to head injury (LeBlanc, Beattie, Culligan 2002). Studies have shown that bicycle helmet use decreases the risk of head injury by 85% (Thompson et al), and brain injury by 88% (Henderson 1996). More recent studies agree with this finding, with the estimated protective effects ranging from 47% to 88% (Thompson and Rivara 2000, Attewell, Glase and McFadden 2001).

The protective effects of a helmet during a crash or fall are increased by the:
• helmet being properly worn (sitting at the front of the head)
• retention straps being tight and fastened. This prevents the helmet from moving or coming off and the risk of head injury being reduced during a crash
• helmet being fitted properly. Improperly fitted helmets can double the risk of head injury.

Selecting and fitting a helmet

Helmets are designed to protect the wearer against possible impact. For maximum protection a helmet must be a good fit (i.e. snug to the head) and securely fastened. If a helmet is too small it will not give adequate coverage and protection. If a helmet is too large it may move on the head and not provide the protection intended.

Check head size by using a tape measure placed just above the eyes and ears. Match this with the helmet sizes listed on the display box to find a helmet that covers this measurement.

Helmets will come with fitting instructions however the following points will be appropriate for most styles:
Place the helmet on the rider’s head and using the pads supplied ensure a snug fit.
Test the fit by grasping the helmet and attempt to move it to the front and back of the head.
Adjust the straps so that the side adjustor forms a ‘Y’ shape below the ears and the buckle is positioned well under the chin.
Attempt to move the helmet backwards and forwards once on the head and straps have been fastened correctly.
Make further adjustments if necessary as a loose helmet can increase the risk of injury.

Helmet care

Extreme heat can damage the shell and weaken the helmet. This is usually visible when ‘bubbling’ occurs on the surface of the helmet shell. Avoid leaving the helmet outside in the weather, near a heater or on the back ledge of the car.
Substances (i.e. petrol, paint adhesives and cleaning agents) can damage helmets. Clean helmets with mild soap and water, rinse then dry with a cloth not in front of heater or in the sun.

Replacing helmets

Helmets are essentially manufactured for single impact protection. They absorb the impact and protect the head. When a helmet has been subjected to a severe blow it should be replaced even if it appears undamaged.
Replace a helmet when it shows obvious signs of wear or no longer fits the head correctly.

Australian Standards

The Australian Standards Mark AS 2063.2 or AS/NZS 2063 certification label will be displayed on a helmet that has passed stringent safety tests and meets the standard required by Australian State road laws. Not all helmets meet this standard.

Note: Throughout this resource, the word ‘riding’ refers to the use of bicycles and all wheeled recreational devices such as skateboards, scooters and rollerblades.
Information for road safety education

- a desire to impress or frighten others
- the absence of any negative consequences.

Crash involvement

There are a number of factors which contribute to the over-representation of young people in crashes:
- driver age and inexperience
- young drivers underestimate their own driving ability
- a tendency amongst the 17-24 age group to take risks
- speeding is a major contributor to crashes involving young drivers
- young people are less likely to drink and drive than other drivers, but those that do drink and drive are at greater risk of crashing, possibly because of inexperience with driving and with drinking
- young drivers often drive at night, particularly for work, study and social occasions, and can be affected by fatigue
- some young drivers do not wear seat belts, which significantly increases their change of injury in crashes
- young drivers are less experienced than older drivers, and this can lead to problems with hazard perception and risk assessment
- there is an increased risk of crashing when young drivers carry passengers in their vehicle.

Research by Palamara et al (2001) indicates that:
- young drivers with less than 4000km of 100hours of driving experience are less experienced and more at risk of crashing
- first year drivers have a substantially higher risk of being involved in a crash and of incurring a traffic infringement and conviction (i.e. court conviction)
- both infringements and convictions predict a first year driver’s involvement in a crash (i.e. infringements alone can predict a first year driver’s involvement in a serious injury crash).

Inexperience

Hazard management and perception skills are critical to safer driving and are learned more slowly than any of the other safe driving skills. Being slow to perceive, predict and react to the unexpected behaviour of other road users increases an inexperienced driver’s risk of being involved in a crash (Catchpole et al, 1994).

Hazard perception is a combination of perceptual and cognitive skills including decision-making, personal risk assessment and the ability to detect and respond appropriately to all aspects of the driving environment. Young people need to be made aware that hazard perception skills develop gradually as experience accumulates.

Young drivers can also be inexperienced driving on country roads. In rural and remote locations, driving tired and managing environmental conditions such as higher speed limits, single land traffic, large trees, storm drains or culverts on the roadside, gravel roads and loss surfaces, make it more difficult to control vehicles safely. All these circumstances and more can present difficulties for an inexperienced driver.

Overconfidence

Many young people quickly pick up vehicle handling skills for driving and as result tend to think that they have mastered driving and tend to feel very confident about their driving ability. However the ability to handle a vehicle is only a very small part of safe driving. This belief and overconfidence in their ability, coupled with underestimation of what safer driving is, means that some young people drive unsafely, thinking that they are in control.

Consequences of road crashes

Death and serious injury are the extreme consequences of a road crash. Young people need to be reminded that a preventive approach is paramount to their safety. This includes considering the consequences of risk taking and practising their driving skills as much as possible while a learner driver.

The consequences of road crashes can be grouped into physical, social, emotional, financial and legislative. Such costs are not only borne by the individuals involved in the crash, but witnesses of the crash, emergency workers, families, friends and the broader community.

Financial
- Increased insurance excesses and premiums
- Property damage including damage to own vehicle
- Police and crash investigation costs
- Loss of income
- Ambulance fees
- Funeral expenses
- Medical and hospital fees
- Rehabilitation costs
- Towing and repair costs

Social
- Loss of freedom
- Loss of licence
- Loss of job and income
- Rejected by family, peers and community
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Emotional
- Trauma
- Guilt and remorse
- Depression

Physical
- Pain and suffering both short and long-term
- Disability
- Death
- Hospitalisation

Legislative
- Loss of licence
- Criminal record
- Demerit points
- Loss of vehicle
- Imprisonment
- Entry to other countries declined

Risk-taking and driving
Young people sometimes have no concept of the consequences of their behaviour and tend to live and drive for the moment. They think they are immortal and that crashes only occur to other people. They need to be aware of the cause and effect principle in relation to risk taking in the traffic environment.

When discussing risk-taking and driving with young people, the evidence shows that consequences about certain issues resonate more strongly with young men. The following consequences need to be emphasised with young people:
- causing harm to self and others, including permanent disability
- causing damage to the motor vehicle
- loss of licence
- loss of mobility and a need to rely on others for transport
- insurance problems and excess increases
- penalties and infringements (e.g. imprisonment, loss of vehicle and fines).

The Big 4

RESTRAINTS

Facts about restraints
- Drivers and passengers travelling unrestrained in a car are ten times more likely to be killed in a road crash than those wearing a restraint (Data Analysis Australia, 2000).
- Among those killed in a road crash and found not to be wearing a restraint, almost 60% were aged 17 to 39 years old (Data Analysis Australia, 2000).
- Rear seat passengers need to be restrained for their own safety as well as the safety of others in the vehicle. In the vent of a crash, this can reduce by half, the risk of serious injury to themselves and people in the front of the vehicle. An unrestrained body or object propelled in the vehicle at the time of impact can injure or kill other vehicle occupants.
- In the event of a crash it is safer to be restrained than to be thrown clear from a vehicle. Serious injuries can result from occupants being thrown from a vehicle and landing on a hard surface such as a road. Rates of injury and death are reduced if occupants are held securely by a restraint.
- An unrestrained child cannot be held securely by a passenger during crash impact. A child needs to be placed in an appropriate restraint for their size and weight.

Relevance for young drivers
Young male drivers and passengers, those living in rural areas and rivers of older vehicles are the groups most likely to not use restraints. Young people who do not use restraints report that the barriers to their use of restraints include:
- belief that restraints are ineffective, uncomfortable and not necessary on short trips (i.e. familiar territory and low speeds)
- laziness and vehicle overcrowding.

FATIGUE

Facts about fatigue
- While accurate estimates of road crashes where fatigue is a factor are difficult to determine, it is known that males aged 17-24 are more likely than any other age and gender group to be involved as a driver or motorcycle rider in a fatigue-related crash (Data Analysis Australia, 2000).
- It is also known that ‘fall-asleep’ crashes occur predominantly in young people and 55% of these crashes involve drivers aged 25 years of age or younger (Pack, A et al, 1995).
- Recent research indicates that 17-19 hours of sustained wakefulness (finishing at 2300 and 0100 hours, produced similar or worse levels of performance as a BAC of 0.05%, while 20-25 hours of wakefulness (finishing at 0200 and 0800 hours) produced performance levels for some tasks similar to those seen with a BAC of 0.10% (Lamond et al, 1999).

Relevance for young drivers
For all drivers including young drivers, the major contributing factors to driving whilst tired include:
- driver characteristics (i.e. age, experience,
Information for road safety education

personality, food and beverages consumed, lifestyle pressures)
• prior amount of sleep and continuous hours of being awake
• time of day (i.e. daylight hours versus dawn, twilight and night time)
• length of the driving task
• vehicle environment (i.e. comfortable and in fixed position in car, motion of car, automatic transmission, cruise control, heater)
• road environment (i.e. long stretches of uninterrupted road, amount of traffic, on-coming headlights).

Signs of fatigue
The following signs that a driver is entering or is already in the ‘fatigue danger zone’ for driving include:
• blinking
• yawning
• difficulty keeping head up
• closing eyes for a moment or going out of focus
• wandering, disconnected thoughts
• missing a road sign or exit
• slowing unintentionally
• drifting over the centre line or onto the side of the road
• unable to remember driving the last few kilometres.

The message for all drivers is to stop and take a nap when the early mental signs of fatigue set in. Drivers tend to take notice of the physical signs rather than the early mental signs. Research indicates that at present, drivers’ progress too far along the fatigue continuum before they realise a problem exists and often by that point it is too late (Donovan Research, 1998).

SAFETY DEVICES

Air bags
An air bag system consists of the airbag module which contains an inflator, the air bag itself and a trim cover. The proper firing of the air bag in controlled by crash sensors which supply electrical signals to a control unit which fires the inflator to inflate the air bag. The driver-side air bag module is in the hub of the steering wheel. The passenger-side air bag module (if so equipped) is in the dashboard above the glove box.

In a vehicle that has air bags, the following would occur.

• In the 15-20 milliseconds after impact, the crash sensors and the control unit determine the severity of the collision and decide whether to deploy the air bag.
• At about 25 milliseconds, the air bag splits its covering pad in predetermined places and begins to inflate rapidly.
• At about 45 milliseconds the bag is fully inflated while the seat belted occupant is still moving forward.
• At around 60 milliseconds, the occupant contacts the air bag which immediately begins to deflate via vent holes in the back.
• Up to 100 milliseconds, the occupant continues to sink deeply into the air bag which cushions the head and chest while it is deflating.

INSURANCE

The language of insurance
In the field of motor vehicle insurance a number of common terms are used. Some of these terms and their meaning are described below.

• First, second and third parties – the first party is the policy holder; the second party is the insurance company who issues the policy; the third party is the external party whose vehicle and/or property is damaged through the fault of the first party.
• Premium – this is the price paid for an insurance policy. It is paid by the insured to the insurer. The amount of the premium will depend on the type of cover required, the type of car, the age of the driver, driving experience and driving history (related to involvement of the driver in previous vehicle crashes).
• Policy – is the contract issued by the insurance company to the insured.
• Excess (Motor Vehicle Property Damage) – this is an amount of money that the insured party will be required to contribute to any claim. There are different types of excesses (e.g. basic or age excess). Some insurance providers allow a choice of excess, and the amount of excess affects the premium (e.g. if a higher excess is chosen there may be a discounted premium).
• No claim bonus (Motor Vehicle Property Damage) – is a discount for a continuous claim free period of time. On a Full Cover insurance policy this may be represented as a percentage.
• Market value and agreed value (Motor Vehicle Property Damage) – is the price at which the motor vehicle could have been sold just prior to its loss or damage. Market value is used to determine the loss settlement to which the insured is entitled.
• **Agreed value** – the price of the vehicle as determined by the insurance holder and their insurance provider. Like market value, agreed value is used to determine the loss of settlement to which the insured is entitled. Insurance providers may provide a choice of cover – either market value or agreed value.

• **Limit of cover (Motor Vehicle Property Damage)** – exclusions are provisions within an insurance policy that identifies what is denied cover.

### Types of motor vehicle insurance

In Australia, there are four types of motor vehicle insurance options available.

