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Outcome evaluation of the school drug education project: final report presented to the school drug education and road aware project

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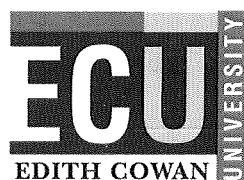
Outcome Evaluation
of the
School Drug Education Project

Final Report Presented to

The School Drug Education and Road Aware Project

Prepared by
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Outcome Evaluation of the School Drug Education Project

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EXECUTIVE SUMMARY

In 2002, Curtin University's Western Australian Centre for Health Promotion Research provided a report which explored the feasibility of a range of options to evaluate the impact of the School Drug Education Project (SDEP) on students' drug use, perceptions of drug-related harm and attitudes towards drug use. Given the difficulties of achieving a prospective design, this proposal recommended comparing retrospective measures of SDEP participation, level of SDEP training and dose of SDEP implementation with Years 8-12 student drug-related outcome data collected from four large Western Australian studies conducted somewhat concurrently with the School Drug Education Project.

It was hypothesised that if the School Drug Education Project has been effective, students exposed to more of the Project's components would have lower drug use, more favourable perceptions of drug-related harm and drug-related attitudes than those who have received less or none.

This report describes our research methods, results, discussion and recommendations from the findings for this impact evaluation of the School Drug Education Project.

The Years 8-12 student drug-related data were sourced from four research projects / studies. These studies were the Smoking Cessation for Youth Project (SCYP) which involved over 4,000 Years 9-12 students from metropolitan government schools; the School Health and Alcohol Harm Reduction Project (SHAHRP), which involved 2,300 Years 8-10 students from government metropolitan schools; the 1999 and the 2002 Australian Student Survey of Alcohol and Drugs (ASSAD 1999 and ASSAD 2002) each with over 3,500 Years 8 -12 students from country and metropolitan, government and non-government schools. These studies had collected data since the commencement of the School Drug Education Project and provided a number of potential measures of the effectiveness of this Project.

Methods

The impact of the School Drug Education Project was assessed by conducting three levels of comprehensive statistical analyses as follows:

- i) *SDEP Participation*: Years 8-12 student outcomes for schools which participated in School Drug Education Project training (SDEP schools) were compared to student outcomes for schools which did not participate (non-SDEP schools);
- ii) *Level of SDEP training*: Years 8-12 student outcomes for schools that participated in School Drug Education Project training were examined according

to the level of training each school received (Option A only, Option B only, combination / more than one training); and

- iii) *Level of SDEP implementation:* Years 8-12 student outcomes for schools that participated in the School Drug Education Project training were compared to determine the level of implementation (dose) of School Drug Education Project strategies obtained from interviews with drug education coordinators in the schools.

The methodology for this impact evaluation of the School Drug Education Project followed six major stages:

Stage 1: The investigators of the available student outcome data sets were contacted and asked to provide copies of the relevant data.

Stage 2: The schools represented in the student data were identified, and their involvement/non-involvement in the School Drug Education Project training mapped.

Stage 3: Using a rigorous theoretical and empirical process, appropriate outcome measures from the different instruments used in the four concurrent studies were identified to be used in the analyses.

Stage 4: Measures of level of implementation of School Drug Education Project components were obtained from interviews with participating schools' drug education coordinators (n=65).

Stage 5: Subsequent to expert review, the interview responses were combined into a representative 'dose' score for each school for the period prior to the outcome measurement.

Stage 6: Finally, after gathering all the necessary information and preparing the data, the analyses were conducted using appropriate statistical methods to control for clustering and account for possible confounders.

Data were analysed using Stata 8. To account for the clustered nature of the data, where possible random effects models (with random intercepts only) were fitted to the continuous outcome variables and random effects (with random intercepts only) binary logistic regression models to binary outcome variables. In some instances the procedure could not estimate the random component of the model and robust estimation utilizing Huber-White sandwich estimators of standard errors was utilized instead. Procedures to fit random effects models to multi-category outcome variables are not established as yet and thus nominal logistic regression models with robust estimation of standard errors were utilized for these outcome variables.

Separate models were developed for the different outcome variables for each of the measures of School Drug Education Project impact for the different year levels using the separate data sets. This resulted in a total of over 200 models. In addition to these models, when the level of dose of the School Drug Education Project was identified as significantly

associated with a particular outcome variable, additional analyses were conducted to determine whether the identified dose effect remained significant once differences between schools were explicitly accounted for. Other variables that may explain differences between students such as: socio-economic status; school size (total number of secondary students in school); geographic area (metropolitan / non-metropolitan); sector (government / independent / Catholic); gender; and the students' exposure to the classroom-components of the SCYP or the SHAHRP intervention were also accounted for in the analyses.

It was not possible to conduct analyses for all year levels for each of the three measures of School Drug Education Project impact due to small numbers of schools in various groups that were to be compared.

Results

Over 200 analyses were conducted in total exploring three measures of School Drug Education Project activity (SDEP participation, level of SDEP training and SDEP dose) on student outcomes from the four studies. The results are summarised below.

Year 8

Analyses for Year 8 students were limited due to data only being available in the ASSAD student outcome data sets. The small sample size and lack of School Drug Education Project training prior to measurement meant only the ASSAD 2002 data could be used for participation analyses.

Students in Year 8 in SDEP schools did not differ to students in non-SDEP schools in their tobacco, alcohol, cannabis, and other illicit drug use, or their tobacco- or alcohol-related attitudes. Students from SDEP schools did, however, perceive greater risk of harm from trying and regularly using a range of drugs.

Year 9

Comprehensive analyses were conducted using all four student outcome data sets to explore the impact of the School Drug Education Project on Year 9 students. A number of differences associated with the School Drug Education Project were found. For the ASSAD 1999 data, SDEP schools reported lower tobacco and cannabis use than non-SDEP schools. SDEP training in the A or a combination of A and B options was associated with less tobacco and alcohol use, and attitudes less accepting of drug use. However, negative outcomes were found for dose, with higher implementation of the School Drug Education Project strategies associated with increased likelihood of alcohol and cannabis use. It is possible that these latter findings are due to school effects rather than the School Drug Education Project.

The ASSAD 2002 analyses revealed participation contributed to an increase in perceptions of harm related to drug use. Compared with SDEP training in Option B, training in both Options A and B was associated with less hazardous alcohol consumption. Schools' engagement in more School Drug Education Project activities impacted positively on smoking behaviour and cannabis use in the previous four weeks. Positive differences were found among SDEP school students using the SCYP data for attitudes to smoking and hazardous alcohol use, and using the SHAHRP data for alcohol-related harm, compared with those in non-SDEP schools.

Thus for Year 9 students, their school's participation in the School Drug Education Project and more intensive training of staff were associated with positive results for a range of student outcome variables, particularly in the earlier period (i.e. in 1999) of the School Drug Education Project. However, dose analyses indicated some negative results for higher levels of dose in 1999, whilst there were some positive results for Year 9 students in 2002 in schools with higher reported levels of implementation.

Year 10

Each student outcome data set allowed analyses to be conducted for Year 10 students; the ASSAD 1999 and ASSAD 2002 studies, the SCYP study in 2000, and SHAHRP study in 1999. The data from the ASSAD 1999 study revealed participation impacted positively on attitude to alcohol use. SDEP dose scores were not correlated with any student outcomes.

Participation in the School Drug Education Project was not correlated with the ASSAD 2002 student outcomes, however higher levels of SDEP training (Option A or Options A and B) were related to attitudes less supportive of alcohol use and lower use of alcohol, cannabis and other drugs. SDEP dose may have been negatively associated with hazardous alcohol use, i.e. students from schools implementing more strategies may have been more likely to use alcohol in a hazardous manner. However, it cannot be ascertained if the effects are due to involvement in the School Drug Education Project or whether the difference represents an underlying school-based effect.

No associations were found in the analyses conducted with the SCYP Year 10 student outcome data for School Drug Education Project participation, training or dose. Participation in the School Drug Education Project was however, correlated positively with lower alcohol-related harm in the SHAHRP dataset.

In summary, the majority of analyses conducted on Year 10 students indicated no effects as a result of their school's involvement in the School Drug Education Project. The only exception was for students in 2002, where higher levels of staff training in the School Drug Education

Project were positively associated with more favourable outcomes for alcohol and illicit drug use.

Year 11

Only data from the ASSAD 1999 and ASSAD 2002 studies were analysed for Year 11 students. Analyses of the ASSAD 1999 data set revealed a number of negative outcomes related to students from SDEP schools: higher recent alcohol use (within the previous four weeks); more accepting attitudes of alcohol use; higher cannabis use in the last 12 months; and a lower perception of harm related to drug use. Contrary to this, analyses of the ASSAD 2002 data indicated students receiving greater SDEP dose were less likely to have used illicit drugs (other than cannabis).

As stated, limited analyses were possible for Year 11 students. Results from the earlier period of the School Drug Education Project (1999) indicated that Year 11 students in schools that chose to participate in the School Drug Education Project, reported significantly more negative outcomes than those in schools that did not choose to participate. In the main, level of implementation of School Drug Education Project strategies did not impact on Year 11 outcomes, in 1999 or 2002.

Year 12

Three student outcomes data sets were used to assess the impact of the School Drug Education Project on Year 12 students. Contrary to expectations, the analyses of the ASSAD 1999 data showed that school participation was correlated negatively with students' smoking categories. However, analyses of the ASSAD 2002 data indicated greater engagement in School Drug Education Project activities was associated with lower smoking consumption categories and attitudes more restrictive of alcohol consumption. Results from the SCYP data for 2002 indicated that more restrictive attitudes towards tobacco use were related to greater SDEP dose, after accounting for significant school effects.

As for Year 11 students, only very limited analyses were possible for Year 12 students, most of which indicated non-significant effects of the School Drug Education Project. However some instances of positive results were observed, with higher levels of implementation associated with less tobacco use and less accepting attitudes to tobacco and alcohol use, after accounting for possible school effects.

Limitations

Interpretation of the SDEP results presented in this report is complex and should be considered in the context of the major limitations of this study design. *These findings neither categorically support the effectiveness of the School Drug Education Project as positively impacting on drug use, drug-related harm or attitudes towards drug use, nor indicate definitively the project had no impact.*

This seven-year retrospective SDEP evaluation has many limitations, particularly related to sample selection. SDEP participation was demand based and therefore would more likely attract, at least initially, the more enthusiastic and motivated teachers/schools, or schools that have a greater perceived need to address student drug use. The outcome data schools were largely randomly selected, but their use in this SDEP evaluation also introduces some bias.

This evaluation is also limited by the quality of the impact and process data used. While the validity of self-report drug-use related data, as used in this evaluation, has been questioned recent validity studies report high correlations between self-report drug use data and biochemical measures.

The quality of the retrospective process (dose) data relied heavily on knowledgeable / SDEP involved respondents and the quality of their SDEP memories, in some cases from as far back as 1997. Many respondents commented it was difficult to be certain of their responses to the School Drug Education Project questionnaire. These process (dose) data may have overestimated or underestimated the implementation of components of the SDEP. It is also possible that unmeasured variables may be responsible for the intervention effects credited to SDEP. Lastly the findings for this study may have been confounded by other factors occurring outside the SDEP, SCYP, ASSAD and SHAHRP studies.

Explaining these results is not straight forward due to the many threats to the validity of findings in this study described previously. The four studies were not designed to be used as they have been in this evaluation study. Notwithstanding these threats, the findings are not definitive about the impact of the School Drug Education Project on student outcomes. The trend appears to support the School Drug Education Project having a positive impact however, the size of this effect is likely to be small given the large number of insignificant results.

Discussion

The use of the four student outcome data sets has allowed the impact of the School Drug Education Project to be explored on a large number of students. In the four studies data regarding drug use, drug-related harm or drug-related attitudes was collected from students on a total of approximately 20,000 occasions. While these students were approximately

evenly distributed between gender and socio-economic status, the sample is over-represented by metropolitan, government high schools. Only the two ASSAD student outcome datasets contain students from non-metropolitan and non-government schools. The ASSAD 2002 data used in the analyses contained responses from Year 11 and 12 students from only one non-metropolitan school (6% of this sample).

The School Drug Education Project whole school strategies were differentially implemented following training and appeared to primarily address classroom curriculum. The highest mean levels of School Drug Education activity were associated with Year 9 students in 1999; however, a wide range of activity was present in each of the studies and year levels.

The majority of analyses conducted on SDEP participation, level of training and dose indicated the Project had no impact on students' drug use outcomes or attitudes after accounting for school and demographic effects. Approximately 13% (30 of 231) of the analyses conducted indicated positive effects of the Project (e.g. lower drug use, attitudes less accepting of drug use) among students in SDEP schools compared with non-SDEP schools or schools that had received or implemented less of the recommended activities. This can be contrasted with negative results which imply the School Drug Education Project may have increased drug use or contributed to higher levels of acceptance of drug use. Three percent (8 of 231) of analyses indicated negative effects, although some of these analyses were unable to ascertain if the negative effect was due to involvement in the School Drug Education Project or to school effects. In addition, the majority of these results were obtained from Year 11 and 12 students surveyed in the ASSAD study in 1999. The negative effects were not found among students of the same age in the studies conducted in later years. This suggests that 1999 was too early in the life of the School Drug Education Project to have had an impact on older students.

Inherent in the School Drug Education Project's aim of *ensuring that effective drug education is provided in all Western Australian schools* is the belief that effective drug education will result in positive changes in students' drug use behaviours and attitudes. However, the ability of comprehensive school-based interventions, including those that move from controlled experimental settings to wide scale dissemination, to impact on students' drug-use behaviours has been largely unsuccessful. Other research has found that the number of students in each study was inversely associated with effect size. This means that larger trials (those with a greater number of students and schools) were less likely to be successful.

The research question of interest is; how do measures of participation, type of training, and dose of School Drug Education Project presented here compare with those reported in the literature? Unfortunately, direct comparisons with other research cannot be made due to

differences in approaches, aims and design limitations. It would be incorrect to compare the effect sizes of the School Drug Education Project on student outcomes against the effect sizes reported in meta-analyses. The vast majority of studies reported in meta-analytical studies are from controlled trials.

Some authors have argued that drug education efforts would be better invested in curriculum-only approaches rather than more expensive whole-school programs. However, in a large meta-analysis of school-based drug education programs, the largest effect sizes were among those that took a comprehensive approach.

While trends suggest the School Drug Education Project impact may be positive, there appears to be few overall changes. Previous economic analyses of the effectiveness of school drug education suggest that even in the conservative case of intervention effects completely decaying by the time students leave school, lifetime program benefits (predominantly from decreases in tobacco and alcohol consumption) were found to still significantly outweigh the costs of implementing a program. These analyses assume that school drug education has a short-term impact on drug-related behaviours. Translating these findings to the School Drug Education Project is not straight forward as the results presented are only suggestive of an initial impact of the program.

Hence, we may need to consider whether we are expecting too much from the School Drug Education Project if we judge it only by its impact on student drug use. Some researchers suggest that to judge drug education by changes in behaviours is problematic when success in other school learning areas is judged by changes in only knowledge. A program such as the School Drug Education Project is only one important part of a community's response to drug use among young people.

Conclusion

The results of the analyses conducted in this study indicate that schools' involvement in the School Drug Education Project does not appear to have had an impact on students' drug use outcomes or attitudes. Some limited positive results were observed as well as a few instances of negative results. However, these findings are equally likely to have been as a result of a number of alternate explanations than to any impact of the School Drug Education Project, such as effects due to the self-selection of schools to participate in the Project, concerns regarding the quality of implementation data (gathered retrospectively) and statistically significant effects occurring simply due to chance. The study was subject to a number of limitations which place constraints on the generalisability of the findings.

Recommendations

While this research has not provided definitive answers as to whether the School Drug Education Project is effective in reducing students' drug use and impacting positively on their drug-related attitudes, it has provided some important directions for the future. The recommendations are:

Recommendation 1: Collect process measures regarding implementation of the School Drug Education Project

In-depth process measures relating to the implementation of the School Drug Education Project were collected from 1997 to 1999 as part of a previous process evaluation. Since this time few measures regarding the Project's implementation in schools have been collected until the current evaluation (the current evaluation involved retrospective data collection from up to seven years ago). Not only would these measures provide direction to the School Drug Education Project regarding which components have been most successfully implemented, there is some evidence that the collection of such data may act as an impetus for schools to implement the Project with greater fidelity.

These data could also be used in conjunction with future ASSAD surveys to analyse the ongoing impact of the School Drug Education Project, similar to analyses conducted in this research.

Recommendation 2: Provide personalised reports for schools about drug use behaviours, implementation of drug education strategies against normative data

During the interviews to collect process data, school coordinators suggested feedback about levels of drug use and implementation of drug education strategies in their school (similar to the reports provided to schools by the SCYP study) would provide supportive evidence to raise the profile and priority of drug education in their schools. These data would allow schools to assess their students' needs and the initiatives implemented against normative data provided by other schools. Such an approach is consistent with action research in health promotion. This strategy would help schools to develop strategies specific to their individual needs.

Recommendation 3: Review of School Drug Education Project program components

The level of implementation of School Drug Education Project activities appears to have been higher in earlier years of the project. To what degree this reflects enthusiasm generated by the project and its staff, the socio-political environment, expressed needs of schools that engaged in the project earlier or other factors cannot be determined from this research.

Changes in program emphasis on different strategies should be examined to determine which factors were associated with greater implementation. This may involve exploring the strategy priorities of the Project in each year it has been conducted and comparing these with the implementation data obtained for each year. It is possible that some strategies (e.g. school policy development) are associated with higher implementation.

Recommendation 4: Use of evidence-based resources as program components

Two of the student outcomes data sets used in this study were generated from intervention trials conducted in Western Australian schools. Whilst evidence of a positive effect related to the School Drug Education Project was 'patchy' at best, the SCYP and SHAHRP interventions impacted strongly over and above the School Drug Education Project on drug use behaviours and drug-related attitudes. Both these studies were controlled in nature, and therefore, as described above, it is unclear how their effects will translate in a state-wide dissemination process. The adoption of these proven interventions should be considered.

Recommendation 5: Integrate current drug focused interventions with developmental interventions

The School Drug Education Project should explore using developmental approaches as part of its intervention. To date, school drug education efforts have focused on drug use and related attitudes and have resulted in modest benefits, with larger state-wide initiatives less likely to demonstrate success. Developmental interventions take a broader perspective, have a wider range of outcomes and are long-term in nature. Work is required to explore how the School Drug Education Project can focus on developmental approaches as well as more traditional drug education interventions.

Recommendation 6: Measure effects and dose of School Drug Education Project implementation in primary schools

The longer term effects of the School Drug Education Project may not yet be evident given the younger cohort of students who have ideally received better quality drug education from as early as Year 1 would have only recently progressed to secondary school. There is no evidence reported in the literature that proves or disproves that primary school interventions have a long lasting effect. Most published studies have focused on developmental programs. Future evaluations should include measurement of the contribution of the primary school components of the School Drug Education Program.

Recommendation 7: Program sustainability and succession planning for the School Drug Education Project be addressed as part of the dissemination process

To improve the maintenance of the program implementation and ideally institutionalisation of the program, especially as key staff move to other schools, the School Drug Education Project should review the extent to which booster trainings and succession (training) planning can be built into its dissemination strategies.

1 INTRODUCTION

In response to the Western Australian Government's Report of the Task Force on Drug Abuse (1995), the Department of Education and Training Western Australia coordinated the cross-sectoral School Drug Education Task Force, a joint initiative involving the WA Catholic Education Office, the Association of Independent Schools (WA), health agencies, tertiary institutions, school principals and parent organisations. The School Drug Education Project was established to implement the Task Force's strategic plan for drug education in Western Australia. The aim of the School Drug Education Project is to *ensure that effective drug education is provided in all Western Australian schools*. The objectives of the Task Force's strategic plan are to:

- Review and develop **curriculum materials** to provide direction and support for teachers;
- Provide comprehensive **teacher training** in drug education;
- Review and develop **drug education policies** and guidelines to assist schools;
- Encourage **parent and community participation** in the development and implementation of drug education policies and programs; and
- Review and develop strategies to **monitor and evaluate school drug education**.

To disseminate strategies and resources developed to meet the above objectives, three levels of teacher training have been offered by the School Drug Education Project to all Western Australian schools.

Whole School approach for drug education (Option A 1997 - ongoing)

The health committees of schools electing to be involved in this approach are invited to attend professional development days and follow up network meetings organised by the School Drug Education Project team. This model provides an intensive, whole-school approach including teacher development, program development, policy development and the enhancement of supportive school-community links.

Train the Trainer approach for drug education (Option B 1997 - 1999)

In this approach a school nominated one teacher to attend a three-day intensive training and follow up network meeting that enabled them to support other teachers in their school and region to deliver drug education.

Regional School Drug Education Networks (1999 – ongoing)

Sixteen Regional School Drug Education Networks have been established since 1999 and funded to cater for all areas of Western Australia. A Regional Organising Committee (ROC) develops and maintains each network with the fundamental aim of providing ongoing training and support for schools in their region. Trained teachers who have undertaken professional

development with the School Drug Education Project are the predominant members of these committees. Network activities usually include opportunities for teachers to attend 'intensive teacher training' (usually one to three days duration) and/or shorter network meetings and other networking opportunities. The networks also provide a unique link to other relevant groups such as school-based police officers, Community Drug Service Teams and Local Drug Action Groups to provide support to schools.

1.1 Previous evaluations of the School Drug Education Project

Various elements of the School Drug Education Project have been evaluated since the Project began in 1997.

1.1.1 School Drug Education Project Process Evaluation 1997-1999

The School Drug Education Project contracted the Centre for Health Promotion Research at Curtin University of Technology to provide an evaluation of the Project's progress towards the objectives of the Strategic Plan. This evaluation provided a summary of data collected from Western Australian schools about their school drug education activity in 1999. Findings of this evaluation included:

Curriculum

- The School Drug Education Project curriculum materials were reported as being successfully implemented in over 95% of the *Whole School* and *Train the Trainer* approach schools.
- Participants were very satisfied with the quality of the School Drug Education Project Drug Education K-12 Teacher Support Package.
- Limited curriculum time was available in all schools for health education/drug education, especially in Years 11 and 12.
- *Whole School* approach schools were far more likely (ranging from 9% to 32% more likely depending on the principle) to have reported adopting the School Drug Education Principles of Best Practice than the *Train the Trainer* schools.
- Students from *Whole School* approach schools and *Train the Trainer* schools were much more likely to report involvement in skills and values based activities than students from Comparison schools (schools not engaging in School Drug Education Project training), where only knowledge-based activities were reported.

Teacher training

- As a result of the teacher training, both the *Whole School* approach and *Train the Trainer* approach participants reported high self efficacy regarding the use of skills- and values-based activities with students.

- All who attended the *Whole School, Train the Trainer* workshops and Regional Organising Committee intensive teacher trainings found them to be useful and comprehensive.
- *Whole School* approach schools were more actively involved than the *Train the Trainer* approach schools (and Comparison schools) in professional development and network meetings conducted by the Regional Organising Committees.
- Both *Whole School* approach and *Train the Trainer* approach participants demonstrated three times greater awareness of harm reduction (as part of the Western Australian Strategy Against Drug Abuse State Policy) than the Comparison group (teachers in schools not engaging in School Drug Education Project training).
- The *Whole School* approach participants demonstrated significantly higher drug-related utility knowledge (knowledge necessary for behaviour change) than *Train the Trainer* (26% fewer correct answers) and Comparison (14% fewer correct answers) teachers.
- School mail outs were reported to be the most effective method to raise teachers' awareness of Regional School Drug Education Network meetings and training.
- Almost all *Whole School* approach and *Train the Trainer* respondents reported a high level of intent to participate in future network meetings conducted by Regional Organising Committees.
- Regional Organising Committees were found to be more likely to focus on curriculum implementation and less on other aspects of drug education such as policy development. The School Drug Education Project team report that this focus on curriculum was in response to a need expressed by teachers who received the School Drug Education Project Drug Education K-12 Teacher Support Package early in 1999.

Policies

- Compared with the *Whole School* approach schools, *Train the Trainer* approach and Comparison schools were far less likely to instigate any school drug policy development.
- *Whole School* approach schools (79%) were far more likely to report having a written drug policy than both *Train the Trainer* (37%) and Comparison schools (23%).
- School drug education policy development was reported more frequently as being a major priority in *Whole School* approach schools.
- When comparing schools involved in the School Drug Education Project in 1997 and 1998 with 1999 schools it appears policy development increased in *Train the Trainer* schools over a period of two to three years – although not achieving the same level of policy development as *Whole School* approach schools. In *Whole School* approach schools (1997-1999) 79% have a school drug policy; among *Train the Trainer* (1997, 1998) schools 72% have a school drug policy; compared to *Train the Trainer* (1999) schools where 37% have a school drug policy.

Parent and community education

- *Whole School* approach schools (70%) reported being more successful than *Train the Trainer* schools (38%) at involving parents and the community in planning and other awareness raising, as well as teaching and learning activities (home activities).
- Almost no parent and community engagement was found in Comparison schools.
- When comparing schools involved in the School Drug Education Project in 1997 and 1998 with 1999 schools there appears to be some slight decay in effects after two to three years in the use of home activities and the school newsletter to engage parents in drug education. In *Whole School* approach schools (1999) 54% use home activities, 92% use newsletters; two to three years after School Drug Education Project training (*Whole School* approach schools 1997-8 schools' report of activity in 1999) 44% are maintaining this practice in home activities, and 79% use newsletters. Among the *Train the Trainer* schools (1999) - 42% use home activities and 55% use newsletters; two to three years after School Drug Education Project training (*Train the Trainer* schools 1997-8 schools' report of activity in 1999) 30% are conducting this practice in home activities and there is an increase to 63% in the use of newsletters.

Evaluation

- On average *Whole School* approach and *Train the Trainer* schools reported evaluating drug education strategies in 1999, whereas Comparison group schools did not.

1.1.2 Regional School Drug Education Networks Evaluation 2000

The Western Australian Centre for Health Promotion Research at Curtin University conducted an evaluation to monitor the implementation of School Drug Education Project strategies by Regional Organising Committees in 2000. This involved undertaking a cross-sectional survey of organisers (45 committee members) and participants (n=355) of Regional School Drug Education Network activities.

The professional development offered by the 16 Regional Organising Committees has particularly focused on training school staff in:

- the delivery of school health curriculum, in particular the *School Drug Education Project K-12 Teacher Support Package* and *Principles of Best Practice for Drug Education*;
- enhancing the school health environment, in particular the development of a school health/drug policy, whole school activities, student support services; and
- involving the community in drug education, for example links to Local Drug Action Groups, the Police Service and the Community Drug Service Team.

Findings of this evaluation included:

- Further efforts from both the School Drug Education Project and Regional Organising Committees were needed to give greater emphasis to the management and support for school drug education, parent involvement in drug education, links with the community and evaluation of school drug education programs.
- The Regional Organising Committees needed the full support of the central School Drug Education Project team to enable them to maintain, and for some regions increase the level of needs-based professional development offered to school staff. These committees required support in planning professional development for their region and they especially required continued support with ideas for professional development (from the central School Drug Education Project team and information on what other regions are doing) as well as training in how to deliver this professional development.
- All Regional Organising Committees reported changes in the members of their committee each year. The central School Drug Education Project team therefore needed to monitor all committees and provide support when there are such changes in the future if the quality of professional development on a regional basis is to be accomplished. Finally, one committee member raised the concern that 'too much is being pushed back to schools'. The committee member suggested School Drug Education Project, 'controlling group' needed to be mindful that committee members were willing volunteers and their willingness not be 'abused'. This perspective may need to be investigated further to consider how schools and/or committees can be further supported.
- Regional Organising Committees are pivotal to the ongoing success of the School Drug Education Project dissemination strategy. To sustain these Regional Organising Committees they need funded positions or funding for those currently volunteering.

1.1.3 Outcome evaluation of the School Drug Education Project – Phase one, 2002

In 2002, phase one outcome evaluation research was conducted by Curtin University's Western Australian Centre for Health Promotion Research. The research provided information relevant to the School Drug Education Project regarding effective school drug education (literature review) and explored the feasibility of a range of options to evaluate the impact of the School Drug Education Project on students' drug use, perceptions of drug-related harm and attitudes towards drug use.

To investigate the effectiveness of the School Drug Education Project the feasibility of a number of evaluation designs which could be used to determine its impact on student drug use outcomes were proposed. Given the difficulties of achieving a prospective design, a

series of dose-response analyses using existing Western Australian data sets were proposed. This comprised using process measures for implementation ('dose') of the School Drug Education Project to compare with student outcomes ('response'). If the School Drug Education Project has been effective, students who received more of the Project's components should have lower drug use, lower perceived drug-related harm and more favourable drug-related attitudes than those who have received less or none. These recommendations have led to the current (phase two) outcome evaluation of the School Drug Education Project described in detail in this report.

1.2 Outcome evaluation of the School Drug Education Project – Phase two, 2004

This report describes the second phase outcome evaluation of the School Drug Education Project. Four studies were identified as having greatest relevance to the School Drug Education Project, namely the Smoking Cessation for Youth Project (SCYP), the School Health and Alcohol Harm Reduction Project (SHAHRP), the Australian Student Survey of Alcohol and Drugs 1999 (ASSAD99), and the Australian Student Survey of Alcohol and Drugs 2002 (ASSAD02). The data from these studies provided drug-related information for students in Years 8-12 attending a selection of Western Australian government and non-government schools located in country and metropolitan areas. The impact of the School Drug Education Project was assessed by conducting a series of analyses related to participation in, level of training received in and level of implementation of School Drug Education Project strategies by schools for which student outcomes were available. Measures of level of implementation were obtained from interviews with drug education coordinators in the schools.

1.2.1 Data sources used for the phase two outcome evaluation

Four studies in which student outcome data were measured, were utilised in the analyses for this report. Each study had collected data since the commencement of the School Drug Education Project and allowed a number of potential measures of the success of the School Drug Education Project. The four studies are described below.

ASSAD 1999

The Australian Secondary School Alcohol and Drug survey is part of national cross-sectional survey conducted every three years since 1984 to monitor trends in drug use, drug-related attitudes and other health issues. The study randomly samples schools in country and metropolitan areas and from government, independent and Catholic education sectors. Of those invited to participate, 83% agreed and declining schools were replaced such that 50 secondary schools (with enrolments over 100 students) and 32 feeder primary schools were sampled. Year 8–10 students were surveyed in 32 secondary schools and Year 11 and 12 students were surveyed in 18 schools. For a few schools students in Year 8-10 and Year 11

and 12 in the same school were surveyed. Within each secondary school, approximately 50 students from a range of year groups were selected at random to participate. A random sample of year 7 students from feeder primary schools was also selected to participate (to account for secondary school starting a year earlier in some Eastern States). Self-completion questionnaires were collected from 3730 students from August to October in 1999.

School principals provided consent for students to participate and data were collected regarding: demographic information (e.g. Postcode as a proxy of socio-economic status, gender, age); the use of cigarettes, alcohol, marijuana and other drugs; and drug-related attitudes. Reports have been produced by the Department of Health summarising these results [1-3].

ASSAD 2002

The 2002 Australian Secondary School Alcohol and Drug survey continued the three-yearly, national monitoring process. The process of recruitment was identical to the 1999 survey, however 76% of schools initially approached agreed to participate, with others being replaced. In total, 3557 students completed questionnaires responding to many of the same items included in previous questionnaires. The methodology and results are available elsewhere [4, 5].