1. **Compulsory Third Party (CTP) insurance – motor vehicle personal injury (provided by the Insurance Commission of Western Australia)**

   CTP insurance premiums are an integral cost of licensing a motor vehicle in WA. The premiums are collected by the Department for Planning and Infrastructure and are paid to the Insurance Commission of WA which manages all personal injury claims resulting from motor vehicle crashes.

   CTP compensates victims of motor vehicle crashes for personal injury where the owner or driver of a registered Western Australian vehicle is at-fault. It does not cover damage to vehicle or property, or injuries sustained by the at-fault driver.

   In CTP insurance:
   - the first party is the at-fault driver (who is a policy holder of CTP insurance)
   - the second party is the Insurance Commission of WA
   - the third party is the injured person.

   The CTP policy provides cover to the at-fault owner or driver of a WA registered vehicle against claims for personal injury or death made against them by another person. This means that if a person is either partly or full-at-fault for causing personal or fatal injury as a result of their driving, that person is not personally liable for the costs of claims made against them. Instead, they are covered by CTP insurance as long as the person has not been found to breach the conditions of the policy.

2. **Third Party Property Damage insurance (provided by a private insurance company)**

   This type of insurance provides cover for damage done to another person’s car or property but not their own vehicle or property. For example, if John has Third Party Property Damage insurance only, the insurance covers any damage that John may cause to other vehicles or property (i.e. where it is John’s fault) but it does not cover damages to John’s vehicle or property. This type of insurance is generally a cheaper form of insurance than Third Party Fire and Theft and Full Cover Comprehensive.

3. **Third Party Property Damage insurance – fire and theft (provided by a private insurance company)**

   This provides the same cover as Third Party Property Damage and also provides cover for the insurance holder’s own vehicle against fire and theft. For example, if John has Third Party Property Damage insurance – fire and theft insurance, his vehicle will be covered if it is stolen and burnt. However any damage sustained to his vehicle in a car crash is not covered.

4. **Full Cover Comprehensive insurance (provided by a private insurance company)**

   Full Cover Comprehensive insurance gives a vehicle owner the greatest protection against financial loss in the event of damage to or destruction of their vehicle, damage to the vehicle or property of others and fire and theft. For example, if John has Full Cover Comprehensive insurance for his motor vehicle and is involved in a crash which is his fault, damage to both his vehicle and the other person’s vehicle is covered. The main advantage of this insurance is that repairs to the insurance holder’s vehicle are not delayed if they are not at-fault in a crash.

   This insurance will have certain exclusions listed on the policy. It is important that insurance holders are aware of these as they will not be covered under the circumstances that are described within the policy. Exclusions may include situations where an unlicensed driver is driving the car or where the driver has a BAC higher than the legal limit.

### Reporting a crash

In certain situations the law requires that crashes are reported to police. Crash reports should be made at the nearest police station as soon as possible. A crash must be reported if:

- There is injury to a person and it occurs on a road or any place commonly used by the public
- It occurs on a road and the total damage to all vehicles combined exceeds $1 000
- It occurs on a road and the owner of the property that has been damaged is not present.

When reporting a crash to police, the Insurance...
Commission of WA, and insurance provider the following information about the crash is required:

- the date, time and location of the crash
- registration numbers of all vehicles involved
- names and addresses of all parties involved
- names and addresses of any witnesses.

Road rules

Road rules have been designed in the interest of promoting a safer community. The Western Australian Road Traffic Code 2000 clearly defines the responsibilities of all road users. Fines and penalties apply for failure to comply with road laws. Further information about the Traffic Code is available on the Office of Road Safety web site www.officeofroadsafety.wa.gov.au.

Road Traffic Code 2000


PASSENGERS AND THE LAW

Restraints

- Every person travelling in a motor vehicle must use an appropriate Standards Australia approved restraint where one is available.
- Children under 12 months of age must be restrained by a suitable child car restraint that is properly adjusted and securely fastened.
- Penalties apply for drivers carrying an illegally unrestrained child passenger aged 16 years or under in their vehicle.

Travelling in open space vehicles

It is against the law to travel in the open space of a vehicle where restraints are not provided (e.g. back of ute, station wagon or van).

Using the footpath

- Pedestrians should use the footpath or nature strip where possible, as it is an offence not to (unless it is impractical to do so).
- Pedestrians can only travel on the right side of the road facing oncoming traffic, if there is no footpath, useable path or nature strip.
- Pedestrians cannot walk more than two abreast on the road unless taking.
- Motorists, when entering or exiting a driveway, must give way to pedestrians and child cyclists travelling on the footpath.
- If a driver is turning left or right or making a U-turn, the driver must also give way to any pedestrian at or near the intersection on the road or part of the road the driver is entering.

Crossing the road

- Pedestrians should use and obey pedestrian signals and crossings.
- Pedestrians must use a marked pedestrian crossing or pedestrian phased traffic signals if they are within 20 metres of the crossing.
- Pedestrians must follow the directions of a traffic warden when using a school crossing.
- Pedestrians must cross intersections using the shortest and most direct route (i.e. no jaywalking).

For further information relating to pedestrians and the law is available on the web site www.dpi.wa.gov.au/mediaFiles/walking_pedrights02_paper_law.pdf

CYCLISTS AND THE LAW

- Bicycles are classified as vehicles. Cyclists have the same rights and responsibilities as drivers of motor vehicles.
- Cyclists under 12 years of age may ride on the footpath provided they keep to the left and give way to pedestrians.
- Cyclists must wear a properly adjusted and fastened, approved safety helmet carrying the Australian Standards Mark (AS2063).
- Cyclists must warn pedestrians when riding past on a shared path or footpath by using a bell.
- Cyclists must walk their bikes across pedestrian crossings and at traffic signal crossings (unless there is a bicycle crossing light).
- On a path dedicated for the exclusive use of bicycles – cyclists have the right of way.
- Drivers must give way to pedestrians and cyclists on the footpath when entering or exiting a driveway. However pedestrians and cyclists should look and listen for cars and cross all driveways with caution.

Helmet legislation

To promote the wearing of bicycle helmets, many governments have introduced legislation making bicycle helmets mandatory. During the 1990s, Australia, Canada, New Zealand and the United States brought in such laws. In the majority of cases, the laws have been directed at children and young people up to 18 years. Only in Australian and New Zealand does the legislation cover bicyclists of all ages.
Those opposed to bicycle helmet legislation argue that wearing bicycle helmets encourages cyclists to take greater risks and therefore makes them more likely to incur injuries. To date there is little empirical evidence to support this argument. Other opponents have suggested that bicycle helmet legislation reduces the number of cyclists and it is for this reason that there are fewer head injuries. The most recent evidence suggests the contrary. In Canada the number of child cyclists actually increased in the three years following the introduction of bicycle helmet laws (Macpherson, A.K et al).

Evaluations of mandatory bicycle helmet laws have been encouraging. Findings from Canada for instance in those provinces where legislation has been introduced, show a 45% reduction in the rates of bicycle-related head injury (Macpherson, A.K. et al).

Shared paths

Shared paths include all paths around the river, along the beach, through parks and open areas. They are sometimes incorrectly referred to as bike paths or cycle paths. Shared paths are designed to cater for all potential users, including bikes and are generally wider and built to a better standard than footpaths.

Cyclists should be encouraged to ride on the shared paths as they are generally off-road and away from traffic. When the shared path crosses a road, those on the path need to give way and watch out for turning traffic.

Courtesy on shared paths

When riding on shared paths there are rules that need to be followed:

• keep to the left
• don’t ride too fast or do anything unexpected
• use a bell when approaching others
• give way to pedestrians
• obey signs
• ride in single file unless the path is wide enough and it is safe to ride in pairs.


WHEELED RECREATIONAL DEVICES

Under the WA Traffic Code 2000, scooters are classed as wheeled toys if ridden by someone under the age of 12 years and a wheeled recreational device if the rider is over 12 years.

The definition of a wheeled toy includes child’s pedal car, tricycle and scooter. A wheeled recreational device is a wheeled vehicle that has been built to transport a person is propelled by human power or gravity and is ordinarily used for recreation or play. In addition to scooters, it includes in-line skates, skateboards, roller skates and unicycles.

Laws for scooters, skateboards and other wheeled recreational devices

You can ride a scooter or skate on footpaths and shared paths, provided you keep to the left and give way to pedestrians. The following laws apply.

• Riders or skaters must give way to pedestrians on a shared path.
• Give way to pedestrians when passing on a footpath or shared path.
• Scooters are not permitted to be ridden on any road that has a dividing line or median strip, on a one-way street with more than one marked lane or any road with a speed limit of more than 50 km/h.
• Scooters are not allowed on any road during hours of darkness.
• Games such as jumping off kerbs are not allowed on any part of a road.
• Scooter riders cannot be towed by another vehicle (including a bike). This applies to both the scooter rider attaching themselves to a vehicle and the driver (rider) of the vehicle allowing them to do so.
• Scooter riders cannot travel within 2 metres of the back of a motor vehicle for more than a distance of 200 metres. This rule is obviously designed to stop people slipstreaming behind cars.
• If riding on a permitted road which has a separate section for pedestrians and bicycles, and is marked accordingly, wheeled recreational devices must be ridden on the section dedicated for bicycles. Cyclists also have the right of way.
• If riding on a separated footpath, ride on the side dedicated for cyclists not pedestrians, unless you are crossing it by the shortest quickest route.

Helmets

While not compulsory for riders of scooters, skateboards or roller skates, helmets and protective guards for elbows, wrists and knees are highly recommended.

Rules relating to wheeled recreational devices with motors

Under the Western Australian Road Traffic Act 1974 and regulations (Road Traffic Code 2000 and Vehicle Standards Regulations 2002) any vehicle with a motor over 200 watts needs registration in
accordance with relevant vehicle standards to be allowed on the roads. As there are no standards for motorised scooters it is unlikely that they will be eligible for registration and hence it is illegal to use small-motorised scooters on the road. Any vehicle with a motor is also not to be ridden on paths.

It is currently legal to use un-registered motorised scooters of any output on private property in WA. This ruling also applies to other wheeled recreational devices such as skateboards that have motors attached as well as bicycles with motors of greater than 200 watts and pocket motorbike racers.

**Mini-bikes and off-road vehicles**

The rider or driver of any motor vehicle or motorbike must be aged 16 years or over and hold the appropriate driver’s licence or permit. However some children younger than 17 have access to mini-bikes, trail bikes and other off-road vehicles which may be driven on fenced-off road tracks with adult supervision and appropriate safety equipment.

**Road safety glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>Air bag</td>
<td>A large nylon bag which inflates and deflates rapidly during certain types of collisions.</td>
</tr>
<tr>
<td>ATSB</td>
<td>Australian Transport Safety Bureau, a division of the Commonwealth Department of Transport and Regional Services</td>
</tr>
<tr>
<td>Bicycle</td>
<td>A two or three-wheeled vehicle designed to be propelled solely by human power, or two or three wheeled vehicle that is a power assisted pedal cycle.</td>
</tr>
<tr>
<td>Bicyclist</td>
<td>A person riding a bicycle. Includes passengers.</td>
</tr>
<tr>
<td>Casualty</td>
<td>A person killed, admitted to hospital, or injured requiring medical attention as a result of a road crash. Excludes injured persons who do not require medical attention.</td>
</tr>
<tr>
<td>Child car restraint</td>
<td>A device used for restraining a child travelling in a motor vehicle (e.g. baby capsule, baby seat, booster seat etc)</td>
</tr>
<tr>
<td>Crash</td>
<td>Any apparently unpremeditated collision reported to the police which resulted from the movement of at least one road vehicle on a road open to and used by the public, and involving death or injury to any person or property damage. Any one crash can involve more than one road vehicle and result in more than one death or injury.</td>
</tr>
<tr>
<td>Driver</td>
<td>Any person in control of a car, truck, tractor or bus. Includes person in control of a motorised wheelchair. Does not include persons in control of a motorcycle, moped or bicycle (see Rider).</td>
</tr>
<tr>
<td>Fatal crash</td>
<td>A road crash where at least one person died within 30 days of a crash as a result of injuries sustained in the crash. The crash must occur on a road open to and used by the public, and involve a vehicle, which was in motion. It cannot be an ‘Act of God’, an act of deliberate intent, or as a result of prior event such as heart attack.</td>
</tr>
<tr>
<td>Fatality</td>
<td>A person who dies from injuries sustained in a road crash, within thirty days of the road crash.</td>
</tr>
<tr>
<td>Helmet</td>
<td>A protective device worn on the head to prevent injuries in the event of a crash. Bicyclists are required by legislation to wear a helmet that meets Australian Standards.</td>
</tr>
</tbody>
</table>
### Information for road safety education

<table>
<thead>
<tr>
<th><strong>Hospitalisation</strong></th>
<th>A person admitted to hospital as a result of a road crash and who does not die from injuries sustained in the crash within 30 days of the crash.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Killed</strong></td>
<td>A person who died from injuries sustained in a road crash within 30 days of the crash.</td>
</tr>
<tr>
<td><strong>Lap sash belt</strong></td>
<td>See Restraint</td>
</tr>
<tr>
<td><strong>Passenger</strong></td>
<td>A person other than the driver, travelling in or on a car, truck or bus. Does not include motorcyclists or bicyclists.</td>
</tr>
<tr>
<td><strong>Pedestrian</strong></td>
<td>A person on foot or a person on skates, child’s tricycle, wheelchair, roller blades, scooter, or other unpowered vehicles (not including bicycles). Includes a person who has just alighted from a vehicle. Does not include a skateboarder.</td>
</tr>
<tr>
<td><strong>Restraint</strong></td>
<td>A device designed to hold a person within the body of a vehicle and limit movement during a crash, thereby reducing severity of injury. Includes inertia reel and fixed lap or sash seat belts, and child restraints such as a rearward facing baby seat, forward facing toddler seat, booster or normal car seat. The device must meet the relevant Australian Vehicle Design Rules and the Australian Standards. Drivers and passengers of vehicles must wear restraints.</td>
</tr>
<tr>
<td><strong>Rider</strong></td>
<td>Any person in control of a motorcycle, moped, bicycle or animal.</td>
</tr>
<tr>
<td><strong>Road toll</strong></td>
<td>Count of fatalities resulting from road crashes.</td>
</tr>
<tr>
<td><strong>Road user</strong></td>
<td>Includes driver, passenger, motorcyclist, bicyclist and pedestrian.</td>
</tr>
<tr>
<td><strong>Seatbelt</strong></td>
<td>See Restraint</td>
</tr>
<tr>
<td><strong>Serious casualty</strong></td>
<td>A person killed or hospitalised as a result of a road crash.</td>
</tr>
<tr>
<td><strong>Serious crash</strong></td>
<td>A road crash which results in a fatality or hospitalisation.</td>
</tr>
<tr>
<td><strong>Vehicle</strong></td>
<td>Device upon which, any person or property, may be transported or drawn upon a road. Includes bicycles, skateboards and animal transport such as horses.</td>
</tr>
<tr>
<td><strong>Wheeled device</strong></td>
<td>Device other than a bicycle e.g. scooter, skateboard, inline skates.</td>
</tr>
</tbody>
</table>
We have been learning about resilience in our health education classes. Resilience is the ability to ‘bounce back’ from stress and adversity in order to lead a healthy and full life. Young people who are resilient are less likely to become involved in long term drug abuse, bullying, violence and suicide. (Fuller, 2001)

To help your teenager become more resilient we have been practising the Five skills of resilience in class. These skills help us through every day problems and help us communicate well with other people.

The Five skills of resilience are:

1. **Helpful and positive thinking** – using positive self talk, using humour, thinking ‘what’s wrong with this situation?’ not ‘what’s wrong with me?’ or ‘why me?’.
2. **Resourcefulness** – practising predicting and solving problems; making good decisions; setting goals; being persistent.
3. **Understanding emotions** – being able to control your feelings and behaviour and read how others are feeling so you can get along with them.
4. **Relationship skills** – knowing how and who to talk to when you need help or have a problem; knowing how and when to tell someone how you feel; and being able to sort out disagreements.
5. **Self-understanding** – knowing your strengths and limitations; knowing what you value; being able to show courage and reflect on your actions.

Ways to help your teenager develop these skills:

- **Helpful and positive thinking** – encourage your teenager to:
  - look on the bright side of things

- **Resourcefulness** – encourage your teenager to:
  - think things through before acting
  - stick at something even when the going gets tough (i.e. set goals)
  - problem solve in tricky situations and sort things out themselves
  - predict difficult situations and plan pleasant events.

- **Understanding emotions** – encourage your teenager to:
  - express their feelings and do the same yourself
  - identify situations that make them feel angry, worried or helpless
  - talk about ways of dealing with these feelings and reading these feelings in other people.

- **Relationship skills** – encourage your teenager to:
  - to talk to you or someone else about their problems
  - talk about alternative solutions to problems
  - find a solution to arguments that is fair, takes into account both points of view and doesn’t harm the relationship
  - seek help in social situations that are getting out of hand.

- **Self understanding** – encourage your teenager to:
  - reflect on what went wrong when they make mistakes
  - accept that they, along with everyone, are imperfect
  - do things outside their comfort zone
  - keep trying, even if they have not succeeded
  - stand up for their beliefs or values in social situations
  - ignore put downs
  - take up diverse interests
  - celebrate milestones and successes.

Thank you for playing a vital role in your teenager’s drug education.
Parent and student information sheet

Tobacco – be smart, don’t start

Did you know that children who live in houses with people who smoke:

➤ are more likely to be at risk of asthma, ear infections, and Sudden Infant Death Syndrome (SIDS)?
➤ are twice as likely to smoke as children whose parents don’t smoke
➤ inhale about the same amount of nicotine as if they were smoking 60-150 cigarettes a year.

Smoking is more addictive than heroine, cocaine or alcohol and one in two recreational smokers will become addicted.

About 85% of WA adults don’t smoke. Five percent of WA 12–15 year-old students are current smokers, however, young people often overestimate this figure and also think that smoking is a normal adult behaviour.1

The younger a person starts smoking, the more likely they may become regular adult smokers. More than 90% of Australians who smoke began as teenagers, many as young as 12 years of age. Research shows that parents can protect their children from smoking.

Moving from primary to secondary school is a period when young people are at greatest risk of taking up or experimenting with smoking. While 1.6% of 12 year-olds WA students are current smokers, this figure is 9.9% by the time young people reach 16 years.1.

Girls aged 14-17 years are also slightly more likely to experiment than boys the same age.

You might like to rate yourself on the following attitudes and habits that can help your teenager remain a non-smoker:

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<td>Do you talk to your teenager about the harmful effects of smoking?</td>
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<td>Do you have a smoke free house or rules about smoking in your home?</td>
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<td>Do you make your teenager aware that most people don't smoke?</td>
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<td>Do you make sure you tell your teenager you don’t want them to smoke, even if you smoke yourself?</td>
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<td>If you smoke, have you explained to your teenager what you think about smoking or how hard it is to quit?</td>
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<tr>
<td>Do you limit your teenager’s access to tobacco products?</td>
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5% of WA 12-15 year old students are current smokers.

Smoking is more addictive than heroine, cocaine or alcohol and one in two recreational smokers will become addicted.

The younger a person starts smoking, the more likely they may become regular adult smokers.

Thank you for playing a vital role in your teenager’s drug education.
Remember, if you think your teenager may have experimented with smoking, it is important not to lecture them about it, but make it clear that you don’t approve of smoking and that you will support them to not try it again or stop smoking.

The good news is that the longer your teenager delays trying smoking, the more likely it is they will remain smoke-free and healthy. Lots of kids who try cigarettes don’t go on to be regular smokers.

You are a powerful influence on your teenager’s decision to smoke. Here are some tips that may help you be a positive influence:

• encourage your teenager to make his/her own decisions
• be consistent with your family discipline
• be a healthy example, don’t smoke. If you do smoke, quitting will have a huge influence on your teenager’s attitude to smoking
• make your home smoke-free, or at least, just allow smoking outside
• don’t ask young people under 18 years to buy cigarettes for you as this is illegal
• talk to your teenager about why they think some young people choose to smoke (e.g. being part of a group, a sign of independence, looks cool) and talk with them about ways to achieve these things without smoking
• when you see people smoking, talk to your teenager about how easily people become dependent on smoking and about the positive aspects of being a non-smoker such as saving money, no smelly hair or clothes, greater fitness level.

For advice or support about smoking or quitting, call the WA Quitline on 131848 or visit www.quitwa.com

Other useful resources:

OxyGen – Resources for young people on smoking - www.OxyGen.org.au

Smarter than Smoking - smart@heartfoundation.com.au or (08) 9388 3343

Reachout – helping young people help themselves - www.reachout.com.au


1 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
Some facts about teenage alcohol use

➤ Alcohol is the most commonly used recreational drug by 12–17 year-old WA students. Sixty five percent drank alcohol in the last year. Alcohol use increases with age with the highest percentage of students using alcohol being 16 year-old students (89%).

➤ Approximately 27% of 12–17 year-old WA students drink at ‘at risk’ levels (more than 7 standard drinks for males and more than 5 standard drinks for females on any one day).

➤ Girls are more likely take part in ‘at risk’ drinking than boys (30% v 24%).

➤ Parents are the most common source of obtaining alcohol for young people and the family home and friend’s homes are the most common places for drinking to take place. ¹

You can play a big role in teaching your teenager about alcohol. Studies show that parents and families are strong influences in what young people think about alcohol and how they use it.²

Resilience and drug abuse

Young people who are resilient or are able to bounce back from stressful experiences are less likely to become involved in long term drug abuse, including alcohol abuse.³ You can help your children develop resilience by encouraging:

• them to make their own decisions and solve their own problems
• a sense of belonging to family and community through hobbies or sports
• them to look on the bright side of situations and have a laugh
• high but realistic family expectations
• extended family or other adult role models to take an interest in your teenager
• their school activities and taking an interest in other things that are important to them
• them to stay at school or TAFE.

Ways to reduce the harm of alcohol

Socialising with friends is a normal and important part of growing up for teenagers. Parents are often concerned about harms that may result from their teenager’s or other people’s alcohol and other drug use. Here are some tips for parents to reduce these harms:

• if you drink, remember that you’re a role model
• if you don’t drink, talk about why you don’t

Did you know that …

➤ it’s illegal for young people under the age of 18 to drink, buy or obtain alcohol in a public place or on licensed premises?

➤ while it is not an offence to serve alcohol to minors in your home, you are liable if an accident occurs as a result of alcohol being served?

➤ it’s illegal to drive a car with a blood alcohol concentration (BAC) of more than 0.05% (or 0.0% for P plate drivers)?

➤ the best way to stay safely below 0.05% BAC is for
  • men – to drink no more than two standard drinks in the first hour and no more than one every hour after that
  • women – to drink no more than one standard drink every hour?

➤ the recommended alcohol limits for low health risks are:
  • men – no more than 4 standard drinks per day
  • women – no more than 2 standard drinks per day?

(There are no safe limits for teenagers under 18.)

Alcohol is the most commonly used recreational drug by 12–17 year-old WA students.

About 27% of 12 – 17 year-old WA students drink alcohol at an ‘at risk’ level.

Parents are the most common source of obtaining alcohol for young people.

Parents have a ‘duty of care’ and are considered liable for any outcomes that may result from alcohol and other drug use in their home.

Thank you for playing a vital role in your teenager’s drug education.
Parent and student information sheet
Alcohol and your teenager

- talk about some of the consequences of binge drinking such as violence, verbal fights, sexual vulnerability/unsafe sex, drink driving and embarrassment
- talk about harms that may result from others’ binge drinking or ways they can avoid binge drinking such as:
  - drinking low alcohol and non alcoholic drinks,
  - drinking slowly
  - not leaving drinks unattended
  - being assertive
  - avoiding topping up drinks and drinking games
  - avoiding driving home with people who have been drinking
  - avoiding walking or riding home if they have been drinking
- talk about the maximum number of drinks (i.e. safer limits of alcohol use) you would be OK for your teenager to drink if you think ‘not drinking’ isn’t a realistic option
- talk about getting home safely from parties and other places where alcohol may be used, before your teenager goes out
- talk about calling you or another responsible adult whenever they feel unsafe or when things get out of hand
- try to limit their access to alcohol
- know where your teenager is and who their friends are
- talk about first-aid and calling an ambulance in an emergency. People have died from alcohol overdoses.

For advice, counselling or information about alcohol call:

**Alcohol and Drug Information Service (ADIS)** – on (08) 9442 5000 (24 hours) or 1800 198 024 (country callers)
or
**Parent Drug Information Service (PDIS)** – (08) 9442 5050 (24 hours) or 1800 653 203 (country callers).

Other useful resources:


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1. 2005 Australian School Students Alcohol and Drug (ASSAD) Survey – Western Australian results
2. Shanahan, P. and Hewitt, N. Developmental research for a National Alcohol Campaign: Summary report, Department of Health and Aged Care, ACT, 1999
Parent and student information sheet
An update on legal and illegal drugs

Did you know that…
➤ apart from analgesics and alcohol, most young people do not use drugs?
➤ use of illicit drugs is very rare among 12-17 year-old WA students and the general adult population?
➤ cannabis is the most commonly used illegal drug used by 12-17 year old WA students with 23% of all students reporting using it at some time in their life?
➤ inhalants (substances such as butane, glue, paint, petrol or thinners) were used by 14% of 12-17 year old WA students at some time in their lives? Use of these drugs decreases with age unlike the patterns of use of other drugs, which are more likely to be used by older than younger students.