SCYP

The Smoking Cessation for Youth Project was an intervention trial initially funded by the Western Australian Health Promotion Foundation from 1999 to 2001, then by the National Health and Medical Research Council in 2002 and 2003. Initially 30 government metropolitan schools were randomly selected (with replacement) to participate in the project. Passive parental consent was obtained from parents with 98% of eligible Year 9 students participating. This cohort of over 4000 students was tracked over the subsequent four years and completed up to five follow-up surveys in Years 9, 10 and 12. There was significant attrition ('drop-out') from this cohort.

Self-completion surveys were used to collect data about: demographic information (e.g. postcode as a proxy of socio-economic status, gender, age); the use of cigarettes and alcohol; and cigarette and other drug-related attitudes. Results from this study have been presented at international conferences and in scholarly journals [6, 7].

SHAHRP

The School Health and Alcohol Harm Reduction Project was conducted in two phases, both funded by the Western Australian Health Promotion Foundation, from 1998 to 2000 and 2001 to 2002. This study involved 14 government metropolitan schools randomly selected and assigned to an alcohol intervention versus the Western Australian standard program. A

cohort of approximately 2,300 students was tracked from Year 8 to 12 and a high retention rate of 79% was achieved in the study.

Only the data collected for Years 9 and 10 in the SHAHRP study were used in the analyses for this evaluation of the School Drug Education Project. Since the students in the SHAHRP study were in Year 8 in the first year of School Drug Education Project training (1997), it was not appropriate to use the Year 8 data. In addition the data for Years 11 and 12 were not available to the ECU investigators as the SHAHRP study investigators had not completed their own analyses at the time that the analyses for this evaluation project were conducted.

Information was collected regarding demographics; the use of alcohol, harms related to own and others' use of alcohol; and alcohol-related attitudes. Results have been widely disseminated in the international literature [8, 9].

2 METHODOLOGY

2.1 Introduction

The outcome evaluation of the School Drug Education Project involved a series of analyses. Three measures of a school's involvement in School Drug Education Project strategies were each compared to student outcomes for drug use and drug-related attitudes. The student outcomes were obtained from existing data sets. Three levels of analyses were conducted. Firstly student outcomes for schools which participated in School Drug Education Project training were compared to student outcomes for schools which did not. Secondly student outcomes for schools which participated in School Drug Education Project training were examined according to the level of training the school received (Option A only, Option B only, combination / more than one training). Finally, student outcomes were compared for the level of implementation (dose) of School Drug Education Project strategies obtained from interviews with drug education coordinators in the schools. These 'dose-response' analyses hypothesised that if the School Drug Education Project has been effective, students who were exposed to more of the Project's components would have lower drug use and more favourable perceptions of drug-related harm and drug-related attitudes than those who have received less or none.

The evaluation of the impact of the School Drug Education Project was conducted in six major stages:

Stage 1: The investigators of the available student outcome data sets were contacted and asked to provide copies of the relevant data.

Stage 2: The schools represented in the student data were identified, and their involvement/non-involvement in the School Drug Education Project training was mapped.

Stage 3: A rigorous theoretical and empirical process was followed to identify appropriate outcome measures in the different instruments used in the different studies. These outcome measures would be used in the analyses.

Stage 4: Representatives (usually the drug education coordinator) from schools (n=65) identified as part of the evaluation were interviewed to collect their process data (level of implementation of School Drug Education Project strategies).

Stage 5: After expert review, the interview responses were combined into a representative 'dose' score for each school for the period prior to the outcome measurement

Stage 6: Finally, after gathering all the necessary information and preparing the data, the analyses were conducted using appropriate statistical methods to control for clustering and account for possible confounders. Three different measures of a school's level of involvement in School Drug Education Project activities were used in the analyses.

Each of stages 1-6 of the outcome evaluation of the School Drug Education Project are described as follows.

2.2 Stage 1: Student outcome data sets

To determine the impact of the School Drug Education Project, the first stage of the evaluation involved obtaining the data sets measuring relevant student outcome variables that would be analysed. The following studies provided data for the student level drug-related outcomes,

- the Australian Student Survey of Alcohol and Drugs 1999 (ASSAD99);
- the Australian Student Survey of Alcohol and Drugs 2002 (ASSAD02);
- the Smoking Cessation for Youth Project (SCYP); and
- the School Health and Alcohol Harm Reduction Project (SHAHRP).

Table 1 presents the year levels represented in these student outcome data sets.

Table 1: Year level of students represented in the student outcomes data sets

Data set	Students in Year:
SHAHRP 1998	Year 9
SHAHRP 1999	Year 10
ASSAD 1999	Year 8 Year 9 Year 10 Year 11 Year 12
ASSAD 2002	Year 8 Year 9 Year 10 Year 11 Year 12
SCYP 1999	Year 9
SCYP 2000	Year 10
SCYP 2002	Year 12

The 'owners' of the ASSAD and SHAHRP data sets (the SCYP data set was already owned by the investigators) were contacted to discuss and negotiate the practicalities of conducting this research while protecting their interests and the confidentiality of their data. Both 'owners' agreed to work collaboratively on this project. This process also involved obtaining ethics approval from the appropriate committee at each institution before the data sets were forwarded to the investigators.

Once data were received, the investigators familiarised themselves with the data sets, in particular the key outcome variables to be used (drug use, drug-related harm and attitudes

towards drug use) and items on the study instruments that matched the key outcome variables.

The ASSAD studies included schools from all sectors and areas whereas the SCYP and SHAHRP studies were conducted in metropolitan government schools. In addition, the SCYP and SHAHRP studies were longitudinal, whereas the ASSAD data were cross-sectional. To accommodate these differences between the data sets and ages of students, separate analyses were conducted for each school year level and for each data set for the patterns of drug use and attitudes to drug use.

2.3 Stage 2: School identification and determination of level of involvement

To identify schools for which student outcome data were held, a list of schools involved in the SCYP (1999, 2000, 2002), ASSAD (1999, 2002), and SHAHRP (1998, 1999) studies was mapped to determine the schools from which data were available for the different years under investigation. A total of 104 secondary schools were placed into an Excel database. Of these, 18 schools had data collected by more than one of the three studies.

The School Drug Education Project team were contacted and asked to provide investigators with a database of all schools that had received School Drug Education Project training. This database was used to determine each school's level of involvement in the School Drug Education Project training (if any) for the 104 schools from which student data were collected (by ASSAD, SCYP or SHAHRP). Of these 104 schools, 85 schools were found to have been involved in School Drug Education Project training. The level of participation in School Drug Education Project Training (Option A or Option B) and years of participation (1997-2002) was then obtained from the School Drug Education Project database for the 85 schools for which student data were available. The remaining 19 schools were used in the 'participation vs. non-participation' analyses as non-participants.

Process data were only collected from 65 of the 85 schools. Eleven of those excluded from the process data collection either had student data collected before the School Drug Education Project Training was received or in the same year that the initial training was received. These 11 schools were used in the 'participation vs. non-participation' analyses as non-participants. Eight schools were excluded from all analyses as no one could be contacted who had knowledge of the school's involvement in School Drug Education Project activities for the years under review, or the person contacted did not respond after numerous contact attempts to the interview questions, and one other school had to be excluded as it had closed. The process data were collected with the aim of calculating a dose score measuring level of implementation of the School Drug Education Project to be used in the third level of analyses.

The two other measures of School Drug Education Project involvement, namely participation/non-participation and level of training were determined at this stage. For each data set and each relevant year (1998, 1999, 2000, 2002), the schools contained within the data set were grouped into participating and non-participating schools according to whether they had received School Drug Education Project training in the years prior to the year in question. This information was used in the first level of analyses. In addition, for the participating schools, the level(s) of training undertaken up until the relevant year was identified and these groupings were compared in the second level of analyses.

2.4 Stage 3: Identification of outcome measures

A number of drug-related outcomes were considered as potential measures of the impact of the School Drug Education Project. After extensive discussions by the investigators it was decided to focus on behavioural and attitudinal measures. With regard to behavioural, the impact of the School Drug Education Project on the use of a range of substances, namely tobacco, alcohol, cannabis and illicit drugs, was evaluated. In addition, the importance of assessing influences on both recent use and potentially harmful levels of use, where possible, was recognized.

To determine which items on the questionnaires were most appropriate for each data set, questions or scales within each instrument were matched to the identified outcome measures. In this way, a list of potential outcome variables was compiled for each data set. Although the data from each study were analysed separately, it was necessary to maximise consistency between the study instruments such that questions chosen were worded in such a way as to ensure that the same outcomes were assessed in the analyses. For questions/scales that were the same or where it was possible to obtain the same information from the different studies, the question/scale was included in the final list of outcome variables to be analysed for that study. Where differences existed, the most appropriate question/scale was chosen. For example, it was decided that the behavioural variables used in the SHAHRP instrument would not be included since the questions were phrased in terms of 'usual use' or use in the last 12 months compared with the ASSAD and SCYP instruments which specified use within time periods e.g. 'within the past week' or 'within the last 4 weeks'. In addition, some outcomes were only measured within particular studies. It was only possible to assess potentially harmful levels of use for tobacco and alcohol due to small numbers of students reporting use of illicit substances such as cannabis. After careful review, the outcome measures listed in Table 2 were selected from the data sets for analysis.

Table 2: Student outcome variables

Outcome measure	Variable	Categories / Details	Data set(s)
Tobacco:			
Recent tobacco use	Smoked in last 7 days	Yes / No	ASSAD SCYP
Frequency of smoking	Smoking categories	Never smoked: Those who have never smoked even part of a cigarette. Smoked in past: Those who have smoked in the past (even a few puffs to more than 100 cigarettes – majority have smoked <100 cigarettes) but not in last 4 weeks. Occasional use: Those who have smoked in the last 4 weeks but on less than 3 days in the last 7 days. Regular use: Those who have smoked more than 10 cigarettes ever and smoked on 3 or more days in the last 7 days.	ASSAD SCYP
Attitude to smoking	ASSAD - 9 item scale ^a SCYP - 6 item scale ^a	Mean response on 1-5 scale. Higher scores indicate greater acceptance of smoking.	ASSAD SCYP
Alcohol:			
Recent alcohol use	Alcohol use in last 4 weeks	Yes / No	ASSAD SCYP
Hazardous alcohol consumption	Drank 5 or more drinks on one occasion ASSAD – in past 2 weeks SCYP – in past 4 weeks	Yes / No	ASSAD SCYP
Alcohol-related harm	Number of times student's use of alcohol has resulted in a negative consequence from a list of 17 possible consequences ^a	Never / 1-3 times / More than 3 times	SHAHRP
Attitude to alcohol	8 item scale ^a	Mean response on 1-5 scale. Higher scores indicate greater acceptance of alcohol use.	ASSAD
Cannabis:			
Recent cannabis use	Cannabis use in last 4 weeks	Yes / No	ASSAD
Cannabis use	Cannabis use in last year	Yes / No	ASSAD
Other illicit substances:			
Use of illicit drug(s)	Use of any of: steroids, solvents, amphetamines, ecstasy, cocaine, heroin, hallucinogens or tranquillisers, on one or more occasions in last year.	Yes / No	ASSAD
Perceptions of harm:			
Perception of harm (low level use)	7 item scale Perception of danger to self in doing the following once or twice: getting very drunk, smoking cannabis, trying heroin, LSD, ecstasy, cocaine, amphetamines, or 2+ drugs at the same time.	Mean of 7 items categorised into lower, moderate and higher level of perceived harm.	ASSAD
Perception of harm (regular use)	10 item scale Perception of danger to self in doing the following regularly: smoking 10+ cigarettes every day, getting very drunk, smoking cannabis, trying heroin, LSD, ecstasy, cocaine, amphetamines, sniffing solvents or 2+ drugs at the same time.	Mean of 10 items categorised into lower, moderate and higher level of perceived harm.	ASSAD

^a For details of questions see Appendix 1

Once the questions/scales in the different instruments were identified, detailed discussions by the investigators were conducted to assist in the development of the code needed to prepare the relevant outcome variables in each data set and year level for the analyses.

2.5 Stage 4: Collection of school process data

The series of dose-response analyses (the third level of analyses) relied on process data collected from schools that received School Drug Education Project training since the project began in 1997.

Previous process data had been collected in 1999 from School Drug Education Project schools that had received whole-school (Option A) or train-the-trainer (Option B) training or had been involved with a Regional Organising Committee between 1997 and 1999. These data could not be used in the dose-response analyses as they were incomplete and not all schools from which process data were needed to be collected (for this evaluation) were involved in the project at that time. As a result, process data collected for this study may have repeated some of the data collected in 1999 for schools that were involved since 1997.

Participants and procedure

The School Drug Education Project database listed the name/s of staff member/s who was/were coordinator/s of drug education in their school and who had attended School Drug Education Project training. Their names were entered into Excel spreadsheets which listed the level of training the schools received and the years in which they received it. As these people had received the initial training, they became the primary contact person in the 65 schools from which process data were collected. A preliminary letter (see Appendix 2) was sent to principals outlining the proposed School Drug Education Project outcome evaluation and the need to interview these primary contact staff members in their school to assist with the collection of retrospective data from the school. The staff member whose name appeared on the School Drug Education Project database was named in the letter and it was requested that these people be involved in a telephone interview to discuss the school's involvement in the School Drug Education Project.

The school principal was telephoned to find out if the coordinator whose name appeared in the preliminary letter was still in the school, and to seek his/her permission to interview this coordinator. If the coordinator was no longer in the school, the principal was asked to indicate where this person had moved to (e.g. another school) and if possible, provide contact details for them. The principal was also given the option of selecting another staff member in the school who had some involvement in the School Drug Education Project to complete the telephone interview. The telephone script used during calls to school principals can be found in Appendix 3.

School Drug Education Project coordinators or other nominated staff within schools were contacted after permission was provided by the principal to interview them. Coordinators were asked if they would participate in a 15 minute telephone interview to discuss their school's involvement in the School Drug Education Project and the range and nature of the activities that took place in their school following the training. Whilst most school staff agreed to be interviewed, some did not feel they could respond to questions and so it was necessary to track the whereabouts of these schools' original School Drug Education Project coordinators. Those School Drug Education Project coordinators or nominated staff members from schools that agreed to participate were sent a confirmation letter (see Appendix 4) that outlined and described the interview process.

There were a number of challenges associated with tracking these staff members. In approximately one half of the schools the original School Drug Education Project coordinator had left the school. A number of schools provided forwarding details and coordinators were found, in some cases after contacting two to three schools. A few original coordinators had also either retired or were on leave, and where possible were contacted at their home. However, some schools refused to release this information. In the eight excluded schools it became apparent that when the original coordinator had left the school, they took with them their corporate knowledge of the activities conducted as part of the School Drug Education Project. This made finding an alternative person in the school with the appropriate level of knowledge difficult, and in some cases it was not possible.

Another challenge collecting these process data was the lack of accessibility and availability of high school staff. In a number of schools it was very difficult to contact the coordinators as they were often teaching or unavailable. Due to their busy schedules, many coordinators did not return telephone calls or messages and for some staff, numerous attempts were necessary. The number of times coordinators were called varied from a minimum of two calls to a maximum of 15 calls. On average it took approximately six calls to schools to schedule an interview with the school coordinator.

Instrument development (process data)

The telephone interview instrument was based on the process questionnaire administered to school staff for the 1999 School Drug Education Project process evaluation. The questionnaire items and questionnaire objectives created for the 1999 process questionnaire were examined for their relevance to the process data required for the outcome evaluation. The 2004 process data, school coordinator interview (see Appendix 5) was created based upon the 1999 process questionnaire, and circulated amongst investigators to assess face validity.

The School Drug Education Project team were also sent the interview questions for comments, and feedback was received from Kim Chute on behalf of the School Drug Education Project team. Following several more iterations, the school coordinator interview and objectives were again reviewed in a meeting between the ECU research project team and Kim Chute. During this meeting it was decided that certain items could be excluded from the proposed instrument based on Ms Chute's advice regarding the School Drug Education Project evaluation outcomes. The instrument was pilot tested in a face to face interview with a school coordinator in a remote school. Further changes were made to the instrument based on this interview.

Because the year of training and the level of implementation of drug education activities in a school may vary from year to year, process information was collected for each year of each school's involvement. However, process data were only collected for the year of, and the years preceding the data collection point for each student outcome measure in each of the four student outcome studies (ASSAD99, ASSAD02, SCYP, SHAHRP). Ten versions of the interview instrument were created to tailor its content such that respondents answered questions for only the years for which process data needed to be collected for their school.

Data collection (process data)

Telephone interviews were conducted at a time suitable to the interviewee. The interview questions were forwarded to participants before the interview to allow them time to read through the questions and gather any information that would be required to respond to the questions accurately. Each interview took approximately 20 minutes to complete, however, this varied according to the quantity (number of years) of information being collected and the amount of discussion that occurred between the school coordinator and the interviewer. Interview responses were recorded on a blank interview form by the interviewer. Participants were also asked to complete a preliminary (Part A) interview form (see Appendix 6) containing demographic questions and questions related to the level and timing of School Drug Education Project training received each year as well as the number of staff trained. This information was verified using School Drug Education Project records.

Assigning dose scores

To assess the impact of the School Drug Education Project on student outcomes, it was necessary to measure the level of involvement in the School Drug Education Project of individual schools, and the levels of implementation of various School Drug Education Project components. A 'dose' score as a measure of level of implementation was calculated based on the retrospective process data collected via the interviews with the coordinators. Firstly, scores were calculated for each school for each year from the initial year of School Drug Education Project training. Secondly, the appropriate yearly scores were combined into an

average score for each student year group for the years that the students were in secondary school, as a measure of their total potential exposure to the School Drug Education Project.

The dose values were calculated for each year of involvement as follows. A score was calculated for each of the four components of the School Drug Education Project: management and support; school health environment; school health curriculum and parent community involvement. A number of items were identified within each component as described in Table 3. Points were assigned to each item, in most cases one point per item except as indicated in Table 3. Some of the items used in the calculation of the dose score combined information from more than one question in the interview. Missing data and 'unsure' responses were coded 'no' hence conservatively assuming the activity was not done. If a student year group received no drug education lessons, their whole curriculum score (all 8 points) was scored as zero. Thus students in Years 11 and 12 were assigned a zero curriculum dose since drug education lessons were not taught across these year levels.

Within each component the number of points awarded to each school, according to the activities conducted within the school within that year, was determined and the percentage out of the total possible points in each component calculated. The four components of the School Drug Education Project were assigned a weighting ranging from 1 to 3 (as shown in Table 3) according to their relative importance to the overall project, based on advice provided by the School Drug Education Project team. The percentages for the four components were then combined into one dose score according to the weightings assigned to each component.

Thus for each year that a school was involved in the School Drug Education Project, the school received a dose score obtained as an aggregated total score (as shown in Figure 1) as a percentage of the weighted school drug education activities conducted in that year. For the years prior to involvement in the School Drug Education Project, schools were assigned zero dose scores.

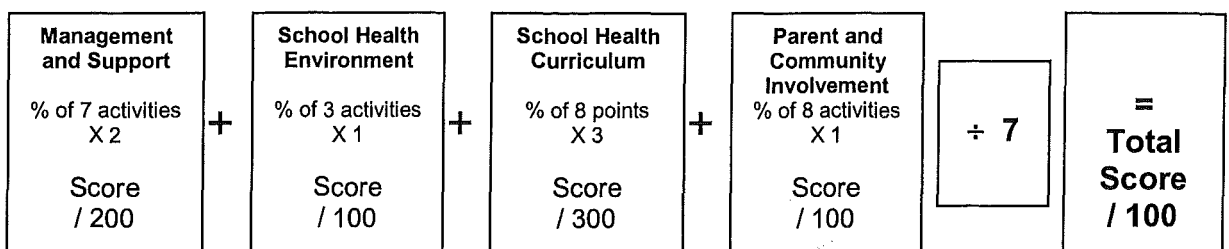


Figure 1: Calculation of aggregate dose score

Once the dose scores for the individual years were calculated, it was necessary to obtain average dose scores for the students in each year level by adding the relevant scores for the years in which the students were in secondary school and then calculating an average dose score that could range between 0 and 100. Thus Year 9 students received a score averaged over two years, Year 10 students a score averaged over three years etc. In some years the students may not have been exposed to the School Drug Education Project as teachers in the school may not have received training yet. Dose scores prior to training were zero. With regard to the year in which the student outcomes were collected, a zero dose score was assigned for the year if it was the *initial* year of School Drug Education Project training or if the drug education lessons were conducted later in the year, i.e. after the measurement of the student outcomes. Non-zero dose scores were obtained for all years from the first year that teachers in the school attended School Drug Education Project training and for which the students were in secondary school.

For example, Year 10 students in the ASSAD 2002 data set in schools whose teachers attended their first School Drug Education Project training in 2000 or earlier received non-zero dose scores for their time in Year 8, Year 9 and for Year 10, if their drug education lessons were scheduled before the ASSAD survey was administered. In comparison, Year 10 students in ASSAD 2002 schools where the first year of training was 2001, would only receive non-zero scores for their exposure in Year 9 and for Year 10 if their drug education lessons were scheduled before the ASSAD 2002 survey was administered. In both cases the final score was calculated as an average over the three years.

The following should be noted with regard to the dose scores. Firstly, the students in a particular year level in a school were all assigned the same dose score according to the school's level of involvement in the School Drug Education Project activities. Thus the same level of dose is assumed for each student in a school regardless of their individual exposures to the activities and assuming the student attended that particular school for every year of their secondary schooling. Therefore the dose scores are a measure of the school's level of implementation of the School Drug Education Project strategies and not a measure of individual students' exposure to the activities i.e. of the dose each student received.

Where coordinators did not respond to a question or did not know the answer to a question on the interview, the school was assigned a score of zero. Hence to some degree, dose was conservatively measured and may have been underestimated. Further, recall bias was introduced when teachers were asked to recall school activities five years prior to the interview. This may have led to overestimation (social desirability bias) or underestimation of implementation of School Drug Education Project activities.

Table 3: Drug education components and weighting for calculation of school 'dose'

School Drug Education Activity:

Management and Support for Drug Education in the School (weighting of 2)

- 1 Implementation of school drug education is a priority
- 2 School administrator is at least moderately engaged in health/drug education
- 3 Health education coordinator identified
- 4 Committee met at least once per term to discuss school drug education
- 5 Adequate (or more) funding is allocated to health/drug education
- 6 Support received from other health teachers in the school to implement drug education strategies
- 7 Support received from other school staff to implement drug education strategies

School Health Environment (weighting of 1)

- 1 School drug policy developed or reviewed in the year or previous year
- 2 Whole school asked to give feedback on drug policy in development/review
- 3 SDEP drug policy guidelines used to develop school's drug policy

School Health Curriculum (weighting of 3)

- 1 Drug education professional development provided for teachers
- 2 Teacher relief provided for drug education training or planning
- 3 Teachers encouraged to use role-play, group work and values education in health/drug education classroom practices
- 4-6 Time allocated to drug education lessons - 3 points: more than 600 minutes of drug education per year. 2 points: 500 – 600 minutes of drug education per year. 1 point: less than 500 minutes of drug education per year. 0 points: none.
- 7,8 Teachers used the SDEP Drug Education Teacher Support Package* – 2 points: used all of package. 1 point: used some of package.

Parent and Community Involvement (weighting of 1)

- 1 Parents encouraged to use home activities from SDEP Drug Education Teacher Support Package *
- 2 Drug education information sent home in the school newsletter
- 3 Parents and community invited to attend drug education information evenings
- 4 Drug policy pamphlet distributed to parents
- 5 Links with community drug service team
- 6 Links with local police or GURD
- 7 Links with local drug action group
- 8 Other parent or community activity

* SDEP Drug Education Teacher Support Package distributed in Term one 1999

2.6 Stage 5: Data analyses

Once the outcome variables were coded and the dose scores assigned to each student year group, the student outcome data were merged with the three measures of the schools' involvement in the School Drug Education Project, namely participation, level of training and dose scores. The merged data for each student year level for each year that student outcomes were measured was extracted from the original four data sets into fifteen separate data sets, five for the ASSAD 1999 data (Years 8 to 12), five for the ASSAD 2002 data (Years 8 to 12), three for the SCYP data (Year 9 in 2000, Year 10 in 2001 and Year 12 in 2002) and two for the SHAHRP data (Year 9 in 1998 and Year 10 in 1999).

Statistical methods

The data were analysed using Stata 8 [10]. In order to account for the clustered nature of the data, where possible random effects models (with random intercepts only) were fitted to the continuous outcome variables and random effects (with random intercepts only) binary logistic regression models to binary outcome variables. In some instances the procedure could not estimate the random component of the model and robust estimation utilizing Huber-White sandwich estimators of standard errors was utilized instead. Procedures to fit random effects models to multi-category outcome variables are not established as yet and thus nominal logistic regression models with robust estimation of standard errors were utilized for these outcome variables.

Three levels of statistical analyses were conducted for the three measures of the impact of the School Drug Education Project. Student outcomes for schools which participated in School Drug Education Project training were compared to student outcomes for schools which did not. Student outcomes for schools that participated in School Drug Education Project training were examined according to the level of training the school received (Option A only, Option B only, combination / more than one training). Student outcomes for schools that participated in the School Drug Education Project training were compared according to the level of implementation (dose) of School Drug Education Project strategies.

Separate models were developed for the different outcome variables for the different measures of School Drug Education Project impact for the different year levels using the fifteen separate data sets. This resulted in a total of over 200 models.

In addition to the above models, when dose of School Drug Education Project received was identified as significantly associated with a particular outcome variable, additional analyses were conducted. The original analysis was repeated, adding school as a predictor into the model in order to determine whether the identified dose effect remained significant once differences between schools was accounted for. If the dose variable remained significant

(whether the school variable was significant or not), this would indicate that a dose effect was present. If the dose variable became non-significant and the school variable was significant this would indicate that the identified effect was due to differences between the schools included in the analysis rather than a dose effect. If neither variable was significant then the dose and school effects could not be separated. The results of these additional analyses are not presented in full.

Other predictors

It is important to control for other variables that may explain differences between students such as: socio-economic status; school size (total number of secondary students in school); geographic area (metropolitan/non-metropolitan); sector (government/independent/Catholic); gender; and the students' exposure to the classroom-components of the SCYP or the SHAHRP intervention. Accounting for these other predictor variables (known as confounders) where necessary in the analyses, eliminates their influence as an alternate explanation for the results that are obtained.

Data on school sector and geographic area were obtained from the ASSAD study and school size from a database with 2001 data for all Western Australian schools obtained from the Department of Education and Training. Socio-economic status was measured by linking the student's home postal code (substituted by the school postcode if unavailable) with the Australian Bureau of Statistics Index of Combined Social Advantage and Disadvantage (2001 Census data). Although the limitations of such an approach to measuring socio-economic status are recognised no alternate means of accounting for this variable was available [11].

Model-fitting process

The importance of controlling for the possible effects of other predictor variables has been stated. To control for such confounding, all variables other than the 'dose' variable, that may impact on the outcome variables, were tested for inclusion in the regression models. Due to the sample size restrictions and adhering to the principle of parsimony, it was desirable to only include in the final models those variables which were of importance. This was especially the case for the categorical outcome variables. The process used to select the variables to be included in the final model was to firstly assess the significance (using an alpha level of 0.10) of each potential confounder against each outcome variable in a bivariate analysis. The identified variables were then all included in a single model in order to assess their importance relative to each other and a backward process of elimination (with an alpha level of 0.05) was used to obtain a final list of significant predictors of the outcome variable. (Thus since the models are not set up to answer questions regarding the importance of the demographic variables as predictors of the student outcomes, it is not possible to assume that a particular predictor variable is not significantly associated with a specific outcome variable because it is not included in the model for that variable.)

The relevant measure of the impact of the School Drug Education Project (either the participation variable, level of training variable or dose variable) was added to the model which already included the significant predictors and its significance determined. Thus the impact of varying levels of engagement in the School Drug Education Project on the outcome measure, accounting for other possible sources of differences between the students, was assessed.

It was not possible to conduct analyses for all year levels for each of the three measures of School Drug Education Project impact due to small numbers of schools in various groups that were to be compared. For example in the ASSAD 1999 data set, no analyses were conducted for the Year 8 students as there were only two schools that at that point had participated in the School Drug Education Project. Tables 4-7 summarise the number of schools and students available for the analyses and where it was and was not possible to conduct analyses.

Table 4: Analyses conducted using the ASSAD 1999 data

Year level	Measure of impact of SDEP		
	Participation	Level of training (Option A and combination compared to Option B only)	Dose
Yr 8	31 schools 29 non-participating 2 participating schools (n=591 students) No analyses conducted*	2 schools (n=36 students) No analyses conducted*	2 schools (n=36 students) No analyses conducted*
Yr 9	31 schools 13 non-participating 18 participating schools (n=587 students) Analyses conducted	18 schools 6 Option A or combination schools# 12 Option B only schools (n=345 students) Analyses conducted	18 schools (n=345 students) Analyses conducted
Yr 10	31 schools 13 non-participating 18 participating schools (n=590 students) Analyses conducted	18 schools 6 Option A or combination schools# 12 Option B only schools (n=340 students) Analyses conducted	18 schools (n=340 students) Analyses conducted
Yr 11	18 schools 8 non-participating 10 participating schools (n= 639 students) Analyses conducted	10 schools 8 Option A or combination schools 2 Option B only schools (n=354 students) No analyses conducted*	10 schools (n=354 students) Analyses conducted
Yr 12	17 schools 8 non-participating 9 participating schools (n= 616 students) Analyses conducted	9 schools 7 Option A or combination schools 2 Option B only schools (n=309 students) No analyses conducted*	9 schools (n=309 students) No analyses were conducted as in five of the schools the students had not received any drug education lessons and there was little variation in the dose scores of the remaining schools.

* No analyses conducted as there were too few participating/Option B only schools.

Five schools had undertaken Option A training only and one school had done both Option B and Option A.