Percentage of WA students who had ever used any legal or illegal substance in 2005

Talking to your teenager about drugs
Regardless of your knowledge and experience of drugs, you have a valuable role to play in talking with your teenager about drugs. When your teenager is considering whether or not to take drugs, an important issue for them is ‘What will my parents think?’ This means that it’s important to make your position clear about how you feel about all drug use.

The information below may help you talk about drugs with your teenager.

Analgesics (pain killers, Disprin, Panadol, Dymadon, Panadeine, Nurofen)
Analgesics are depressant drugs which mean they slow down the functions of the central nervous system affecting reaction times and coordination. There are three different types: paracetamol, aspirin and ibuprofen. Some products use a combination of these three types or codeine.

Taking more than the correct dose can cause harmful effects to the kidney and liver. Children under 12 should never be given aspirin (Disprin, Aspro Clear) because it can damage their stomach and intestines. Over-use of analgesics can cause stomach ulcers, bad headaches, dizziness, rashes and ringing in the ears.

Alcohol (Booze, grog, piss, squirt)
Alcohol is a depressant drug, which means it slows down the functions of the central nervous system affecting reaction times and coordination. Alcohol is the drug that causes the most harm to
Parent and student information sheet
An update on legal and illegal drugs

young people. Alcoholic drinks vary in colour and taste because of the ingredients used to flavour them.

One standard drink contains approximately 10 grams of alcohol and the body takes about one hour to break down a standard drink. A small amount of alcohol may make you feel relaxed. A large amount may cause nausea, vomiting, coma and even death.

**Tobacco (fags, luengers, smokes, darts)**
Nicotine is the main drug in tobacco and it is a stimulant drug which means it speeds up the functions of the central nervous system affecting blood pressure, heart rate and rhythm and activity in the gut.

Tar is the main cancer causing substance in tobacco which also stains the skin and teeth. A lit cigarette produces carbon monoxide which is absorbed into the bloodstream instead of oxygen. It is associated with heart disease and heart attacks. It is illegal to sell or supply tobacco to people under 18 years of age.

**Cannabis (dope, pot, gunga, mull, yardi, weed, a bong, a joint)**
Cannabis is primarily a depressant drug. It can also have stimulant and hallucinogenic properties in larger doses. Cannabis is the short name for the hemp plant *Cannabis sativa*. Marijuana, hashish and hashish oil come from this plant. Marijuana is the most common form used in Australia and is usually smoked in a joint (hand rolled cigarette) or bong (water pipe).

Cannabis can also be added to cakes, cookies, omelettes and eaten. When cannabis is smoked, the effects are usually experienced quickly. The most common sensations are relaxation, light euphoria, a feeling of happiness and sometimes talkativeness and the urge to laugh.

Larger doses can cause confusion, restlessness, detachment from reality, hallucinations and anxiety or panic. It has been linked with schizophrenia and manic depression in those who are vulnerable to these conditions.

It is illegal to grow, possess, use, sell, supply or drive under the influence of cannabis in Australia.

**Tranquillisers (sleeping tablets, Valium, Serepax, Rohypnol, rohies, bars, benzos)**
Tranquillisers are depressant drugs which mean they slow down the functions of the central nervous system. When used legally, these drugs are used to treat epilepsy, alcohol withdrawal, muscle spasms, depression and insomnia. Some heroin users take tranquillisers when they can’t get heroin or if they are trying to give up. Some amphetamine (speed) and ecstasy users use them to sleep.

Long-term use may lead to dependence, lack of motivation and nausea. When used with other depressants, such as alcohol and heroin, the potential for harm increases. It is illegal to use tranquillisers if they have been supplied without a prescription.

**Inhalants (solvents, volatile substances, glue, paint thinners, nitrous oxide, butane)**
Inhalants are depressant drugs which mean they slow down the functions of the central nervous system. Some users may also experience hallucinations. Inhalants are used recreationally by some young people by ‘sniffing’ or breathing in the gases released from the substance to become intoxicated. Butane, for instance, can be inhaled by directly squirting the fumes from the container into the mouth or by spraying onto a cloth and inhaling. The method of squirting aerosols or lighter fluids directly into the mouth is very dangerous as it can cause death by suffocation.

The effects of inhalants are very rapid. For example, the effects of butane peak within two to five minutes and last from between five to ten minutes. The effect gradually passes within 10 to 45 minutes once ‘sniffing’ stops. Butane use is one of the more harmful of the inhalants.

The common short-term effects of inhalants include euphoria, excitement, restlessness, slurred speech, double vision, weakness, nausea, vomiting, headaches, uncoordinated movements, loss of short-term memory, and possible loss of consciousness from an overdose. In rare cases it can cause heart irregularities (which can be potentially fatal) when excited or under physical stress.

The only control of volatile substances like butane is that the container must include a warning label. Many retailers keep spray paints and butane behind the counter or in locked cabinets. It is against the law to ‘supply inhalants to people likely to abuse them’ under Section 206 of the WA Criminal Code.

**Amphetamines (speed, uppers, MDA, goey, ox blood, dexies, methamphetamine, crystal meth, ice)**
Amphetamines are a group of drugs commonly known as speed. They are stimulant drugs which speed up certain chemicals in the brain. Some amphetamines (dexamphetamines such as Ritalin) are used for medical purposes to treat conditions such as Attention Deficit Hyperactivity Disorder (ADHD). Methamphetamines are more potent than dexamphetamines. They are also known as crystal meth and ice.
Amphetamines bought on the street are manufactured illegally and can be supplied as a white or yellow powder. They can also be sold as tablets or as liquid in capsules. They can be smoked, injected, swallowed or snorted. The effects can last for four to eight hours and the hangover effects can last up to three days.

The short-term effects include hyperactivity, threatening manner, repetitive movements, irregular heartbeat, jaw clenching, teeth grinding, panic attacks and in larger doses hallucinations. Long-term use may cause periods of psychosis and violent behaviour. It is illegal to use, possess, manufacture, supply or drive under the influence of amphetamines.

Ecstasy (eccies, xtc, bickies, pills)
Ecstasy is the name given to methylenedioxy-methamphetamine (MDMA). Ecstasy is usually swallowed and causes a stimulant effect. Sometimes drugs containing no MDMA are sold as ecstasy. This makes it difficult for users to know what they are actually taking. Ecstasy is usually sold as small tablets or capsules. Yellow or white tablets are the most common but many other colours and designs such as pink, purple, blue, speckled and striped have been available. Some tablets also have embossed shapes on them, such as hearts, doves, robins, rabbits and champagne bottles.

The short-term effects include feeling of wellbeing and confidence, overheating and dehydration which can cause muscle meltdown, anxiety, jaw clenching and teeth grinding, insomnia, nausea, poor concentration. It is illegal to use, possess, manufacture, supply or drive under the influence of amphetamines.

Hallucinogens (LSD, acid, trips, magic mushrooms, Datura, angel’s trumpet)
Hallucinogens describe types of drugs that produce hallucinations (i.e. hearing or seeing things that aren’t there). They can be produced synthetically or naturally. The most commonly known hallucinogen is LSD. It is usually sold in small squares of blotting paper with a cartoon picture or motif printed on one side. It can also come in the form of tablets, capsules or pills. These can be many different colours. It is usually swallowed and the effects start within 30-60 minutes and can last up to nine hours.

The short-term effects include intense sensory experience, dilation of pupils, dizziness, distorted sense of time, space and body, panic attacks, nausea, tremors. It is illegal to use, possess, manufacture, supply or drive under the influence of hallucinogens.

Cocaine (coke, crack, Charlie, C, rock, freebase)
Cocaine is a stimulant drug which speeds up the activity of certain chemicals in the brain producing feelings of alertness and reduced fatigue. It usually comes in a powder form and is snorted or swallowed, but can be injected or smoked in the form of crack or freebase, although this is uncommon in Australia.

Short-term effects include feelings of well-being, confidence and alertness, increased blood pressure, heart rate and breathing, reduced appetite, inability to sleep, anxiety and irritability. It is illegal to use, possess, manufacture, supply or drive under the influence of cocaine.

Heroin (smack, white, hammer, beige, horse, skag)
Heroin is a depressant drug that slows down the functions of the central nervous system including breathing and heart rate. Heroin is manufactured from morphine or codeine, which are chemicals in the juice of the opium poppy head. Heroin is stronger and more addictive than morphine or codeine. It comes in a powder form and is usually injected but can be smoked or snorted. The effects usually last from two to four hours.

The short-term effects include pain relief, feeling of wellbeing, shallow breathing, vomiting, sleepiness, loss of coordination and in higher doses, coma and death. It is illegal to use, possess, manufacture, supply or drive under the influence of heroin.

Want to know more?
Contact:
- Alcohol and Drug Information Service (ADIS): 08 9442 5000 (24 hours) or Country callers: 1800 198024
- Parent Drug Information Service (PDIS) – (08) 9442 5050 (24 hours) or Country callers: 1800 653 203
- Quit Line: 13 1848
- www.drugaware.com.au for detailed information about drugs
- www.enoughisenough.com.au for publications that provide facts about alcohol and tips to prevent problems.
Parties and gatherings are a normal part of teenage social life. Just in case hosting a party seems a bit too daunting, here are some tips that could help you and your teenager create a safe and fun party or gathering.

**Before the party**

- Register the party with the local police if you have invited large numbers.
- State start and finish times on the invitations.
- Inform parents via the invitations if alcohol will be served.
- Make it clear that it is ‘invites only’ on invitations and use a check list at the door.
- Have an adult at one main entrance to deal with gate crashers – remember text messages can spread the word fast.
- Plan music, dancing area, food, toilet arrangements and sufficient lighting.
- Lock bedrooms or close off private parts of the house.
- An alcohol and drug free party is the best option, but if not realistic, plan to have alcohol-free and tobacco-free areas.
- Ideally, don’t allow BYO alcohol or if you do keep it in a public place so consumption can be monitored.
- Plan to keep the party contained either inside or in the backyard, not on the street.
- Close off pool areas (if available) and lock side entrances to house.

**At the party**

- Set a good example and don’t drink, smoke, use cannabis or other illegal drugs.
- Provide small plastic glasses rather than encourage guests to drink from bottles or cans.
- Ensure food is available throughout the party.
- Provide a wide range of non-alcoholic drinks available.
- Provide a non or low-alcohol punch or low-alcohol beers.
- Don’t top up drinks.
- Encourage supervising adults to serve any drinks and not serve anyone who appears drunk.
- Contact parents of guests who are intoxicated with alcohol or other drugs or causing disturbances.
- Watch out for teenagers who may be mixing drugs (e.g. alcohol and tranquillisers can fatally depress heart rate and breathing).
- Know first-aid or have someone on hand who does.
- Turn off the music and encourage guests to leave at the time stated on the invitation or the time agreed with your teenager.

**After the party**

- Take possession of car keys from drivers who have been drinking or using other drugs.
- Don’t allow guests who have been drinking or using other drugs to walk or ride home.
- Don’t allow guests to walk home alone.
- Don’t allow guests to drive home with anyone who has been drinking or using other drugs.
- Arrange taxis, sleepovers or contact parents.

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Did you know that…

- in WA, as a host of a party for under 18 year olds, you have a ‘duty of care’ and are considered liable for any outcomes during and after the party, including your guests getting home safely?
- alcohol is the drug that causes most harm at teenage parties and gatherings?
- about 27% of 12 – 17 year-old WA students drink at ‘at risk’ levels (more than 7 standard drinks for males and more than 5 standard drinks for females on any one day)?
- research suggests that parents who give their teenagers no clear limits on appropriate alcohol consumption, can increase the risk of them binge drinking?
- alcohol is the major contributor to road crashes in WA?
Parent and student information sheet

Safer socialising

Safer socialising agreement

Even if you decide you don’t want to host a party or gathering for your teenager, it’s still important to plan ahead and talk with your teenager about rules and agreements that you are both comfortable with when it comes to parties. Sometimes it’s useful to make mutual agreements with your teenager (e.g. ‘I won’t pick you up if I have been drinking’ and ‘I won’t get a lift home with anyone who has been drinking.’)

Here are some possible ideas that you may discuss with your teenager to develop your own safer socialising agreement.

- We will both leave accurate details about our whereabouts when we go out.
- I will not drink alcohol unless we have discussed it prior to the event.
- I will drink an agreed amount and type of alcohol ____________________.
- I will not use illegal drugs.
- I will get home at our agreed time.
- We will both let each other know if our plans change when we are out or we are going to be later than arranged.
- I will only get a lift home with someone I know who has not been drinking or taking drugs.
- I won’t walk home alone or walk or ride home if I have been drinking.
- I can call you if I can’t get a lift home or if I feel threatened or vulnerable when I am out.
- You won’t drive to pick me up if you have been drinking. In this case I call ________.
- We will not start a discussion about what has happened unless we are both calm and not intoxicated.

Want to know more?

Contact:

- Alcohol and Drug Information Service (ADIS): 08 9442 5000 (24 hours) or Country callers: 1800 198024
- Parent Drug Information Service (PDIS) – (08) 9442 5050 (24 hours) or Country callers: 1800 653 203
- Quit Line: 13 1848
- www.drugaware.com.au for detailed information about drugs
- www.enoughisenough.com.au for publications that provide facts about alcohol and tips to prevent problems.
Young people travel more independently as they begin secondary school. They start to go out with friends more, and organise their own way to sports training and after school activities.

Understanding the importance of safe behaviour as a pedestrian, the consequences of unsafe behaviour and knowledge of road rules is essential. Help your teenager to become a safer pedestrian by discussing the following points with them.

- You must use a pedestrian crossing if one is available and you are within 20 metres of the crossing.
- If a pedestrian crossing is not available, you must cross the road by the safest, shortest and most direct route. Jaywalking is an offence.
- If a footpath is not available, pedestrians should walk facing oncoming traffic on the right hand side of the road and as far away from the road edge as possible. This allows you to see approaching traffic and enables drivers to see you. Take care where the view of oncoming traffic is obscured by a curve, trees or crest of a hill.
- Young pedestrians often decide to cross the road before the bus has moved away. A bus blocks the view of approaching traffic and also blocks the view of drivers so they have little time to react in an emergency. Wait for the bus to move away.
- When crossing railway tracks, you must use the provided crossing facilities and follow warning signals.

On the spot fines apply to pedestrians who:
- cross against an amber or red traffic light
- cross against a DON’T WALK sign
- cross the road within 20 metres of a pedestrian crossing
- do not use the most direct route across a road.

Thank you for playing a vital role in your teenager’s road safety education.
Did you know that each year approximately 250 pedestrians are killed on Australian roads and almost eight times that number are seriously injured or require hospital treatment?

It is estimated that alcohol is a factor in about 45% of fatalities amongst adult and youth pedestrians. Analysis of data on pedestrian road deaths indicates that deaths among young males aged 16 to 24 are more likely to involve alcohol than any other age group either male or female.

Thank you for playing a vital role in your teenager’s road safety education.

What can you do to help your teenager get home safely?

• Discuss road rules and set a good example by always using pedestrian crossings and using safe pedestrian behaviours.

• Plan safer routes to school and other destinations.

• Talk about planning ahead and having some ways to deal with situations where they might be at risk. Ask them questions such as ‘What would you do if you miss the last bus home from school or work?’ or ‘What would you do if your mates asked you to play ‘chicken’ with the traffic?’

• Tell your teenager that drinking and walking don’t mix! Statistics show that pedestrians affected by excessive alcohol are more likely to be involved in a road crash.

• Talk to your teenager about getting home safely particularly if they are out night or if they or some of their friends have been using alcohol or other drugs. Agree on how you will help them to get home. It might be an offer to pay for a taxi, pick them up from any location at any time of the day or working out travel arrangements with other parents.

• Talk to your teenager about what to do if they have been drinking and need to get home. Do it now. Set up a ‘getting home safely’ plan. It might look something like this…

**Getting home safely plan**

• it doesn’t matter what time it is, you can ring us and we will come and get you or organise another way home for you

• if you have been drinking we will still get you home safely

• you can ring a taxi and we will pay the fare when you get home

• stay over at your friend’s house but make sure you call and let us know.

Your teenager needs to know what to do if facing this situation. Help them to make safer choices and walk back through the door each night.
Cycling is a healthy transport alternative however safety when cycling is important.

Young people can be at risk as cyclists because they:
- are often independent in their travel
- often travel distances to school, social and sporting events and other activities
- may engage in risk-taking behaviours
- may be influenced by their peers to act unsafely in and around traffic.

A bicycle on the road is a vehicle

Take the time to make sure your teenager understands that cyclists have the same rights and responsibilities as drivers.

Helmets are compulsory

Everyone riding a bicycle, including small children traveling in a bicycle seat, must wear a helmet. Why? In most cycling crashes the cyclist receives injuries to the head. Helmets are designed to cushion the head in the event of a crash. There has been a 70% reduction to head injuries to bicycle riders since the introduction of the bicycle helmet law.

All helmets sold within Australia need to display an Australian Standards mark which means the helmet has been tested and approved. Not all helmets meet this standard so you should check for this mark on the helmet before making your purchase.

Talk to your teenager about the road rules that apply to cyclists or download the *Cycling and the law* brochure at [www.dpi.wa.gov.au/cycling](http://www.dpi.wa.gov.au/cycling)

- Always ride on the left and go with the flow.
- Ride single file.
- Stop at all STOP signs and traffic lights.
- Wheel your bicycle across a crosswalk or at the traffic lights.
- Give way to pedestrians on a shared path.
- Signal before making a left or right turn.
- Maintain your bicycle and helmet.
- Be considerate of other road users.

Thank you for playing a vital role in your teenager’s road safety education.
Under the WA Road Traffic Code 2000, scooters, roller skates and skateboards are classed as wheeled toys if ridden by someone under the age of 12 years, and a wheeled recreational device if the rider is over 12 years.

Encourage your teenager to wear protective guards on knees and elbows. These are designed to protect vulnerable points that research has shown are common points of contact in the event of a fall.

Learning to fall safely is crucial. Tell your teenager if they feel like they’re going to fall:
- bend their knees and get closer to the ground
- fall sideways
- get ready to stop and put the weight onto the heel stop of the skateboard
- fall onto their protective guards.

Where can your teenager ride or skate?
- Scooters, roller skates and skateboards can’t be ridden on any road that has a dividing line or median strip, on a one-way street with more than one marked lane or any road with a speed limit of more than 50kmh.
- They can ride on footpaths and shared paths provided you keep to the left and give way to pedestrians.
- They can not ride on any road during the hours of darkness.
- There are often safe and legal venues either on private property or specifically set aside for scooter riders and skaters. Check with your local council.

Laws your teenager needs to know
- Riders can’t be towed by another vehicle including a bicycle. This applies to both the scooter rider or skater attaching themselves to a vehicle, and the driver and rider of the vehicle allowing them to do so.
- Scooter riders or skaters can’t travel within 2 metres of the back of a motor vehicle for more than a distance of 200 metres.

How injuries occur
- Most injuries occur to the hand, wrist and elbow as the rider tries to break their fall. Protective gear such as elbow and knee pads are a good idea.

While not compulsory, helmets are highly recommended
- Often head injuries occur when riders who have not worn a helmet hit their head on the road, footpath or objects nearby.

Increase visibility in traffic by wearing bright or lightly coloured clothing.

Maintenance
- Just like a bicycle, a rider’s safety can be increased by doing regular checks and maintenance on scooters, skateboards and roller skates.
When learning to drive, your teenager will realise that it involves many skills, not just steering the car.

Learner drivers tend not to adequately scan the driving environment or use rear view mirrors.

There are three areas where a driver needs to scan when driving:
1. up ahead and out to the sides
2. using the rear vision mirror, along the road behind the vehicle
3. using the side mirrors, along the road at the sides of the vehicle.

There are also blind spots where the driver cannot see, even when using the mirrors. To overcome these blind spots, drivers need to turn their head and look over their shoulder.

Thank you for playing a vital role in your teenager’s road safety education.

Please take the time to sit in a vehicle parked in a road with your teenager while they practise using the mirrors and check for blind spots in their field of vision.

- Look down the road. Don’t move your head and keep your eyes still. What can you see straight ahead? What can you see out to the sides?
- Look to the left. Do not move your head only your eyes. What can you see?
- Look to the right. Do not move your head, only your eyes. What can you see?
- Shift your head and eyes in a sweeping movement. Look along the road ahead then to the left and then to the right. This movement is called scanning the driving the environment. What can you see?
- Look in the rear view mirror. What can you see? If you adjust the mirror, what can you see?
- Look in the left and right side mirrors. What can you see? If you adjust the side mirrors what can you see? (You should be able to see half the road and some sky in the mirror and you should be able to just see the side of your car.)
- Ask someone to walk slowly around the car. From the driver’s seat look in the mirrors so that you can always see that person. When do they disappear?
- When do they reappear?
- When the person walks around the car again and disappears from your view do a head check over your shoulder to see if anything is in the blind spot.
Legal driving situations that increase crash risk include:
- driving with peer passengers
- driving at night
- driving in poor weather conditions
- driving on high-speed roads
- driving when tired
- being distracted (e.g. hand-free mobile phones, CD player).

Illegal behaviours that P-plate drivers should never engage in include:
- driving over the Blood Alcohol Concentration (BAC) limit and/or under the influence of other drugs
- driving recklessly (speeding, tailgating)
- talking or sending/receiving an SMS on a hand-held mobile phone.

Did you know
- New drivers have more rear-end crashes than experienced drivers so always stay well behind the car in front especially if it’s slippery and wet?
- About one in five young driver crashes involve cars running off the road as single car crashes? These crashes are usually caused by new drivers who are either too tired, going too fast or take a corner too fast.

Thank you for playing a vital role in your teenager’s road safety education.

As a parent you need to recognise that:
- you are the major influence on the driving behaviour of your teenager
- a young person can reduce their crash risk by about 30% if they practise for 120 hours with a supervisor before driving on P-plates
- the most important factor in P-plate crashes is inexperience combined with certain driving situations, not just risk-taking/personality. Therefore EVERY P-plate driver is at risk – not just hoons
- P-plate drivers are more likely to be involved in a fatal crash at night due to inexperience and reduced visibility. Limiting night time driving is an effective way to reduce crash risk
- occasionally supervising (being a passenger) with your new P-plate driver is a good way for him/her to gain experience in high-risk situations and to ensure that he/she still has good driving habits
- driving with a car full of passengers can increase the fatal crash risk by up to four times compared with driving alone. As the number of peer passengers increases, so does the fatal crash risk.

Talk to your teenager about:
- the importance of being a responsible driver and a responsible passenger
- not getting rides from peers, especially if there are going to be other peer passengers in the car
- the risks of being distracted and set up strategies to avoid risks including switching off mobile phones while driving
- slowing down when it is wet and to drive based on the conditions
- ways to avoid drink driving such as ringing you to get a lift home, or using public transport and taxis.
Tobacco and the law in Australia

The Tobacco Products Control Act 2006 was introduced to reduce smoking and its harms to Western Australians, particularly young people. Some of the laws from the Act are outlined below.

**Tobacco laws about advertising**

In Australia, tobacco advertising is not allowed on TV, radio (since 1976), newspapers and magazines (since 1992). In Western Australia, tobacco advertising is also banned from the point of sale, that is at the shop or deli where cigarettes are sold. The display of products at the point of sale must take up no more than one metre squared, and the shop or deli must provide a warning about the damage that smoking can do to people’s health.

It is also illegal to promote the sale of cigarettes with a competition or special offer, such as a chance to win a holiday if you buy a certain brand of cigarettes or receive a free lighter with your purchase.

Tobacco companies are no longer allowed to sponsor sports, arts or horseracing events with tobacco advertisements. Healthway (Western Australian Health Promotion Foundation) was set up to replace these tobacco sponsorships and to promote health messages.

For example, Western Australia’s junior football is sponsored by Healthway to promote the Smarter than Smoking message.

Tobacco companies can also be fined for false or misleading statements on health effects or harm caused by tobacco. For example, tobacco companies cannot claim that a product is ‘light and mild’, implying that it is less harmful to your health.

**Tobacco laws about selling cigarettes and tobacco products to young people**

In Western Australia, all retailers and wholesalers selling cigarettes and tobacco products must have a licence.

If licensed retailers and wholesalers break the law relating to the sale, supply and display of tobacco products they can lose their licence.

It is illegal for anyone to sell or supply a tobacco product to a person less than 18 years of age. This includes shops that sell cigarettes to children and people who give them to, or buy them on behalf of, children. Even if a child has written permission from a parent to buy cigarettes on the parent’s behalf, a shopkeeper can still be fined under the Act for selling cigarettes to the child.