Table 5: Analyses conducted using ASSAD 2002 data

Year level	Measure of impact of SDEP		
	Participation	Level of training <i>(Combination of options compared to Option A only and compared to Option B only)</i>	Dose
Yr 8	27 schools 21 non-participating 6 participating schools (n=493 students) Analyses conducted	6 schools (n=116 students) No analyses conducted*	6 schools (n=116 students) No analyses conducted*
Yr 9	27 schools 8 non-participating 19 participating schools (n=498 students) Analyses conducted	19 schools 5 combination schools 7 Option A only schools 7 Option B only schools (n=355 students) Analyses conducted	19 schools (n=355 students) Analyses conducted
Yr 10	27 schools 8 non-participating 19 participating schools (n=490 students) Analyses conducted	19 schools 5 combination schools 7 Option A only schools 7 Option B only schools (n=338 students) Analyses conducted	19 schools (n=338 students) Analyses conducted
Yr 11	17 schools 2 non-participating 15 participating schools (n= 568 students) No analyses conducted*	15 schools 6 combination schools 6 Option A only schools 3 Option B only schools (n=530 students) No analyses conducted*	15 schools (n=530 students) Analyses conducted
Yr 12	15 schools 1 non-participating 14 participating schools (n= 543 students) No analyses conducted*	14 schools 5 combination schools 6 Option A only schools 3 Option B only schools (n=503 students) No analyses conducted*	14 schools (n=503 students) Analyses conducted

* No analyses conducted as there were too few non-participating/Option B/ dose score schools

Table 6: Analyses conducted using the SCYP data

Year level	Measure of impact of SDEP		
	Participation	Level of training	Dose
Yr 9 1999	27 schools 11 non-participating 16 participating schools (n=4087 students) Analyses conducted	16 schools 3 combination schools 10 Option A only schools 3 Option B only schools (n=2673 students) No analyses conducted*	16 schools (n=2673 students) Analyses conducted
Yr 10 2000	27 schools 6 non-participating 21 participating schools (n=3999 students) Analyses conducted	21 schools 4 combination schools 14 Option A only schools 3 Option B only schools (n=3254 students) No analyses conducted*	21 schools (n=3254 students) Analyses conducted
Yr 12 2002	26 schools 3 non-participating 23 participating schools (n=2648 students) Analyses conducted (Although there were only 3 non-participating schools, these schools represented 239 students.)	23 schools 5 combination schools 15 Option A only schools 3 Option B only schools (n=2439 students) No analyses conducted*	23 schools (n=2439 students) Analyses conducted

* No analyses conducted as there were too few non-participating/Option B/ dose score schools

Table 7: Analyses conducted using the SHAHRP data

Year level	Measure of impact of SDEP		
	Participation	Level of training	Dose
Yr 9 1998	14 schools 10 non-participating 4 participating schools (n=1613 students) Analyses conducted	4 schools (n=654 students) No analyses conducted*	4 schools (n=654 students) No analyses conducted*
Yr 10 1999	14 schools 7 non-participating 7 participating schools (n=2071 students) Analyses conducted	7 schools (n=1254 students) No analyses conducted*	7 schools (n=1254 students) Analyses conducted

* No analyses conducted as there were too few schools

3 RESULTS

3.1 Demographic characteristics of schools

Tables 8 to 12 describe the distribution of the students and schools in the different studies with regard to the demographic variables. Student numbers and percentages are presented for sex and socio-economic status and school numbers and percentages for geographic area, school size and school sector.

3.1.1 Sex

In all three data sets approximately half of participating students were female. A slightly higher proportion of female students were reported for Years 11 and 12 in ASSAD 2002 (55%) and for Year 12 students participating in SCYP 2002 (53%).

Table 8: Number of students (and percentages) per gender by study and year level

	Sex		Total students
	Male n (%)	Female n (%)	n
ASSAD 1999 Yrs 9 & 10	595 (51)	578 (49)	1173
ASSAD 1999 Yrs 11 & 12	613 (49)	637 (51)	1250
ASSAD 2002 Yrs 8 -10	718 (49)	757 (51)	1475
ASSAD 2002 Yrs 11 & 12	493 (45)	613 (55)	1106
SCYP 1999 & 2000 Yrs 9 & 10	4167 (50)	4152 (50)	8319
SCYP 2002 Yrs 12	1388 (47)	1563 (53)	2951
SHAHRP 1998 & 1999 Yrs 9 &10	1861 (51)	1823 (49)	3684

3.1.2 Socio-economic status

Values from the Australian Bureau of Statistics Index of Combined Social Advantage and Disadvantage were assigned to each student according to their home postcode (or school postcode if the home code was unknown). Students were then divided per data set (year levels combined) into three approximately equally sized groups representing lower, medium and higher socio-economic status (SES). Since the cut-offs for the three SES groups were determined with all students in all year levels in the data set combined and since students in the same school tended to have the same postcode and thus the same value for the index, there were not necessarily a third of students within each SES group per individual year level.

Students were fairly evenly distributed between the three SES groups for the Year 9 and 10 students but higher SES students were overrepresented in Years 11 and 12 of the ASSAD 1999 data set. Uneven distributions were also evident for the ASSAD 2002 data. For Years 8 to 10, 45% of students fell into the lower SES group and 24% of students into the medium SES group. This trend was reversed for the Year 11 and 12 students where a fifth (20%) of students comprised the lower SES group and 45% the medium group. Since the same cohort of students were sampled in the three years of the SCYP study, almost equal percentages of students were represented in the three SES categories in the SCYP data set. Due to the limited number of schools that participated in the SHAHRP study, large groups of students were assigned the same value for the Index of Combined Social Advantage and Disadvantage and thus it was not possible to divide the students into three equally sized groups. Thus relatively more students were included in the lower SES group (40%) with almost equal numbers in the moderate (31%) and higher group (29%).

Table 9: Number of students (and percentages) per socio-economic status group by study and year level

	Socio-economic status			Total students n
	Lower n (%)	Medium n (%)	Higher n (%)	
ASSAD 1999 Yrs 9 & 10	389 (33)	410 (35)	378 (32)	1177
ASSAD 1999 Yrs 11 & 12	443 (35)	318 (25)	494 (40)	1255
ASSAD 2002 Yrs 8 -10	662 (45)	351 (24)	468 (31)	1481
ASSAD 2002 Yrs 11 & 12	216 (20)	502 (45)	393 (35)	1111
SCYP 1999 & 2000 Yrs 9 & 10	2691 (32)	2746 (32)	3003 (36)	8440
SCYP 2002 Yr 12	955 (32)	977 (32)	1069 (36)	3001
SHAHRP 1998 & 1999 Yrs 9 &10	1474 (40)	1147(31)	1063 (29)	3684

3.1.3 Location of school

In the data set for ASSAD 1999 a majority of schools, 77% in Years 9 and 10 and 83% in Years 11 and 12 were located in the Perth metropolitan area. A more even distribution was found for Years 8 to 10 in the ASSAD 2002 data set, where 16 schools (59%) were classified as metropolitan and 11 (41%) as non-metropolitan. In Years 11 and 12, almost all the schools (94%) were located in metropolitan Perth and only 1 school was classified as non-metropolitan. Only metropolitan schools were sampled in the SCYP and SHAHRP studies.

Table 10: Number of schools (and percentages) per geographic area by study and year level

	Area		Total schools n
	Metro n (%)	Non-metro n (%)	
ASSAD 1999 Yrs 9 & 10	24 (77)	7 (23)	31
ASSAD 1999 Yrs 11 & 12	15 (83)	3 (17)	18
ASSAD 2002 Yrs 8 -10	16 (59)	11 (41)	27
ASSAD 2002 Yrs 11 & 12	16 (94)	1 (6)	17

3.1.4 School size

Schools were assigned to one of three categories (smaller, medium and larger) by dividing all the schools into three approximately equally sized groups according to the size of the school as measured by the total number of secondary students in the school. The schools in the ASSAD 1999 data set were evenly distributed between the three categories, both for the schools in which Years 9 and 10 students were sampled as well as those for the Years 11 and 12 students. Although the schools that sampled Years 8 to 10 in the ASSAD 2002 study were reasonably evenly spread between the three categories, for Years 11 and 12 students 47% of the schools fell into the larger category and only 18% into the smaller category. The situation was reversed for the SCYP schools with more smaller and medium sized schools and less larger schools included in the SCYP data set, especially for Year 12 students where half of the schools were in the smaller category. This was also the case for the SHAHRP study schools with 50% of these schools in the smaller, 36% in the medium and 14% in the larger category.

Table 11: Number of schools (and percentages) per school size by study and year level

	School size			Total schools n
	Smaller n (%)	Medium n (%)	Larger n (%)	
ASSAD 1999 Yrs 9 & 10	11 (36)	10 (32)	10 (32)	31
ASSAD 1999 Yrs 11 & 12	6 (33)	6 (33)	6 (33)	18
ASSAD 2002 Yrs 8 -10	10 (37)	9 (33)	8 (30)	27
ASSAD 2002 Yrs 11 & 12	3 (18)	6 (35)	8 (47)	17
SCYP 1999 & 2000 Yrs 9 & 10	12 (44)	10 (37)	5 (19)	27
SCYP 2002 Yrs 12	13 (50)	9 (35)	4 (15)	26
SHAHRP 1998 & 1999 Yrs 9 & 10	7 (50)	5 (36)	2 (14)	14

3.1.5 School sector

Schools in the 1999 and 2002 ASSAD data sets represented the three school sectors. In both data sets, approximately one fifth of schools were independent schools, one fifth were Catholic and over half were government. The SCYP and SHAHRP studies only included government schools.

Table 12: Number of schools (and percentages) per school sector by study and year level

	Sector			Total schools n
	Government n (%)	Independent n (%)	Catholic n (%)	
ASSAD 1999 Yrs 9 & 10	19 (61)	6 (19)	6 (19)	31
ASSAD 1999 Yrs 11 & 12	10 (56)	4 (22)	4 (22)	18
ASSAD 2002 Yrs 8 -10	15 (56)	6 (22)	6 (22)	27
ASSAD 2002 Yrs 11 & 12	9 (53)	4 (24)	4 (24)	17

3.2 Implementation of School Drug Education Project strategies

The level of implementation of School Drug Education Project strategies for a total of 65 schools was obtained in the school coordinator interviews. Table 13 presents the level of implementation of these strategies in schools that had participated in School Drug Education Project training and for the years prior to and including the year student outcomes were collected.

Schools reported a high level of support from other health education teachers in implementing school drug education strategies (82% - 90% of schools). Few schools (33% - 49%) reported a committee meeting at least once per term to discuss school drug education. By 2002, 63% of schools reported a school drug policy had been developed or reviewed in the year or previous year.

High levels of use of the SDEP Drug Education Teacher Support Package (84% - 92%) and role-play, group work activities (79% - 90%) are reported. In 2002, 69%, 71% and 63% of schools report 500 minutes or more was allocated to drug education lessons for Year 8, Year 9 and Year 10 students respectively.

The most commonly reported parent and community activities were 'drug education information sent home in the school newsletter' (50% - 71% of schools) and 'links with local police or GURD' (56% - 65% of schools).

Table 13: Implementation of SDEP activities in schools that participated in the SDEP training for the years prior to and including the year for which student outcome data were available

	1997 28 schools	1998 50 schools	1999 57 schools	2000 48 schools	2001 50 schools	2002 48 schools
Management and Support for Drug Education in the School (2)						
1 Implementation of school drug education is a priority	64	62	61	54	46	44
2 School administrator is at least moderately engaged in health/drug education	75	80	77	65	64	67
3 Health education coordinator identified	75	78	77	77	82	79
4 Committee met at least once per term to discuss school drug education	43	46	49	42	38	33
5 Adequate (or more) funding is allocated to health/drug education	50	50	53	54	56	56
6 Support received from other health teachers in the school to implement drug education strategies	82	86	90	88	88	88
7 Support received from other school staff to implement drug education strategies	71	64	74	69	66	65
School Health Environment (1)						
1 School drug policy developed or reviewed in the year or previous year	46	54	60	63	54	63
2 Whole school asked to give feedback on drug policy in development/review	29	20	32	31	6	12
3 SDEP drug policy guidelines used to develop school's drug policy	46	56	49	44	44	42
School Health Curriculum (3)						
1 Drug education professional development provided for teachers	75	62	75	69	64	63
2 Teacher relief provided for drug education training or planning	64	62	63	60	60	60
3 Teachers encouraged to use role-play, group work and values education in health/drug education classroom practices	79	82	88	90	90	90
4-6 Time allocated to drug education lessons – % schools providing 500 minutes or more of drug education	Year 8: 64 Year 9: 64 Year 10: 64	Year 8: 64 Year 9: 66 Year 10: 64	Year 8: 67 Year 9: 69 Year 10: 65	Year 8: 69 Year 9: 71 Year 10: 65	Year 8: 70 Year 9: 72 Year 10: 64	Year 8: 69 Year 9: 71 Year 10: 63
7,8 Teachers used all or some of the SDEP Drug Education Teacher Support package	X	X	84	92	90	90
Parent and Community Involvement (1)						
1 Parents encouraged to use home activities from SDEP Drug Education Teacher Support Package	X	X	25	31	26	23
2 Drug education information sent home in the school newsletter	50	62	63	71	62	52
3 Parents and community invited to attend drug education information evenings	46	54	54	35	44	25
4 Drug policy pamphlet distributed to parents	46	36	37	40	36	33
5 Links with community drug service team	29	24	28	31	36	35
6 Links with local police or GURD	61	60	61	65	56	56
7 Links with local drug action group	18	28	26	27	38	33
8 Other parent or community activity	4	6	2	4	0	2

X SDEP Drug Education Teacher Support Package distributed in Term 1 1999. Missing data and 'unsure' responses were coded 'no', not done.

() Component weighting.

Summary statistics for the dose scores calculated for the schools that received SDEP training are presented in Table 14 for each data set and year level for which dose analyses were conducted.

Table 14: Descriptive statistics for dose scores per data set and year level

	Number of schools	Mean	Median	Standard deviation	Minimum	Maximum
ASSAD 1999 Yr 9	18	57.0	59.5	21.8	9.1	85.1
ASSAD 1999 Yr 10	18	36.3	30.8	23	2.7	83.1
ASSAD 1999 Yr 11	10	45.5	42.8	13.2	29	67.3
ASSAD 2002 Yr 9	19	35.7	35.4	17.7	4.7	82
ASSAD 2002 Yr 10	19	44.2	39.4	16.9	22.7	74
ASSAD 2002 Yr 11	15	44.9	42.9	14.4	21.5	75.9
ASSAD 2002 Yr 12	14	40.1	35.0	15.9	17.4	68.1
SHAHRP 1999 Yr 10	7	41.8	42	22.4	13.8	83.1
SCYP 1999 Yr 9	16	60.8	66.5	18.4	8.9	77.5
SCYP 2000 Yr 10	21	37.4	40.4	20	4.7	78.6
SCYP 2002 Yr 12	23	43.2	43.9	17.1	5.9	74.6

The scores were calculated with a possible range of 0 to 100. Each school in each year level had a different dose value and mean and median values ranged between 31 and 67 points. As can be seen from the minimum and maximum values, there was a wide range of dose scores for the schools, more so for the lower than the higher year levels. Since dose is calculated cumulatively, that is for each year of exposure, scores in the higher year levels may be the accumulation of a number of small doses per year or a large dose in a few years depending on the pattern of each school's involvement in the SDEP.

Both means and medians are presented and a comparison of the two values for each year is an indication of the symmetry in the scores. For example, the mean and median dose for the ASSAD 1999 Year 9 schools are close in value and thus there are no schools with dose scores which are substantively different from the other schools in that year level. A large difference between the mean and median, for example more than five points, indicates that there are one or two schools with relatively higher doses than the majority of the other schools. This is the case for the ASSAD 1999 Year 10 data set. Conversely if the mean is much smaller there are a few schools with relatively low doses compared to the rest.

3.3 Student outcomes

Whilst the previous section described levels of implementation of the SDEP, results relating to the different student outcome measures are presented here. Relevant tables are given in Appendix 7 and 8. These Appendices contain explanatory notes for the statistical analyses and results from the statistical models (see Appendix 7) and summary statistics (see Appendix 8). The explanatory notes have been included to assist in the reading of the tables from the statistical modelling and interpretations of the results of the statistical models are presented in this section. The tables in Appendix 8 containing summary statistics for student outcomes are provided for reference purposes only. The percentages in these tables do not represent prevalence of tobacco, alcohol and other drug use since the data were not obtained through random sampling. The SCYP and SHAHRP studies were group-randomised trials designed to test interventions not to obtain prevalence values. The ASSAD studies were designed for this purpose but the data needs to be weighted appropriately in order to obtain the correct prevalence estimates. Refer to the published results of the ASSAD studies²⁻⁶ for estimates of prevalence of drug use.

The impact of the SDEP was assessed by conducting three sets of statistical modelling analyses on student outcomes, namely a comparison of students:

- in schools that had participated and schools that had not participated in the SDEP in the period prior to the measurement of the outcome variables;
- in schools that had received different levels of SDEP training (only participating schools were included); and
- according to dose of SDEP received (only participating schools were included).

The results of these analyses are summarised in the following tables and discussed thereafter per year level and substance.

Table 15: Summary of results for ASSAD 1999 data

Year level	Participation	Level of training*	Dose
Year 8	No analyses conducted	No analyses conducted	No analyses conducted
Year 9	31 schools (n= 587)	18 schools (n=345)	18 schools (n=345)
Smoked in last 7 days	✓	✓	—
Smoking categories	✓	—	—
Attitude to smoking	—	✓	—
Alcohol use in last 4 weeks	—	✓	X
Hazardous alcohol consumption	—	✓	—
Attitude to alcohol	—	✓	—
Cannabis use in last year	✓	—	X
Cannabis use in last 4 weeks	✓	—	—
Use of illicit drug(s) in last year	—	—	—
Perception of harm (low level use)	—	—	—
Perception of harm (regular use)	—	✓	—
Year 10	31 schools (n= 590)	18 schools (n=340)	18 schools (n=340)
Smoked in last 7 days	—	—	—
Smoking categories	—	—	—
Attitude to smoking	—	—	—
Alcohol use in last 4 weeks	—	—	—
Hazardous alcohol consumption	—	—	—
Attitude to alcohol	✓	—	—
Cannabis use in last year	—	—	—
Cannabis use in last 4 weeks	—	—	—
Use of illicit drug(s) in last year	—	—	—
Perception of harm (low level use)	—	—	—
Perception of harm (regular use)	—	—	—
Year 11	18 schools (n= 639)	10 schools (n=354)	10 schools (n=354)
Smoked in last 7 days	—	No analyses conducted	—
Smoking categories	—		—
Attitude to smoking	—		—
Alcohol use in last 4 weeks	X		—
Hazardous alcohol consumption	—		—
Attitude to alcohol	X		—
Cannabis use in last year	X		—
Cannabis use in last 4 weeks	—		—
Use of illicit drug(s) in last year	—		—
Perception of harm (low level use)	X		—
Perception of harm (regular use)	—	—	
Year 12	17 schools (n= 616)	9 schools (n=309)	9 schools (n=309)
Smoked in last 7 days	—	No analyses conducted	No analyses conducted
Smoking categories	X		
Attitude to smoking	—		
Alcohol use in last 4 weeks	—		
Hazardous alcohol consumption	—		
Attitude to alcohol	—		
Cannabis use in last year	—		
Cannabis use in last 4 weeks	—		
Use of illicit drug(s) in last year	—		
Perception of harm (low level use)	—		
Perception of harm (regular use)	—		

✓ Result indicates outcome consistent with School Drug Education Project aims.

X Result indicates outcome NOT consistent with School Drug Education Project aims.

* Option A and combination compared to Option B only

Table 16: Summary results for ASSAD 2002 data

Year level	Participation	Level of training*	Dose
Year 8	27 schools (n= 493)	6 schools (n=116)	6 schools (n=116)
Smoked in last 7 days	—		
Smoking categories	—		
Attitude to smoking	—		
Alcohol use in last 4 weeks	—	No analyses conducted	No analyses conducted
Hazardous alcohol consumption	—		
Attitude to alcohol	—		
Cannabis use in last year	—		
Cannabis use in last 4 weeks	—		
Use of illicit drug(s) in last year	—		
Perception of harm (low level use)	✓		
Perception of harm (regular use)	✓		
Year 9	27 schools (n= 498)	19 schools (n= 355)	19 schools (n= 355)
Smoked in last 7 days	—	—	—
Smoking categories	—	—	✓
Attitude to smoking	—	—	—
Alcohol use in last 4 weeks	—	—	—
Hazardous alcohol consumption	—	✓	—
Attitude to alcohol	—	—	—
Cannabis use in last year	—	—	—
Cannabis use in last 4 weeks	—	—	✓
Use of illicit drug(s) in last year	—	—	—
Perception of harm (low level use)	✓	—	—
Perception of harm (regular use)	—	—	—
Year 10	27 schools (n= 490)	19 schools (n= 338)	19 schools (n= 338)
Smoked in last 7 days	—	—	—
Smoking categories	—	—	—
Attitude to smoking	—	—	—
Alcohol use in last 4 weeks	—	✓	—
Hazardous alcohol consumption	—	✓	X
Attitude to alcohol	—	✓	—
Cannabis use in last year	—	✓	—
Cannabis use in last 4 weeks	—	—	—
Use of illicit drug(s) in last year	—	✓	—
Perception of harm (low level use)	—	—	—
Perception of harm (regular use)	—	—	—
Year 11	17 schools (n= 568)	15 schools (n=530)	15 schools (n=530)
Smoked in last 7 days			—
Smoking categories			—
Attitude to smoking	No analyses conducted	No analyses conducted	—
Alcohol use in last 4 weeks			—
Hazardous alcohol consumption			—
Attitude to alcohol			—
Cannabis use in last year			—
Cannabis use in last 4 weeks			—
Use of illicit drug(s) in last year			✓
Perception of harm (low level use)			—
Perception of harm (regular use)			—
Year 12	15 schools (n= 543)	14 schools (n=503)	14 schools (n=503)
Smoked in last 7 days			—
Smoking categories			✓
Attitude to smoking			—
Alcohol use in last 4 weeks	No analyses conducted	No analyses conducted	—
Hazardous alcohol consumption			—
Attitude to alcohol			✓
Cannabis use in last year			—
Cannabis use in last 4 weeks			—
Use of illicit drug(s) in last year			—
Perception of harm (low level use)			—
Perception of harm (regular use)			—

✓ Result indicates outcome consistent with School Drug Education Project aims.

X Result indicates outcome NOT consistent with School Drug Education Project aims.

* Combination of options compared to Option A only and compared to Option B only

Table 17: Summary of results for SCYP data

Year level	Participation	Level of training	Dose
1999 Year 9	27 schools (n=4087)	16 schools (n=2673)	16 schools (n=2673)
Smoked in last 7 days	—	No analyses conducted	—
Smoking categories	—		—
Attitude to smoking	✓		—
Alcohol use in last 4 weeks	—		—
Hazardous alcohol consumption	✓		—
2000 Year 10	27 schools (n=3999)	21 schools (n=3254)	21 schools (n=3254)
Smoked in last 7 days	—	No analyses conducted	—
Smoking categories	—		—
Attitude to smoking	—		—
Alcohol use in last 4 weeks	—		—
Hazardous alcohol consumption	—		—
2002 Year 12	26 schools (n=2648)	23 schools (n=2439)	23 schools (n=2439)
Smoked in last 7 days	—	No analyses conducted	—
Smoking categories	—		—
Attitude to smoking	—		✓
Alcohol use in last 4 weeks	—		—
Hazardous alcohol consumption	—		—

✓ Result indicates outcome consistent with School Drug Education Project aims.

X Result indicates outcome NOT consistent with School Drug Education Project aims.

Table 18: Summary of results for SHAHRP data

Year level	Participation	Level of training	Dose
1998 Year 9	14 schools (n=1613)	4 schools (n=654)	4 schools (n=654)
Alcohol-related harm	✓	No analyses conducted	No analyses conducted
1999 Year 10	14 schools (n=2071)	7 schools (n=1254)	7 schools (n=1254)
Alcohol-related harm	✓	No analyses conducted	—

✓ Result indicates outcome consistent with School Drug Education Project aims.

X Result indicates outcome NOT consistent with School Drug Education Project aims.

3.4 Year 8 students

The only analyses that could be conducted for Year 8 students were for the ASSAD 2002 data for participation in the SDEP. Small numbers of schools in various categories precluded valid analyses utilizing the other data sets and on the other measures of the impact of the SDEP.

3.4.1 Tobacco

A range of outcomes with regard to tobacco were assessed to determine the impact of involvement in the SDEP, namely recent tobacco use (smoked in the seven days prior to the ASSAD survey), the smoking category into which the student was classified on the basis of their responses to questions on recency, frequency and amount of tobacco use and attitudes to smoking.

ASSAD 2002

There were no statistically significant differences between Year 8 students in schools that did and did not participate in the SDEP with regard to any of the tobacco-related outcomes assessed (Tables A.1 - Table A.3).

3.4.2 Alcohol

The outcome variables assessed with regard to alcohol related to recent use (within the four weeks prior to the survey), harmful consumption levels (five or more drinks at one time in the two weeks prior to the survey) as well as attitude to alcohol use.

ASSAD 2002

The results of the analyses of these outcome variables indicated no effects from SDEP participation for Year 8 students (Tables A.4 - Table A.6).

3.4.3 Cannabis and other illicit substances

Recent (in the previous four weeks) use of cannabis and use in the year prior to the survey were analysed. Students' responses about their use of a range of illicit substances other than cannabis were combined to indicate whether they had used any one of the substances in the year prior to completing the ASSAD survey.

ASSAD 2002

No statistically significant differences were found with regard to the use of cannabis or other illicit substances between the students in schools that participated and those that did not participate in the SDEP for Year 8 students in 2002 (Tables A.7 – Table A.9).

3.4.4 Perception of harm from drug use

Students' perceptions of the harm associated with drug use were measured using two scales, one relating to the 'danger' to themselves in trying a range of substances 'once or twice' and the other using a range of substances 'regularly'. The perceived level of harm was divided into three categories to denote lower, moderate and higher perceived levels of 'danger'.

ASSAD 2002

Year 8 students in SDEP participating schools were less likely to perceive *low* levels of harm as a consequence of drug use. They were 2.5 times more likely to respond that they were at high levels rather than low levels of harm from using 'once or twice' (Table A.10) and 1.8 times more likely to perceive themselves at high and 2.3 times at moderate levels of harm from using regularly (Table A.11).

3.4.5 Year 8 summary

Students in Year 8 in 2002 who attended schools that chose to participate in the SDEP did not differ from those attending schools that did not participate, with regard to the use of tobacco, alcohol, cannabis or other illicit substances. Nor were there any differences in attitudes to the use of tobacco and alcohol. Students in participating schools did however perceive themselves at higher risk of harm were they to try or regularly use a range of drugs. No other comparisons of Year 8 students were possible due to small numbers of schools with School Drug Education Project training in the ASSAD 1999 data set, the fact that the students in the SHAHRP data set were in Year 8 in 1997 (the first year of School Drug Education Project training) and since the SCYP project did not sample Year 8 students.

3.5 Year 9 students

A number of analyses were possible for Year 9 students utilizing the various data sets and for the three types of assessments of the SDEP impact. The effects of participation in the SDEP could be assessed using all the data sets, the effects of level of training received (comparing schools that undertook Option B training with those that undertook Option A or a combination of the two options) for the ASSAD data sets only and the effects of dose of SDEP received for the ASSAD and SCYP data sets. Note that there was only one school in the 1999 ASSAD data set that had received a combination of the two training options (the school first undertook Option B and then Option A training), thus the analyses for level of training are essentially comparisons of schools that undertook Option A training and those that undertook Option B training only.

3.5.1 Tobacco

ASSAD 1999

Participation in the SDEP resulted in a reduced odds (OR=0.44) of smoking in the last seven days, that is students in participating schools were 2.3 times less likely to have smoked in the previous seven days (Table A.12). Students in schools participating in the SDEP were also half as likely to be regular users of tobacco than to have used in the past (OR=0.34) or never have used (OR=0.39) i.e. participation in the SDEP protected students from becoming regular tobacco users (Table A.13). Attitudes to tobacco use were similar amongst students in participating and non-participating schools (Table A.14).

When focusing on only the participating schools and comparing the schools that received Option B training versus those that undertook Option A or a combination of the two options, students in the latter schools were found to be less likely (OR=0.39) to have smoked in the previous seven days (Table A.15) and also to have lower acceptance of smoking (on average 0.14 points lower on a scale of 1 to 5, Table A.17). No differences were found with regard to smoking categories (Table A.16).

Levels of implementation of SDEP strategies and activities were quantified by means of the dose scores assigned to the schools. The level of dose received by Year 9 students in 2002 did not impact significantly on tobacco use or attitudes to smoking tobacco (Tables A.18 – Table 20). However contrary to expectations, there appeared to be some weak indication that students in the higher dose schools were more likely (by a factor of 1.02 per unit increase in dose) to be occasional/regular users of tobacco than those in lower dose schools (Table A.19). This difference was approaching statistical significance ($P=0.022$ evaluated against a Bonferroni corrected alpha level of 0.017).

ASSAD 2002

No significant differences were detected with regard to the use of tobacco or attitude to smoking between schools that had chosen to participate in the SDEP and those that had not (Tables A.45 – Table A.47). There were also no statistically significant associations between level of training received and tobacco use or attitude to tobacco use (Table A.48 – Table A.50). However students in higher dose schools had reduced odds of having used tobacco in the past or of being occasional/regular users, thus were protected against becoming tobacco users (Table A.52). Level of dose did not impact significantly on whether the student had smoked in the previous seven days, or on their attitude to smoking (Table A.51 and A.53).

SCYP 1999

Analyses were carried out for the students in the SCYP data set to determine whether participation in the SDEP and dose received impacted on the two behavioural outcomes, namely smoked in the previous seven days and smoking category, as well as attitude to smoking.

Year 9 students attending schools that chose to participate in the SDEP reported significantly lower levels of acceptance of smoking tobacco than those in non-participating schools ($P=0.007$), however dose of SDEP received did not have an effect on attitudes (Table A.80 and Table A.83). No differences due to participation or SDEP dose were evident with regard to smoking behaviour (Table A.78, Table A.79, Table A.81, Table A.82).

3.5.2 Alcohol

ASSAD 1999

No statistically significant differences were found between students exposed to the SDEP and those not exposed with regard to alcohol use in the four weeks prior to the survey (Table A.21). There were indications of possible differences (bordering on statistical significance, $P=0.058$) for hazardous alcohol consumption between students in schools participating in the SDEP and non-participants, with non-participants possibly more likely ($OR=0.1.57$) to have consumed five or more alcoholic drinks at one time in the previous two weeks (Table A.22). As for attitudes to smoking tobacco, attitudes to the use of alcohol were similar amongst students in participating and non-participating schools (Table A.23).

Negative associations were found between the level of SDEP training received and all three alcohol-related outcomes. Students in schools that received Option A or a combination of B and A training were less likely than those in schools that only received Option B training to have consumed alcohol in the 4 weeks prior to the survey ($OR=0.43$), less likely to have

engaged in hazardous alcohol consumption (OR=0.21) and were less accepting of the use of alcohol (on average 0.2 points lower on a scale of 1 to 5) (Tables A.24 – Table A.26).

With regard to dose of SDEP received, an unexpected positive association was observed between dose and the odds that a student consumed alcohol in the four weeks prior to the ASSAD 1999 survey. The odds of consuming alcohol increased by a factor of 1.019 for each unit increase in dose (where dose scores ranged in value from 0 to 100), that is for higher dose values (Table A.27). However an additional analysis in which the school effect was explicitly modelled was conducted and in this model, although school was not a significant predictor (P=0.148) the dose effect was also non-significant (P=0.066). This implies that the observed negative association between dose and alcohol use may be partly due to differences between schools rather than as a result of level of dose received. No association was found between level of dose and hazardous alcohol consumption or attitude to using alcohol (Table A.28 and Table A.29).

ASSAD 2002

The results of the analyses for the alcohol-related outcome variables in the ASSAD 2002 data indicated no effects from SDEP participation or dose for Year 9 students (Table A.54 – Table A.56, Table A.60 – Table A.62). With regard to level of training, students in schools that had received a combination of the two options were about half as likely (OR=0.53) as those in schools that undertook Option B training only, to report hazardous alcohol consumption in the previous two weeks (Table A.57 – Table A.59).