**REMEMBER – Children who ask adults or retailers for cigarettes are asking that person to break the law.**

The penalty for selling or supplying a child with a tobacco product is up to $10,000 for a person’s first offence and $20,000 for offences after that. Retailers or wholesalers can be fined up to $40,000 for a first offence and $80,000 after that.

Vending machines that sell cigarettes are only allowed in licensed premises.

It’s also illegal to sell cigarettes individually or in packs of less than 20 and to sell confectionery and toys that resemble cigarettes.

**Tobacco laws about smoking to protect people from second hand smoke**

In 1999 the Western Australian Health Regulation banned smoking in most enclosed public places such as restaurants and shopping centres.

A total smoking ban in all enclosed public places, including all pubs and nightclubs was implemented on 31 July 2006 (except the International Room at Burswood Casino).

Commonwealth legislation in 1991 also made it illegal to manufacture, import and supply tobacco products that are sucked, chewed or inhaled in Australia.

For more information about the Act, contact the Tobacco Control Branch at the Department of Health on (08) 9242 9633.

**Laws around the world**

In May 2003, the World Health Organization (WHO) adopted the Framework Convention on Tobacco Control, the world’s first global public health treaty. By signing and ratifying the treaty, countries commit to a host of measures designed to reduce the devastating health and economic impacts of tobacco.

Some countries have these measures in place, including Australia, but many countries who have ratified the treaty, need to work towards meeting the requirements of the treaty.

For more information on the Framework Convention on Tobacco Control, go to [www.fctc.org](http://www.fctc.org).

Fact sheet adapted from text supplied by Department of Health, WA.
What's in a cigarette?

Tobacco is grown and sold by many different countries. The largest producers of tobacco are China, USA, the former Soviet States, Brazil and India. Cigarettes are made from the dried leaves of the tobacco plant. The leaves of the tobacco plant are dried by burning trees in ovens. One hectare of trees is needed to dry every hectare of tobacco. That is nearly 5 million hectares of forest each year. When a person smokes they contribute to damaging the environment and they are also damaging their health.

After the leaves of the tobacco plant have been dried they are treated with many different chemicals. Cigarette smoke contains over 4000 chemicals and many of them cause cancer.

When someone smokes a cigarette, they breathe in:

**Tar** – a black, sticky substance that contains many poisonous chemicals such as: ammonia (found in floor and window cleaner), toluene (found in industrial solvents) and acetone (found in paint stripper and nail polish remover). Tar is the main cause of throat and lung cancer. Tar also causes the yellowish brown stains on smokers' fingers, teeth and lung tissue and on the ceilings in rooms where people smoke heavily.

**Nicotine** – the drug in tobacco which contributes to addiction to cigarette smoking. Nicotine is poisonous and has a number of effects on the body. These include: stimulating the nervous system, increasing heart rate, raising blood pressure and making the small blood vessels under the skin shrink, which can cause wrinkles.

**Carbon Monoxide** – a poisonous gas that reduces the amount of oxygen taken up by a person’s red blood cells. This means less oxygen goes to organs of the body and the heart has to work harder.

**Hydrogen Cyanide** – the poison used in gas chambers during World War II. It damages the tiny hairs which act as natural ‘lung cleaners’ in our bodies. As a result, toxic substances can build up in the lungs.

**Metals** – lead, nickel, arsenic (white ant poison) and cadmium (used in car batteries) are among the many metals found in tobacco smoke.

**Radioactive Compounds** – are found in cigarettes and cause cancer.

**Pesticides** – such as DDT, methoprene (found in flea powder) are used in growing tobacco. Other chemicals such as benzene (found in petrol) and naphthalene (found in mothballs) are added when the cigarettes are being made.

Smoking is the largest cause of preventable deaths in the western world. The more cigarettes a person smokes the greater the risk of harm to their body. The chemicals in cigarettes can also harm people who don’t smoke by them inhaling second hand smoke.

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Fact sheet adapted from text supplied by Department of Health, WA.

Visit our web page at www.OxyGen.org.au
WHAT IS A DRUG?
A drug is any substance (with the exception of food and water) which, when taken into the body, alters its function physically and/or psychologically. Alcohol is a drug.

WHAT IS A PSYCHOACTIVE DRUG?
Psychoactive drugs are those which alter mood, thinking and behaviour. Psychoactive drugs can be divided into three main categories:

Depressants: decrease alertness by slowing down the activity of the central nervous system, e.g. alcohol, panadol.

Stimulants: increase the activity of the central nervous system and arouse the body, e.g. caffeine, nicotine.

Hallucinogens: cause the user to hallucinate, e.g. LSD.

Some drugs fall into two of these categories.

WHAT IS ALCOHOL?
The intoxicating ingredient in alcoholic drinks is referred to as ethyl alcohol, ethanol or pure alcohol and it occurs in different amounts in each type of drink. Pure alcohol has no colour or taste. Alcoholic drinks vary in colour and taste because of the ingredients used to flavour them.

Alcohol is produced by fermentation – the action of yeast on liquids containing sugars and starches. It can be called a food, because it provides energy (kilojoules), but it is a poor food because it has no other nutrients such as protein or vitamins. One standard drink of full strength beer (285 mL) or one standard drink of wine (100 mL) contains 10 grams of alcohol and approximately 300 kilojoules (70 calories) each. This is the same as a slice of bread, but with far fewer nutrients. As a rough measure there are approximately 30 kilojoules per gram of alcohol.

There are six basic kinds of alcoholic drinks: beers, cider, table wines, fortified wines, liqueurs and distilled spirit drinks. They differ in their precise chemical composition, the amount of pure alcohol they contain and to a certain extent in their physiological effects on the body. New drinks on the market such as alcoholic colas, soda water and lemonade have a similar alcohol content to beers and ciders.

Alcohol is a powerful drug. It is toxic and can poison the human body if taken in large amounts or with other drugs. Alcohol affects and can damage all the major organs of the body. It is a depressant and acts to slow down the brain and nervous system. In small amounts depressants cause people to become more relaxed and less inhibited. Often they feel more confident and act in a more outgoing manner. This leads many people to wrongly assume that alcohol is a stimulant. Depressants also affect concentration, coordination and the ability to respond quickly. In large enough amounts depressants can cause unconsciousness and death.
Excessive consumption of alcohol causes many diseases, injuries and social problems in Western Australia.

Problems can be defined as either short-term or long-term. Some of these effects are as follows.

**BRAIN SHORT-TERM EFFECTS**
Alcohol acts as a depressant. It slows down the body, causing slurred speech, confusion, blurred vision, poor muscle control and judgement, slower reactions, lack of coordination and sleep disruption.

**STOMACH SHORT-TERM EFFECTS**
Drinking can cause vomiting and diarrhoea.

**LIVER SHORT-TERM EFFECTS**
The liver begins to remove the alcohol from the blood.
Drinking too much alcohol on one occasion can cause a person to do some embarrassing and even dangerous things that can lead to them hurting themselves or their friends. It can result in:

- Vomiting - not a good way to impress a potential girl/boyfriend.
- Violence - such as punching out your best friend.
- Hangover.
- Unplanned sexual behaviour - which could lead to unwanted pregnancy, HIV and other Sexually Transmitted Infections, a bad reputation and social isolation from friends.
- Driving a car when you have had too much to drink.
- Getting into a car driven by someone who has drunk too much.
- Injuries from violence or accidents like falling off balconies.
- Arguing with your best friend.
- Embarrassing yourself.
- Spending more money than you had planned to.
- Coma and death from things such as alcohol overdose, drowning or road crashes.

If you do choose to drink, the following tips will help you to avoid causing harm to yourself or your friends, and reduce the risk of vomiting and dehydration:

- Eat before drinking – and that means a substantial meal, not just potato chips.
- Drink slowly and space your drinks.
- Alternate between alcoholic and non-alcoholic drinks.
- Ask a friend who is not drinking to look after you.
- Don’t drink and drive or get into a car with someone who has been drinking.
- Plan safe transport home in advance.
- Drink at a safe place.
- Drink plenty of water or soft drink – especially if you are playing sport the next day, to avoid dehydration.

NOT EVERYONE DRINKS, BUT IF YOU DO CHOOSE TO, MAKE SURE YOU LOOK AFTER YOURSELF AND YOUR FRIENDS.
WHAT IS A PSYCHOACTIVE DRUG?

Psychoactive drugs affect the central nervous system and alter a person's mood, thinking and behaviour. Psychoactive drugs may be divided into four categories:

**Depressants:** Drugs that decrease alertness by slowing down the activity of the central nervous system (e.g. heroin, alcohol and analgesics).

**Stimulants:** Drugs that increase the body's state of arousal by increasing the activity of the brain (e.g. caffeine, nicotine and amphetamines).

**Hallucinogens:** Drugs that alter perception and can cause hallucinations, such as seeing or hearing something that is not there (e.g. LSD and 'magic mushrooms').

**Other:** Some drugs fall into the 'other' category, as they may have properties of more than one of the above categories (e.g. cannabis has depressive, hallucinogenic and some stimulant properties).

WHY DO PEOPLE USE DRUGS?

People use drugs for a variety of reasons. Young people often use drugs for the same reasons that adults do. Some of these include:

- to have fun
- to gain confidence
- out of curiosity
- to lessen inhibitions
- to celebrate or commiserate
- self-medication to cope with problems
- to relax and forget problems
- to socialise
- as a form of escapism
- to remove personal responsibility for decisions
- to relieve boredom and stress.

Friends, parents, older brothers and sisters and the media can also have some influence over a young person's decision to use drugs.

POLY DRUG USE

Poly drug use occurs when two or more drugs are used at, or near, the same time. Mixing drugs can also occur when a manufacturer combines different drugs to achieve a specific effect or to save money by mixing in cheaper chemicals. This can result in a person combining drugs unintentionally.

The risk of harm is increased if more than one drug is used at a time, especially when drugs of unknown content and purity are combined. This includes mixing over-the-counter drugs, prescription drugs and illegal drugs.

Poly drug use increases the risk of the following symptoms and effects:

- heart rate, blood pressure and body temperature may be exaggerated, which can increase the chance of serious problems occurring;
- overdose; and
- severe emotional and mental disturbances such as panic attacks and paranoia.

EFFECTS OF DRUGS

The experience that a person has when using alcohol or other drugs will be affected by the:

**Individual:** Mood, physical size, gender, personality, expectations of the drug, whether the person has food in his/her stomach and whether other drugs have been taken.

**Drug:** The amount used, how it is used and the strength and purity of the drug.

**Environment:** Whether the person is using it with friends, on his/her own, in a social setting or at home, at work, before or while driving.
### DRUG INFORMATION

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<th>DRUG</th>
<th>DESCRIPTION</th>
<th>SHORT-TERM EFFECTS</th>
<th>LONG-TERM EFFECTS</th>
<th>OVERDOSE</th>
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<tr>
<td><strong>Amphetamines</strong>&lt;br&gt;Speed, Whizz, Ice, Uppers&lt;br&gt;Includes:&lt;br&gt;• Amphetamine Sulphate&lt;br&gt;• Dexamphetamine&lt;br&gt;• Methamphetamine - chrystal, meth, or rock.</td>
<td>• Stimulant drugs that speed up certain chemicals in the brain&lt;br&gt;• Dexamphetamine is used to treat Attention Deficit Hyperactivity Disorder (ADHD). It is swallowed in tablet form or injected&lt;br&gt;• Amphetamines can be swallowed, injected, smoked or inhaled (‘snorted’).</td>
<td>• Hyperactivity&lt;br&gt;• Increased blood pressure, breathing and pulse-rates&lt;br&gt;• Anxiety, irritability, suspiciousness, panic attacks and a threatening manner&lt;br&gt;• Increased energy, alertness, confidence and talkativeness&lt;br&gt;• Reduced appetite, inability to sleep and enlarged pupils.</td>
<td>• Malnutrition&lt;br&gt;• Reduced resistance to infection&lt;br&gt;• Violent behaviour&lt;br&gt;• Emotional disturbances&lt;br&gt;• Periods of psychosis&lt;br&gt;• Tolerance.</td>
<td>Overdose can cause:&lt;br&gt;• strokes&lt;br&gt;• heart failure&lt;br&gt;• seizures&lt;br&gt;• death.</td>
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| **Cannabis**<br>Mull, Pot, Weed, Leaf, Gunga, Marijuana | • Primarily a depressant, can have hallucinogenic and some stimulant properties<br>• Cannabis - dried greenish-brown leaves or flowers<br>• Hashish - brown to black resin<br>• Hashish oil - reddish brown oil<br>• Can be smoked, or cooked and eaten. | • Loss of concentration<br>• Impaired balance<br>• Slower reflexes<br>• Increased appetite<br>• Increased heart-rate<br>• Feeling of well-being<br>• Loss of inhibitions<br>• Confusion. | • Bronchitis<br>• Lung cancer<br>• Dependence<br>• Interference with sexual drive and hormone production<br>• Change in motivation<br>• Decreased concentration<br>• Decreased memory and learning abilities<br>• Schizophrenia and manic depression (bipolar disorder) in those who have a vulnerability to the condition. | There have been no confirmed deaths directly from cannabis overdose. Over a long period of time regular use of cannabis can lead to a number of serious negative health consequences. Combining other drugs, such as alcohol, with cannabis can be very dangerous, particularly if driving or operating machinery. |