SCYP 1999

The two outcome variables measuring alcohol consumption (any amount) and hazardous alcohol consumption in the four weeks prior to their completion of the SCYP survey, were analysed to assess the impact of SDEP participation and dose.

There were no differences between students in SDEP participating and non-participating schools with regard to whether they had or had not consumed alcohol in the four weeks preceding the time of the survey (Table A.84). However, the odds of students in SDEP participating schools reporting hazardous alcohol consumption in the previous four weeks were significantly lower (OR=0.77, Table A.85). The likelihood of alcohol consumption and hazardous consumption did not differ according to level of dose received (Table A.86 and Table A.87).

SHAHRP 1998

As part of the SHAHRP study students were asked to report on whether, in the twelve months preceding the SHAHRP survey, their use of alcohol had resulted in a number of potentially harmful consequences and to estimate the number of occasions on which each consequence

had occurred. The reported numbers of occasions were summed and the students were divided into three groups according to the frequency with which they had experienced harmful consequences resulting from their alcohol consumption. Students in SDEP participating schools were 1.4 times more likely *not* to have experienced any potentially harmful occasions related to the use of alcohol than students in non-participating schools (Table A.88).

3.5.3 Cannabis and other illicit substances

ASSAD 1999

Participation in the SDEP appeared to impact both on cannabis use in the year prior (OR=0.56) as well as use within the four weeks prior (OR=0.53) to the students' completion of the ASSAD survey in 1999. Students in participating schools were half as likely to use cannabis in the previous year (OR=0.56) and also half as likely in the previous four weeks (OR=0.53) (Table A.30 and Table A.31). No association was found with regard to participation and the use of other illicit drugs (Table A.32).

When considering only the schools which undertook SDEP training, there were no differences between students in schools that opted for Option B training and those that did Option A or a combination with regard to the use of cannabis or other illicit substances (Tables A.33 – Table A.35).

An unexpected positive association was found between the level of dose of SDEP received and the likelihood that a student had used cannabis in the previous year. The odds of cannabis use were estimated to increase by a factor of 1.024 for each one unit increase in dose (Table A.36). In order to determine whether this association was as a result of differences between schools or a result of higher levels of exposure to the activities of the SDEP, the analysis was redone including school as a predictor in the model. The results from this analysis (not reproduced in a table) indicated that there were significant differences between schools ($P=0.037$) and once these were taken into account the effect of dose was no longer statistically significant ($P=0.176$). Thus it is possible that the observed negative association is attributable to school effects rather than dose of SDEP received. No differences were found with regard to level of dose and the use of cannabis in the last four weeks or of other illicit substances (Table A.37 and A.38).

ASSAD 2002

The negative association between participation in the SDEP and cannabis use in the 1999 data was not evident for the Year 9 students surveyed in 2002 (Table A.63 and Table A.64). Nor were there significant differences between the schools in the sample which did and did

not participate in the SDEP with regard to the surveyed students' use of other illicit drugs (Table A.65).

As for the 1999 data, the level of SDEP training undertaken by the SDEP schools did not appear to make a difference when comparing the students' reported use of cannabis (Tables A.66 – Table A.67). However, there was some indication that students in schools that undertook a combination of the two types of training may have been less likely (OR=0.56) to report use in the previous year of any of the illicit substances listed in the survey. This result was of borderline statistical significance (P=0.055, Table A.68).

In contrast to the 1999 results, a negative association was found between dose and the likelihood that a student reported using cannabis in the four weeks prior to the ASSAD 2002 survey. (The odds of using cannabis were reduced by a factor of 0.99 for each incremental increase in dose, Table A.70). As for the 1999 data, this finding was assessed in order to determine whether the observed association was likely to be due to school differences or to the impact of higher levels of dose by explicitly modelling school differences. The results of this analysis were that the school effects were not statistically significant whilst the dose effect remained so. Thus in this case the observed association is not likely to be as a result of differences between schools but due to a protective effect from higher levels of exposure to the strategies of the SDEP. With regard to the use of cannabis in the previous year and of other illicit drugs in the previous year, although higher levels of dose were associated with reduced odds of drug use, the results were not statistically significant (Table A.69 and Table A.71).

3.5.4 Perception of harm from drug use

ASSAD 1999

Students' perceptions of the harm (level of danger) resultant from their trying a range of drugs 'once or twice', were the same regardless of their exposure or level of exposure to the SDEP (Table A.39, Table A.41, Table A.43). Participation and dose of SDEP received also did not impact on their perception of the potential harm in their using drugs 'regularly' (Table A.40 and Table A.44). There were however some differences when comparing schools with different levels of training in that students in schools that received Option A (or a combination of A and B) training were twice as likely (OR=2.0) to perceive the potential for higher rather than moderate levels of harm to themselves were they to regularly use drugs (Table A.42).

ASSAD 2002

Similarly to the students in 1999, when assessing the responses of the students surveyed in 2002, there was some evidence that exposure to the SDEP impacted on students' perceptions of the potential harm associated with drug use. In this case significant differences

were found according to schools' participation in the SDEP. When compared to students in non-participating schools, students in participating schools perceived higher (rather than lower) levels of potential harm to themselves from trying drugs once or twice (OR=1.6, Table A.72). Although only approaching statistical significance, there was also some evidence that students in participating schools had increased odds of perceiving higher levels of harm from the regular use of drugs (OR=1.8, Table A.73). No associations were found between students' perceptions of the potential harms associated with drug use (either trying once or twice or regular use) and level of training or level of implementation as measured by the dose scores (Table A.74 – Table A.77).

3.5.5 Year 9 summary

A full range of analyses were possible for Year 9 students utilizing the four data sets.

- Positive results were found for the ASSAD 1999 survey with regard to participation in the SDEP, with students in participating schools having reduced odds of tobacco and cannabis use, both use in the previous week and in the year prior to the survey. They were also possibly less likely to report hazardous alcohol consumption (although this latter result was only approaching statistical significance).
- There were also a number of positive results for ASSAD 1999 with regard to level of SDEP training. Students in schools that had undertaken Option A or a combination of A and B training were less likely than those in Option B schools to have used tobacco in the previous week, used alcohol in the previous four weeks or to have consumed hazardous levels of alcohol in the previous two weeks. They were also less accepting of smoking and alcohol consumption and were more likely to perceive the potential for higher rather than moderate levels of harm to themselves were they to regularly use drugs.
- Unlike the positive outcomes for participation and level of training, when the effects of dose levels were evaluated in the ASSAD 1999 data the results indicated that students in higher dose schools were estimated to have increased odds of drinking alcohol in the previous four weeks and of having used cannabis in the previous year and possibly of being occasional/regular tobacco users. However, some of these effects may have been due in part to differences between schools and not to dose received.
- No associations were found in the ASSAD 2002 data between participation in the SDEP and the use of or attitudes to the use of drugs i.e. tobacco, alcohol, cannabis and other illicit substances. However, students in participating schools were more likely to perceive higher rather than lower levels of potential harm to themselves from the use of a range of drugs.
- Although many positive results were found when comparing students in schools that underwent different levels of training in the ASSAD 1999 data, the only differences observed for training received in the ASSAD 2002 data were with regard to

hazardous alcohol consumption and possibly use of illicit substances (other than cannabis). In both instances students in schools that received training in both options were less likely to report use than those that received Option B training only.

- In contrast to the 1999 data, analyses of the effect of dose on the students surveyed in the ASSAD 2002 study revealed positive results for two of the student outcomes, namely smoking category and cannabis use in the four weeks preceding the survey. Students in schools with higher levels of dose were more likely not to have ever smoked and not to have used cannabis in the previous month. Although the first association could have been due in part to differences between schools, the second was due to a dose effect and not a school effect.
- Similar to the 1999 ASSAD survey, results from analyses of the SCYP 1999 Year 9 data were positive with regard to participation in the SDEP. Students in participating schools were significantly less accepting towards smoking tobacco and were less likely to report hazardous alcohol consumption. However, the effect of dose of SDEP received was not significant for any of the student outcomes for the students surveyed as part of the SCYP study.
- The pattern of positive results for participation in the SDEP was repeated for the students who responded to the SHAHRP 1998 survey in that the students in participating schools had increased odds of not ever having experienced potentially harmful consequences as a result of their alcohol consumption (either because they had not used alcohol or no harmful events had occurred).

3.6 Year 10 students

As for the Year 9 students, it was possible to conduct a number of analyses for Year 10 students with regard to the three measures of the SDEP impact utilizing the various data sets. The effects of participation in the SDEP could be assessed using all the data sets, the effects of level of training received (comparing three sets of schools i.e. schools that undertook Option B training, schools that undertook Option A training and schools that did a combination of the two options) for the ASSAD data sets and the effects of dose of SDEP received for all of the data sets.

3.6.1 Tobacco

ASSAD 1999, ASSAD 2002, SCYP 2000

No statistically significant differences were found for any of the Year 10 students surveyed (in any of the three data sets) for any of the three measures of the impact of the SDEP with regard to tobacco use nor attitude to tobacco use (Table A.89 – Table A.97, Table A.122 – Table A.130, Table A.155 – Table A.160).

3.6.2 Alcohol

ASSAD 1999

When comparing participating and non-participating schools, no differences were found for recent alcohol use i.e. in the four weeks prior to the survey (Table A.98) but possibly for alcohol use that was potentially hazardous (Table A.99). This last result was on the border of statistical significance ($P=0.051$) and indicated that there was an increased chance ($OR=1.5$) that students in non-participating schools had consumed five or more alcoholic drinks on one occasion in the previous two weeks when compared with students in participating schools. Students in participating schools also indicated significantly lower levels of acceptance (on average 0.17 points lower on a scale of 1 to 5) of alcohol use than those in non-participating schools (Table A.100).

The level of training and the dose of SDEP activities received did not impact on the alcohol use or attitudes to alcohol use of the Year 10 students who responded to the 1999 ASSAD survey (Table A.101 – Table A.106).

ASSAD 2002

Unlike the 1999 results, no differences were detected in the comparison of schools by SDEP participation for alcohol-related student outcomes (Table A.131 – Table A.133).

When only considering participating schools, the level of training in the SDEP did impact on students' alcohol use and attitudes to alcohol use. Students in schools that undertook Option

A training were about a third less likely to have recently consumed alcohol (OR=0.36), half as likely to have consumed potentially hazardous amounts of alcohol (OR=0.5) and were more negative regarding alcohol consumption (by an average of 0.19 points) than students in schools that had only done Option B training (Table A.134 – Table A.136).

The above findings with regard to level of training were not replicated when the dose of SDEP was considered. No differences were evident for recent alcohol use and attitude to alcohol use (Table A.137, A.139). In particular a positive association was found between dose and hazardous alcohol consumption indicating that students in the higher dose schools had *higher* odds of having consumed potentially hazardous levels of alcohol (the odds increase by a factor of 1.016 per unit increase in dose) (Table A.138). To further investigate the relationship between dose and hazardous alcohol consumption, an analysis was conducted modelling school effect and dose effect together. In this analysis neither the school effect (P=0.160) nor the dose effect (P=0.807) were significant and the effect of dose was reduced to insignificant levels (OR=1.003) once the differences between schools were accounted for. Hence school differences may explain the unexpected positive association between dose and hazardous alcohol consumption.

SCYP 2000

There were no differences between students when assessing the effects of participation and of dose of SDEP received with regard to recent or hazardous levels of alcohol use for the students in the SCYP data set in Year 10 (Table A.161 – Table A.164).

SHAHRP 1999

The only outcome variable analysed for the SHAHRP data was the scale measuring the number of occasions that students had experienced potentially harmful consequences as a result of their alcohol consumption. Students in participating schools had increased odds (OR=1.4) of not having experienced any harmful consequences from the use of alcohol, even after controlling for the positive effects of the SHAHRP intervention (Table A.165). No effect was observed for different levels of dose (Table A.166).

3.6.3 Cannabis and other illicit substances

ASSAD 1999

Neither participation in, level of training undertaken nor dose of SDEP received impacted significantly on the likelihood of Year 10 students' using cannabis or other illicit drugs within the months preceding the ASSAD 1999 survey (Table A.107 – Table A.115).

ASSAD 2002

No statistically significant associations were found between SDEP participation and cannabis use or other illicit substances use for the ASSAD 2002 Year 10 students (Table A.140 – Table A.142). Nor did dose appear to impact on the use of illicit substances (Table A.146 – Table A.148). However, more intensive levels of SDEP training were associated with lower levels of illicit substance use. Both students in Option A schools (OR=0.23) and in schools that undertook a combination of the two options (OR=0.43) were less likely to have used cannabis in the year preceding the ASSAD survey (Table A.143). However the odds of having used cannabis in the four weeks prior to the survey did not differ for students in the groups of schools that undertook different types of SDEP training (Table A.144). With regard to the use of other illicit substances, students in ‘combination’ schools were half (OR=0.50) as likely to have used other illicit substances in the previous twelve months than those in schools with Option B training only (Table A.145).

3.6.4 Perception of harm from drug use

ASSAD 1999

Two scales were employed to measure students’ perceptions of the potential harm that could be incurred through their use (trying once or twice or regular use) of a range of substances. No associations were found between the three different measures of the effect of the SDEP and these two scales (Table A.116, Table A.117, Table A.119 – Table A.121), apart from one result bordering on statistical significance ($P=0.022$ evaluated against a Bonferroni corrected alpha of 0.017, Table A.118). This analysis indicated that students enrolled in schools that undertook Option A or a combination of training had reduced odds (OR=0.56) of perceiving higher levels of danger to themselves versus moderate levels were they to try a range of drugs once or twice.

ASSAD 2002

Year 10 students’ perception of the potential harm to themselves by using a range of substances (either trying once or twice or using regularly) did not differ according to involvement in the SDEP (Tables A.149 – Table A.154).

3.6.5 Year 10 summary

Data from all four data sets could be utilized to assess the student outcomes for Year 10 students with regard to the possible impact of involvement by schools in the SDEP.

- When analysing the responses of Year 10 students surveyed in the ASSAD 1999 study, statistically significant differences were found with regard to attitude to alcohol use and possibly also for hazardous alcohol consumption, between schools that did and did not participate in the SDEP. Students in participating schools were less accepting of the use of alcohol and were less likely to have consumed five or more

drinks on one occasion in the two weeks prior to the survey. Responses to the other student outcomes were similar between the two groups.

- The differences due to level of training that were evident for the Year 9 students in the ASSAD 1999 study were not repeated for the Year 10 students. The only association observed (and it was only bordering on statistical significance) was with regard to the students' perceptions of the harm that may result were they to once or twice try drugs. Students in schools that undertook Option B training only perceived moderate rather than higher levels of risk to themselves as a result of experimentation with drugs.
- Levels of implementation of SDEP strategies as measured by the dose scores did not have any significant impact on the student outcomes for the Year 10 ASSAD 1999 students.
- No statistically significant differences were found according to SDEP participation for any of the student outcomes for the Year 10 students surveyed in the ASSAD 2002 study.
- A number of positive findings resulted from comparisons of different levels of SDEP training for the ASSAD 2002 data. Students enrolled in schools that undertook more intensive training in the SDEP i.e. Option A or a combination of the two options, reported lower levels of use and less acceptance of use. Specifically students in Option A schools were more negative about the use of alcohol, less likely to have used alcohol (either recently or hazardous consumption) or have used cannabis in the previous year. Students in the combination schools had reduced odds of having used cannabis or other illicit substances in the past year.
- No dose effects were evident for the Year 10 ASSAD 2002 students other than possibly for hazardous alcohol consumption. Unexpectedly higher levels of dose were associated with increased odds of consuming five or more drinks on one occasion. However, it was not possible to separate this dose effect from the effect of differences between schools.
- Unlike the positive findings in the ASSAD data sets, the student outcomes for the Year 10 students that were part of the SCYP study in 2000, were similar and the SDEP was not found to have had an impact.
- The Year 10 students in the SHAHRP study were surveyed in 1999. Students in participating schools had increased odds of not having experienced any harmful consequences from the use of alcohol, even after controlling for the positive effects of the SHAHRP intervention.