<p>| <strong>Cocaine</strong>&lt;br&gt;Coke, Freebase, Crack, Charlie, C, Rock | • Cocaine is a stimulant drug which affects the central nervous system by speeding up the activity of certain chemicals in the brain, producing a feeling of increased alertness and reduced fatigue&lt;br&gt;• Is usually snorted or swallowed, but can be injected or smoked in the form of crack or freebase. Smoking crack or freebase is uncommon in Australia. | • Increased breathing and pulse-rates&lt;br&gt;• Increased blood pressure&lt;br&gt;• High body temperature&lt;br&gt;• Increased alertness&lt;br&gt;• Reduced appetite&lt;br&gt;• Feeling of wellbeing&lt;br&gt;• Enlarged pupils&lt;br&gt;• Anxiety, irritation and suspiciousness&lt;br&gt;• Exaggerated feelings of confidence and energy&lt;br&gt;• Inability to sleep. | • Tolerance and dependence&lt;br&gt;• Aggressive or violent behaviour&lt;br&gt;• Loss of appetite, weight loss and malnutrition&lt;br&gt;• Irritability or emotional disturbances&lt;br&gt;• Restlessness&lt;br&gt;• Paranoia&lt;br&gt;• Periods of psychosis&lt;br&gt;• Auditory hallucinations&lt;br&gt;• Convulsions&lt;br&gt;• Reduced resistance to infection. | Overdose can cause:&lt;br&gt;• increased heart-rate&lt;br&gt;• seizures&lt;br&gt;• hyperventilation&lt;br&gt;• heart failure&lt;br&gt;• respiratory failure&lt;br&gt;• burst blood vessels in the brain&lt;br&gt;• death. |</p>
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| Ecstasy   | Es, XTC, Eccies, Pills, Bickies | • Ecstasy is a derivative of amphetamine and has both stimulant and hallucinogenic properties  
• Tablets or capsules are usually swallowed. Effects begin within 30 minutes and last up to six hours  
• Not designed to be injected. If injected can cause blocked veins, abscesses, blood poisoning and gangrene. | • Overheating and dehydration, which can cause muscle meltdown  
• Excessive water consumption can result in a breakdown of cell structure, which can cause cells to swell, burst and die  
• Feeling of wellbeing and exaggerated confidence  
• Anxiety  
• Jaw clenching and teeth grinding  
• Poor concentration  
• Insomnia  
• Increased pulse rate and blood pressure  
• Hot and cold flushes, sweating  
• Nausea. | • Depression  
• Drowsiness  
• Muscle aches  
• Loss of appetite  
• Insomnia  
• Loss of concentration  
• Irritability. | Overdose usually results from the body overheating and becoming dehydrated, which can cause muscle meltdown and possible death from failure of major organs such as liver or kidneys.  
Overdose may also occur from excessive water consumption and retention, leading the body’s cells to swell which can result in brain damage and death.  
The risk of overdose increases with a larger dose. |
| Hallucinogens | LSD, Acid, Trips, Mushies, Tabs | • Hallucinogens describe a class of drugs that produce hallucinations.  
A hallucination is an illusion of seeing or hearing something that is not actually there  
• Can be produced synthetically or naturally. The most commonly known hallucinogen is synthetic lysergic acid diethylamide (LSD).  
Natural hallucinogenic chemicals are found in plants such as the peyote cactus (mescaline) and some mushrooms (psilocybin)  
• LSD is usually swallowed. Effects start within 30 to 60 minutes, peak in three to five hours and last from nine to 24 hours  
• Mescaline can be chewed or boiled into a liquid and drunk. Effects last from four to six hours  
• Mushrooms can be eaten raw, cooked or made into a drink. Effects last from four to six hours. | • Dilation of pupils  
• Increase in heart-rate and blood pressure  
• Increase in body temperature and sweating  
• Seeing things in a distorted way or seeing things that do not exist  
• Dizziness  
• Drowsiness  
• Nausea  
• Intense sensory experiences - bright colours, sharper sounds  
• Impaired coordination and tremors  
• Distorted sense of time - minutes can seem like hours  
• Varying emotions  
• Distorted sense of space and body  
• Tension and anxiety leading to panic attacks. | • Flashbacks - a spontaneous and unpredictable recurrence of prior drug experience ('tripping') without taking the drug. Flashbacks may occur days, weeks or years after the drug was last taken. They can be triggered by the use of other drugs, stress, fatigue, and physical exercise or for no apparent reason  
• Increased risk of developing severe mental disturbances in those who have a predisposition to the condition  
• Impaired memory and concentration  
• Tolerance  
• Psychological dependence. | While there are no reported cases of fatal overdoses directly from hallucinogens there are still significant risks associated with the use of these drugs.  
When consuming hallucinogens, such as LSD, a person’s perception is affected, which can lead to people placing themselves in risky situations.  
With magic mushrooms it is often difficult to distinguish between them and poisonous look-alikes. Some poisonous mushrooms can cause permanent liver damage or death within hours of being consumed. It is very dangerous to pick and eat wild mushrooms. |
### Heroin

**Hammer, H, Smack, Horse, White, Beige**

- Heroin is a depressant. It affects the body's central nervous system by slowing down the activity of certain chemicals in the brain. This slows down the whole body, including breathing and heart rate.

**Low doses:**
- Shallow breathing
- Nausea and vomiting
- Constipation
- Sleeplessness
- Loss of balance and coordination
- Loss of concentration
- Feeling of well-being
- Relief from pain.

**High doses:**
- Slow breathing
- Pupils narrow to pin points
- Skin cold to touch
- Coma and death.

**Long-term effects:**
- Dependence
- Loss of appetite
- Chronic constipation
- Heart, chest and bronchial problems
- Women often experience irregular periods and are susceptible to infertility
- Men can experience impotence.

**Overdose:**
- Overdose from heroin occurs as a result of the depressant properties of the drug. Heroin can slow a person's heart and breathing rates. This can lead to heart and respiratory failure and in turn to coma and death.

- The risk of heroin overdose generally increases with a larger dose. As the strength and content of street heroin is unknown it can be difficult to judge the dose, increasing the risk of overdose.

### Caffeine

• Caffeine is a stimulant drug. Stimulants increase the body's state of arousal by speeding up the production of nerve impulses, which increases the activity of the brain.

- In its purest form, caffeine consists of bitter-tasting crystals. It is found in many common substances like coffee, tea, cocoa, chocolate, cola-flavoured soft drinks, energy drinks and some medical preparations.

**Low doses of caffeine**
- One or two cups of average-strength coffee can produce mild effects including:
  - Increased alertness and energy
  - Alterations to mood
  - Increased metabolism
  - Elevated blood pressure
  - Increased body temperature
  - Increased urination
  - Increased gastric acid secretion
  - Delayed onset of sleep and shortened sleep time
  - Decreased depth of sleep and decreased amount of dream sleep.

**Large doses of caffeine**
- More than eight average cups of coffee can produce effects such as:
  - Headaches
  - Hand tremors
  - Impaired coordination
  - Nervousness
  - Diarrhoea
  - Delirium
  - High urinary acid levels
  - Restlessness
  - Increased urination
  - Flushed face
  - Insomnia
  - Stomach upsets
  - Muscle twitching

**Long-term effects:**
- Some research has shown links between heavy use (greater than three cups of coffee per day) of caffeine and osteoporosis, high blood pressure and heart disease, heartburn, ulcers, severe insomnia and infertility.

- Pregnant women who consume high amounts of caffeine have increased risk of miscarriage, difficult birth and delivery of low-weight babies.
### Steroids

Anabolic steroids, Roids, Gear, Juice

- Steroids can be prescribed by a doctor to treat some illnesses
- Athletes, body builders and some young people may use anabolic steroids (illegally) to improve their body size or athletic performance
- Anabolic androgenic steroids have two types of effects. Anabolic effects include increased muscle growth. The androgenic component increases the body's male characteristics
- In this table the word 'steroid' refers to anabolic and androgenic steroids.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DESCRIPTION</th>
<th>HEALTH EFFECTS - MALES</th>
<th>HEALTH EFFECTS - FEMALES</th>
<th>HEALTH EFFECTS - MALES AND FEMALES</th>
</tr>
</thead>
</table>
| Steroids | • Steroids can be prescribed by a doctor to treat some illnesses  
           • Athletes, body builders and some young people may use anabolic steroids (illegally) to improve their body size or athletic performance  
           • Anabolic androgenic steroids have two types of effects. Anabolic effects include increased muscle growth. The androgenic component increases the body's male characteristics  
           • In this table the word 'steroid' refers to anabolic and androgenic steroids. | • Shrinking testicles  
• Impotence  
• Testicular cysts  
• Pain when urinating  
• Development of breasts  
• Decreased testosterone production. | • Growth of facial hair  
• Changes in the menstrual cycle (it may stop)  
• Enlargement of the clitoris  
• Deepened voice  
• Decreased breast size  
• Hair growth on the back and bottom  
• Infertility. | • Acne  
• Bloating  
• High blood pressure  
• Liver damage and cancer  
• Increased risk of injury  
• Increased cholesterol level  
• Decreased immune function  
• Increased muscle size and strength  
• Damage to kidneys and heart  
• Insomnia  
• Urinary tract infection  
• Mood changes such as increased aggression and depression. |

### > THE LAW

#### Illegal drugs other than cannabis

In Western Australia, under the *Misuse of Drugs Act 1981*, it is illegal to use, possess, manufacture or supply drugs such as amphetamines, cocaine, ecstasy, hallucinogens and heroin. Offences under this Act carry heavy fines and/or prison sentences. Penalties range from a $2000 fine and/or two years in prison to a $100 000 fine and/or imprisonment for 25 years. A person convicted of a drug offence will receive a criminal record, which can lead to difficulties in getting a job, health insurance, credit or visas for overseas travel.

#### Cannabis

It is against the law to cultivate, possess, use, sell or supply cannabis. It is also against the law to possess pipes and other implements on which there are detectable traces of cannabis.

While the possession of small amounts of cannabis is still an offence it can now be dealt with by issuing a Cannabis Infringement Notice (CIN). If a person receives a CIN and pays the financial penalty or attends a Cannabis Education Session (CES), the person will not be required to appear in court and will not incur a criminal record.

**The Cannabis Infringement Notice (CIN) Scheme**

The Cannabis Infringement Notice (CIN) Scheme enables police, at their discretion, to issue an infringement notice for possession of small amounts of cannabis. People who receive a CIN will be required to pay a financial penalty within 28 days, complete a Cannabis Education Session within 28 days or choose to have the matter heard in court.

There is a limit to the number of times within a three-year period that a person who is issued with a CIN may choose to pay a financial penalty rather than complete a CES or go to court. A person who is issued with one or more CINs on each of three separate days within a three-year period will be required on the third and any subsequent occasion to attend a Cannabis Education Session or go to court, and will not be eligible to pay a financial penalty.

If police have relevant evidence, a person found in possession of a small amount of cannabis could still be charged with the more serious offence of possession of cannabis with intent to sell or supply.

People under 18 years-of-age cannot be issued with a CIN under the CIN Scheme. Under the *Young Offenders Act 1994*, young people (aged 10 to 17 years inclusively) who are found growing, in possession of, or using cannabis within the limits set by the CIN Scheme may be cautioned or referred to a Juvenile Justice Team.
The CIN Scheme does not apply to possession by an adult of any quantities of cannabis resin (hash), hash oil, or other cannabis derivatives.

If you would like more information about cannabis or how to access support services in Western Australia, go to the 'More Information' section at the end of this booklet.

**Steroids**

In Western Australia it is illegal to possess, use, manufacture, supply, import or trade steroids without a prescription or licence. Penalties range from a $2,000 fine and/or a two-year prison term to a $100,000 fine and/or imprisonment for 25 years.

Frequent testing of athletes both in and out of competition increases the chance of athletes getting caught and being banned from competition, sometimes for life.

**Caffeine**

Under the Australian Food Standards’ Code, the following regulations apply to caffeine and energy drinks in Australia:

- the caffeine content of cola drinks, flavoured cordials and flavoured syrups must not exceed 15mg/100mL serve and energy drinks must not contain more than 32mg per 100mL.
- energy drinks and caffeineated beverages must carry clear warnings on the label stating that the product:
  - contains caffeine;
  - is not recommended for children, pregnant women or lactating women; and
  - is not recommended for caffeine sensitive individuals.

*(Note: This regulation does not apply to foods containing caffeine.)*

- prior to 1998, the sale of energy drinks in Australia was prohibited.

### > DRUGS AND DRIVING

Effects of drugs on driving ability include the following:

<table>
<thead>
<tr>
<th><strong>STIMULANTS</strong></th>
<th><strong>DEPRESSANTS</strong></th>
<th><strong>HALLUCINOGENS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• give the driver false confidence</td>
<td>• slow the driver's reaction time</td>
<td>• distort the driver's visual perceptions</td>
</tr>
<tr>
<td>• increase risk-taking behaviour</td>
<td>• distort the driver's perceptions</td>
<td>• cause the driver difficulty in judging distances</td>
</tr>
<tr>
<td>• do not necessarily increase driving ability or the driver's coordination</td>
<td>• decrease ability to coordinate the appropriate reaction when driving</td>
<td>• decreases ability to coordinate the appropriate reaction when driving</td>
</tr>
<tr>
<td>• can increase the risk of having a crash.</td>
<td>• can increase the risk of having a crash.</td>
<td>• can increase the risk of having a crash.</td>
</tr>
</tbody>
</table>

In Western Australia, it is against the law for anyone to drive under the influence of a psychoactive drug or with a Blood Alcohol Concentration (BAC) of 0.05% or above. ‘P’ platers are not legally able to drive with a BAC of 0.02% or more. The *Road Traffic Act 1974 Section 63* states that ‘a person who drives or attempts to drive a motor vehicle while under the influence of alcohol, drugs, or alcohol and drugs to such an extent as to be incapable of having proper control of the vehicle commits an offence, and the offender may be arrested without warrant’. Breaking this law carries penalties including disqualification from driving, fines and/or imprisonment. A person convicted of an offence under the *Road Traffic Act 1974* is liable for the following:

**First Offence**

- a fine ranging from $400 to $2,500; and
- disqualification from holding or obtaining a drivers' licence for up to six months.

**Second Offence**

- a fine ranging from $800 to $3,500 or imprisonment for six months; and
- disqualification from holding or obtaining a drivers' licence for up to two years.

**Third or Subsequent Offence**

- a fine ranging from $800 to $5,000 or imprisonment for up to 18 months; and
- permanent disqualification from holding or obtaining a drivers' licence.

*(Note: These penalties are periodically reviewed and may differ from those presented here.)*
> TOLERANCE, DEPENDENCE AND WITHDRAWAL

With regular use, tolerance to and dependence on drugs can develop. Withdrawal symptoms may also be experienced if the drug is reduced or stopped.

**Tolerance:** A person needs more of a drug in order to achieve the same effects they felt previously with smaller amounts.

**Dependence:** Use of the drug becomes central to a person's life, and they may experience withdrawal symptoms if they stop using the drug.

**Withdrawal:** Describes a series of symptoms that may appear when a drug on which a user is physically dependent is stopped or significantly reduced. The withdrawal symptoms vary depending on a range of factors including the drug type and tend to be opposite to the effects produced by the drug. The body is always trying to maintain a state of balance. When the body has become accustomed to the drug for normal function and use is ceased, the body will try to counterbalance for the change producing withdrawal symptoms.

> RELATIONSHIPS

Drug use can lead to social and emotional problems and affect relationships with family and friends. Drugs affect people in different ways. Some people may become depressed, angry, aggressive, sleepy, unmotivated, paranoid, anxious or talkative. These reactions will affect how they relate to other people, such as friends, parents and siblings and may have negative effects on these relationships.

> DRUG USE AND PREGNANCY

Drugs can affect an unborn child. It is safer not to use any drugs during pregnancy unless under medical supervision. Psychoactive drugs cross the placenta (the barrier between the mother's and the baby's blood) so a baby is exposed to the same chemicals as the mother. These chemicals can affect the growth and development of the baby and cause miscarriage, premature birth and birth defects.

It is recommended that women check with their doctor (or other health professional) if they are using or planning to use drugs including prescribed and over-the-counter medicines, while pregnant or breastfeeding.

> COST

The street price of drugs change depending on availability and market trends. The cost of purchasing drugs can lead to financial problems for both occasional and regular users.
> TAKING CARE

Medications should be used as prescribed by a doctor and only by the person for whom they are prescribed.

It is safer not to use illegal drugs. For those who choose to use illegal drugs, the following should be remembered:

- As using illegal drugs can have harmful and unpredictable effects, a person may find themselves in a dangerous situation. If noticeably affected, they should not be left alone.

- If you suspect bad effects, call an ambulance immediately. Don’t delay, you could save a life. The ambulance officers are there to help you. Be sure to describe what drug the person has taken. If the person is unconscious and you know first aid, place them in the recovery position and ensure the airway is clear. If they have stopped breathing, provide Expired Air Resuscitation (EAR). The police are not required to attend unless a death has occurred or the ambulance officers are threatened.

- It is safer not to inject drugs. If someone does inject, they should always use clean equipment (syringe, swab, tourniquet, spoon, glass, filter and sterile water) and should not share equipment. Fitpacks®, which contain clean syringes are available from:
  - most pharmacies;
  - some regional hospitals, health centres and nursing posts; and
  - needle and syringe exchange programs. (For information on opening times and locations of these programs phone the Alcohol and Drug Information Service, contact details are outlined at the back of this booklet.)

- Used injecting equipment should be disposed of responsibly e.g. disposing used equipment into a sharp safe container.

- Don’t drive or operate machinery. These activities can be dangerous while under the influence of drugs.

- If drugs like ecstasy are being used, keep cool while dancing or doing other physical activities. Take regular breaks and wear light, absorbent clothing. Beware of hats as they trap body heat. Drink water, but regulate intake so that not too much is consumed.

> TREATMENT PATHWAYS

There are a variety of treatment pathways available for people with drug-related problems. The drug(s) used and the availability of services as well as the user’s health, desired outcome, support network and unique circumstances need to be taken into consideration. Deciding on the best treatment pathway or combination of pathways is best done in consultation with a drug and alcohol counsellor.

> MORE INFORMATION

For further information on alcohol, tobacco or other drugs not mentioned in this publication call the Alcohol and Drug Information Service or Parent Drug Information Service, or visit www.drugaware.com.au

Alcohol and Drug Information Service
- Access information about drugs confidentially and quickly
- Talk to a professionally trained counsellor about alcohol or other drugs
- Find out about other services.
  - (08) 9442 5000
  - 1800 198 024 toll-free country callers

www.drugaware.com.au
- Access detailed information about drugs
- Find out about the latest hot issues and events
- Post questions and have them answered anonymously by health professionals
- Find links to other useful sites.

Parent Drug Information Service
- Drug information and support for PARENTS and family members
- Talk to a professionally trained counsellor about alcohol and other drugs
- Talk confidentially to another parent for strategies and support
- Find out where to go for further help.
  - (08) 9442 5050
  - 1800 653 203 toll-free country callers

www.enoughisenough.com.au
- Information about what you can do to respond to alcohol-related problems affecting you or your community
- Publications that provide facts about alcohol and tips to prevent problems
- Links to related websites and useful contacts
- A chance to have your say or ask questions.
> PUBLICATIONS AND RESOURCES

A variety of publications and other resources produced by the Drug and Alcohol Office are available by telephoning HealthInfo on 1300 135 030 or by visiting www.dao.health.wa.gov.au

> REFERENCES


CEIDA. 1989. Caffeine. New South Wales: Centre for Education and Information on Drugs and Alcohol.


Hunter, C.E., Lokan, R.J., Longo, M.C. & White, M.A. 1998. The Prevalence and Role of Alcohol, Cannabinoids, Benzodiazepines and Stimulants in Non-Fatal Crashes, Forensic Science, Department for Administration and Information Services, South Australia.


While every reasonable effort has been made to ensure the accuracy of this brochure, no guarantee can be given that its contents are free from error or omissions. The Minister for Health, the Drug and Alcohol Office, the State of Western Australia and their employees and agents expressly disclaim liability for any act or omission occurring in reliance on the information in this brochure and for any consequences of any such act or omission.

Changes in circumstances after the date of publication of this brochure inevitably will result in this brochure becoming outdated in some respects. It is the responsibility of readers of this brochure to keep themselves updated with any changes or developments.
Aggression and driving

www.nhtsa.dot.gov/people/injury/aggressive/unsafe (national survey of speeding and other unsafe driving actions)
www.drnerenberg.com/roadrage.htm (Dr Arnold Nerenberg)

Bicycles and helmets

www.dpi.wa.gov.au/cycling/1515.asp (cycling and other information)
www.bhsi.org (a comprehensive United States web site with information about bicycle helmets, including a report on helmet effectiveness written by Australian researcher Dr Michael Henderson)
www.general.monash.edu.au/muarc (research information and reports from ‘Hazard’ a magazine produced by MUARC on bicycle crashes and helmet wearing)
www.abc.dotars.gov.au (Australian Bicycle Council)

The Big 4

www.atsb.gov.au/publications/2005/When_to_stop.aspx (Do you know when to stop?)
www.officeofroadsafety.wa.gov.au (range of fact sheets and campaign advertisements both film and print)
www.science.org.au/nova/074/074key.htm (driver fatigue - an accident waiting to happen)
www.science.org.au/nova/052/052key.htm (the volatile mix of alcohol and cars)
www.atsb.gov.au/road/newdrivers/topicofinterest (alcohol, drugs and driving)

Consequences of road crashes

www.pbf.asn.au/road/presentations (Paraplegic Benefit Fund Road Program WA)
www.youthsafe.org (initiative of Spinesafe)

Drugs and the media

www.iccwa.org.au

Drugs and sport

www.goodsport.com.au

Drug education – Government websites

www.abs.gov.au
www.dao.health.wa.gov.au
www.redi.gov.au
www.enoughtisenough.com.au
www.det.nsw.edu.au
www.childrenandyouth.wa.gov.au
www.alcohol.gov.au

Drug information for students

www.oxygen.org.au
www.drugaware.com.au
www.quitnow.info.au
www.reachout.com.au
www.kidshelpline.com.au
www.saveamate.org.au
www.adf.org.au
Websites

Drug information for parents
www.meerilinga.org.au
www.ngala.com.au
www.raisingchildren.net.au
www.adin.com.au
www.adca.org.au
www.localdrugaction.com.au

Drug information for teachers
www.adf.org.au
www.ndri.curtin.edu.au
www.sdera.wa.edu.au

Drugs and driving
www.adf.org.au/ (Australian Drug Foundation)

First-aid
http://www.ambulance.net.au (information about first aid and an online first aid course called 'Crash Course' provided by St John Ambulance)

Insurance
www.icwa.wa.gov.au (motor vehicle insurance and in particular Compulsory Third Party)

Interactive road rules test and hazard perception test
www.dpi.wa.gov.au/licensing/learnerdrivers/1465.asp (practise the Learners Permit Theory Test and Hazard Perception Test)

Learners and new/young drivers
www.atsb.gov.au/publications/2005/Teenagers_drink_driving.aspx (Now your teenagers need to know about drink driving)
www.dpi.wa.gov.au/licensing/skills/candidate/assess1.html (information for drivers in Western Australia)
www.lsite.vicroads.vic.gov.au (a learner driver's online resource)
http://keys2drive.com.au (information for learner drivers and their supervisors)
http://free2go.com.au (getting your licence, buying and selling a car and more)

Pedestrians
www.walk.com.au (Pedestrian Council of Australia)
http://safety.fhwa.dot.gov/roadshow/walk (pedestrian safety roadshow)

Road crash statistics
www.officeofroadsafety.wa.gov.au (Western Australian road crash statistics)

Vehicle testing and reports
www.australisasbestcars.com.au (overall reports on new cars)
http://rac.com.au (link to Australian New Car Assessment Program)
www.general.monash.edu.au/muarc (Monash University Accident Research Unit)
http://howsafeisyourcar.com (reports on vehicle safety)
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National Institute on Drug Abuse, Preventing Drug Use among Children and Adolescents – A research based guide, 2003


Rethinking drinking: you’re in control, Department of Education, Science and Training, 2004
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*Training frontline workers: young people, alcohol and other drugs*, Department of Health and Ageing, 2004