3.7 Year 11 students

Only the ASSAD study included Year 11 students. Comparisons according to SDEP participation and for dose received were possible for the 1999 data and comparisons according to dose received for the 2002 data. However, no comparisons could be made with regard to training level in SDEP participating schools for either year, due to small numbers of schools in the different levels of training categories.

3.7.1 Tobacco

ASSAD 1999 and ASSAD 2002

No differences were observed for the students' tobacco use or attitudes to smoking for participation in the SDEP or for dose of SDEP received for Year 11 students in 1999 (Table A.167 – Table A.172), nor were there any differences according to level of dose in 2002 (Table A.189 – A.191).

3.7.2 Alcohol

ASSAD 1999

Contrary to expectations, Year 11 students who were enrolled in schools that chose to receive training in the SDEP prior to 1999 were twice as likely (OR=2.00) to have drunk alcohol in the four weeks before completing the 1999 survey (Table A.173). There were also differences inconsistent with the School Drug Education Project aims with regard to the students' attitudes to drinking alcohol (Table A.175). Those in participating schools scored an average of 0.24 higher on the alcohol attitude scale (values range between 1 and 5 where higher scores indicate greater acceptance of alcohol use) than students in schools that did not participate in the SDEP prior to 1999. However these differences between students in participating and non-participating schools were not evident with regard to hazardous alcohol consumption (Table A.174).

Exposure to different levels of implementation of the activities of the SDEP as measured by the dose scores was not significantly associated with recent or hazardous alcohol consumption, or attitude to the use of alcohol (Table A.176 – Table A.178).

ASSAD 2002

Analyses of the alcohol-related outcomes for the Year 11 students in 2002 were restricted to an assessment of the impact of dose received. No significant differences were found (Table A.192 – Table A.194).

3.7.3 Cannabis and other illicit substances

ASSAD 1999

Year 11 students in schools involved in the SDEP had increased odds of having used cannabis in the twelve months previous to completing the ASSAD survey (OR=1.58, Table A.179), but not of having used in the preceding four weeks (Table A.180). They were also not at increased risk of having used other illicit substances (Table A.181).

Cannabis and illicit substance use did not differ for students exposed to different levels of SDEP activities (Table A.182 – Table A.184).

ASSAD 2002

Although the level of involvement in the SDEP i.e. dose received did not affect Year 11 students' chances of using cannabis (Table A.195 and Table A.196), there were some indications that dose impacted on the likelihood of the use of other illicit substances with students who received a higher dose less likely than those with a lower dose to have used such substances in the previous year (OR=0.987, Table A.197). However, this possible dose effect was no longer significant (P=0.149) once school effect (P=0.406) was accounted for.

3.7.4 Perception of harm from drug use

ASSAD 1999

Students in Year 11 in participating schools were more likely to perceive moderate levels of danger to themselves from trying drugs once or twice than higher levels (OR=2.18) and than lower levels (OR=1.5) in comparison to students in non-participating schools (Table A.185). No differences were found regarding potential harm from regular use (Table A.186). Level of dose received was not associated with students' perceptions of potential harm from trying drugs or regularly using drugs (Table A.187 and Table A.188).

ASSAD 2002

As for the 1999 Year 11 students, exposure to dose of SDEP did not affect students' perceptions of the harm that may result from trying out or their regular use of a range of drugs (Table A.198 and A.199).

3.7.5 Year 11 summary

Data for Year 11 students were available for the ASSAD, but not the SCYP and SHAHRP studies. Only limited analyses were possible for Year 11 students.

- When assessing differences between Year 11 students in participating and non-participating schools, a number of results inconsistent with the School Drug Education Project aims were obtained. Students in participating schools were at increased odds of having used alcohol in the previous four weeks and of using cannabis in the previous year, they were more accepting of the use of alcohol and less likely to see potential for harm to themselves from trying drugs once or twice.
- Dose of SDEP received did not impact on any of the student outcomes as reported by the Year 11 students in 1999 as part of the ASSAD survey.
- Only dose as a measure of the implementation of the SDEP was analysed for the Year 11 students in the ASSAD 2002 data. Students in schools with higher levels of implementation were associated with reduced odds of the use of illicit drugs (other than cannabis).

3.8 Year 12 students

Year 12 students were surveyed in the ASSAD 1999 and 2002 studies as well as the SCYP study in 2002. The analyses on the ASSAD 1999 data were conducted to assess differences due to participation in the SDEP, for the ASSAD 2002 data to assess differences due to different dose levels and for the SCYP 2002 data, both for participation and dose effects.

3.8.1 Tobacco

ASSAD 1999

No differences were evident in tobacco use and attitudes to smoking when Year 12 students in participating schools were compared with those in non-participating schools, apart from one instance (Table A.200 – Table A.202). Those in participating schools were more than twice as likely to be in the 'occasional use' category rather than the never smoked (OR=2.8) or 'smoked in the past' (OR=2.7) categories when compared to students in non-participating schools, however were possibly less likely (OR=0.34, P=0.010 evaluated against a Bonferroni corrected alpha of 0.008) to be in the regular use category (Table A.201).

ASSAD 2002

Year 12 students in the ASSAD 2002 study differed with regard to the two tobacco-related behaviours, namely recent smoking and smoking category, but not in respect to attitude to smoking. (Table A.211 – Table A.213). There were some weak indications (P=0.054 on the border of statistical significance) that students in higher dose schools were less likely to have smoked in the previous seven days than those in schools with a lower dose (Table A.211). In addition as dose increased the odds of being an occasional or regular tobacco user were reduced by a factor of approximately 0.98 (Table A.212). When these two dose effects were evaluated further to determine whether they may have been a result of differences between schools rather than the effect of level of dose received, in both instances neither the dose effect (Smoked in last 7 days: P=0.932, Smoking category: P=0.798) nor the school effect (Smoked in last 7 days: P=0.252, Smoking category: P=0.347) were statistically significant. Thus the two effects cannot be separated and the identified effects of dose on tobacco-related behaviours may have been due in part to school differences.

SCYP 2002

Participation in the SDEP did not impact on the use or attitudes to use of tobacco of the Year 12 students in the SCYP study (Table A.222 – Table A.224) and dose did not impact on use of tobacco (Table A.225, Table A.226). However, dose of SDEP received did influence attitudes to smoking, with higher levels of dose associated with less acceptance of smoking (an average of 0.002 points lower on the logged attitudinal scale, P=0.013). This effect was evident even after controlling for the effects of the SCYP intervention (Table A.227).

3.8.2 Alcohol

ASSAD 1999, ASSAD 2002, SCYP 2002

With one exception, no associations were apparent between alcohol use and attitudes to alcohol use and participation in or dose of SDEP received (Table A.203 – Table A.205, Table A.214 – Table A.215, Table A.228 – Table A.231). The only association found was for the ASSAD 2002 Year 12 students with respect to their attitudes to alcohol use. For these students, as dose levels increased attitudes to alcohol use became more negative i.e. students were less accepting of the use of alcohol (Table A.216). This dose effect remained ($P=0.023$) even after controlling for differences between schools ($P=0.000$).

3.8.3 Cannabis and other illicit substances

ASSAD 1999, ASSAD 2002

There were no differences between Year 12 students exposed to the SDEP and those not exposed with regard to cannabis and other illicit substances use (Table A.206 – Table A.208, Table A.217 – Table A.219).

3.8.4 Perception of harm from drug use

ASSAD 1999, ASSAD 2002

Year 12 students' perceptions of the potential danger to themselves of trying drugs once or twice or using drugs regularly were similar irrespective of their school's involvement or level of involvement in the SDEP (Table A.209, Table A.210, Table A.220, Table A.221).

3.8.5 Year 12 summary

The impact of the SDEP for Year 12 students was assessed by comparing participation in the ASSAD 1999 data set, dose received in the ASSAD 2002 data and participation and dose in the SCYP data for 2002.

- Smoking categories was the only student outcome for which there were differences between participating and non-participating schools in the 1999 data. Students in participating schools had increased odds of using tobacco occasionally versus not ever having used or having used in the past.
- In contrast to the above result, the impact of being in a higher dose school in 2002 was found to increase the likelihood of a student being in a lower smoking category

i.e. of never having smoked or having smoked in the past rather than occasionally or regularly using tobacco, and possibly also of having smoked in the previous week. Dose was also found to impact on students' attitudes to the use of alcohol, with students in higher dose schools reporting lower levels of acceptance of alcohol. However, for the tobacco-related outcomes the dose effects could not be separated from effects due to school-based differences. The effect of dose on alcohol-related attitudes remained after controlling for differences between schools.

- Although participation in the SDEP did not seem to affect the student outcomes that were measured in the SCYP data, the dose received was negatively associated with students' attitudes to smoking. Thus students' attitudes became increasingly less accepting of smoking as level of dose received increased. This association remained significant despite the presence of a significant school effect. Dose did not appear to have impacted on any other of the Year 12 student outcome variables.

3.9 Relationship between demographic variables and student outcomes

Although the focus of the analyses was on evaluating the impact of the SDEP using the three measures of participation, level of training and dose, and the other predictors of student outcomes were simply included in the models in order to control for their effects, it is possible to draw some broad conclusions regarding the influence of these other variables. Note that the absence of a predictor in a particular statistical model does not indicate that the variable is not a significant predictor of the specific student outcome, since variables were included in the models on the basis of their significance in relation to the other variables in the model and accounting for sample size. The demographic variables that were considered were sex, socio-economic status, sector, school size and geographic area. The intent here is not to present detailed descriptions of the associations between these variables and the student outcomes but rather to give an overall summary of their effects.

Differences between female and male students followed a consistent pattern and were evident across the range of year levels. In general females were more likely to have smoked, in particular in the week prior to being surveyed. In some instances they were less likely to have engaged in hazardous alcohol consumption and for every year level were significantly less accepting of the use of alcohol than males were.

School sector was a significant predictor of drug-related behaviours, attitudes to tobacco and alcohol and perceptions of harm that may result from drug use, particularly in Years 8 to 10. In general students in independent and Catholic schools had reduced odds of using tobacco, alcohol and cannabis, were less accepting of tobacco and alcohol use and perceived higher potential harm to themselves from using drugs.

Differences between metropolitan schools were limited, possibly in part to small numbers of non-metropolitan schools. Where significant differences were identified, they related mostly to alcohol use, in particular metropolitan students were less accepting of alcohol use.

The effects of school size and socio-economic status were difficult to determine as no consistent patterns emerged. It is likely that the significant associations that were identified were due to the particular schools that were surveyed in the different categories rather than a measure of the impact of school size or socio-economic status on the student outcomes.

4 DISCUSSION

Interpretation of the results presented in this report is complex and should be done in the context of the major limitations of the study design used to obtain this information. These findings neither categorically support the effectiveness of the School Drug Education Project in positively impacting on drug use, drug-related harm or attitudes towards drug use, nor indicate definitively the project had no impact. An in-depth examination of the threats to the validity of the study is warranted before interpreting the results.

4.1 Limitations

There are a multitude of limitations to be considered when interpreting the results in this study, as identified in the research proposal. The retrospective nature of this research necessitated a design which introduced many threats to the validity of the findings contained in this report. Therefore, interpretations should be made conservatively bearing in mind the possibility of equally viable alternative explanations. Each of the four different student outcome data sets used as outcomes for this research introduced its own inherent biases and the dose data collected specifically for this project was compromised due to its retrospective nature. Some of the threats to validity are outlined:

Selection bias

Selection bias occurred during a number of stages of this research. Firstly, selection bias was inbuilt in each of the student outcome data sets. For each study, ASSAD 1999, ASSAD 2002, SHAHRP and SCYP, schools were invited to participate in this research. The degree to which schools that agreed to participate in external research projects were similar to those that declined participation is largely unknown. For example, in the SCYP study 30 of 52 invited schools participated and among these upper socio-economic schools were less likely to participate. Although there is some literature to suggest that schools that participate in external partnerships to conduct research may be more innovative [12], this cannot be determined in this study.

Participation and the degree of engagement in the School Drug Education Project were subject to strong self-selection biases [13], i.e. enthusiastic teachers and schools were likely to have opted into the program and have been more motivated to achieve the project objectives. The School Drug Education Project recruited schools on a demand basis. This is likely to have had the effect of attracting schools and teachers with characteristics likely to succeed in adopting and implementing the program. Those who elected to participate in the

initial years were likely to be innovators or highly motivated [12, 14, 15] . These characteristics have been associated with greater adoption, implementation and maintenance of programs [12]. In particular this impacts on the interpretation of analyses exploring participation and level of training. Early adoption may have also been associated with greater need or perceived need in schools.

It is also possible selection bias occurred in this study on an individual level. Problem Behaviour Theory suggests students who smoke, drink large amounts of alcohol and engage in other risk behaviours may also be more likely to truant from school [16-18]. Each of the studies may be subject to a 'healthy worker effect' [13] with students attending school likely to be less involved in drug use behaviours.

Quality of outcome data

The data in each of the four student outcome data sets were obtained by self-report paper-based questionnaires. Concerns have been raised about the validity of using self-report questionnaires to measure students' drug use behaviours. Threats to validity may arise from problems with consistent recall of drug use behaviours [19] or lack of external validity of self-report (e.g. expired carbon monoxide) [20]. However, particularly in the smoking literature (where biochemical validation is viable), many studies have reported high correlations between self-reported and biochemical measures [21-23]. The key to conducting school-based data collection is to ensure student anonymity [24], which was done in each of the studies. Despite limitations, confidential school-based self-administered questionnaires may be the best available method for assessing smoking behaviours [25].

The quality of outcome data is possibly influenced by the instrumentation used in the four student outcome studies. The choice and quality of items used in the analyses was limited by those available in the four data sets.

Quality of process data

Dose-response analyses rely heavily on the quality and quantity of the process data obtained (school's / student's exposure to the School Drug Education Project and its strategies). There are fewer limitations associated with the analyses related to participation in the School Drug Education Project and the level of training received. Both variables were collected in a prospective dataset held by the School Drug Education Project. These data were categorical in nature and not subject to interpretation. These analyses were subject to threats of misclassification predominantly through staff movement. If a staff member had been trained and subsequently left the school, the possibility exists that he/she may have also taken the capacity to implement the School Drug Education Project activities with him/her. Therefore,

while such schools would be classified as having received the project, the School Drug Education Project activities may have been largely unimplemented in the school. This also highlights the importance of conducting dose analyses also.

Data collected for dose-response analyses are subject to greater threats due to the retrospective nature of this data collection. Staff recall of drug education activities conducted after training with the School Drug Education Project was a major limitation to this evaluation. A number of staff commented during the interview that it was very difficult to be certain about their responses when discussing activities that occurred up to seven years ago, particularly if they were not directly involved. It was apparent that some school staff were making estimations about the years that certain activities took place, when policies were reviewed and when other activities took place. This recall bias will affect the reliability and validity of the data collected.

Another challenge of collecting retrospective data included the difficulty of tracking the original School Drug Education Project coordinator. In approximately half of the schools the original School Drug Education Project coordinator had left the school. A number of schools provided forwarding details and coordinators were tracked. In some cases coordinators were tracked over two to three schools. A few original coordinators had either retired or were on maternity leave, thus it was necessary to obtain home contact details for these people. Most schools were able to assist however, some schools refused to release this information.

Process data were obtained from 65 of the 85 (76%) schools that participated in the School Drug Education project. While the most common reason for exclusion was that data collection occurred prior to or concurrently to School Drug Education Project training (11 schools), in eight schools it became apparent that the departure of the original coordinator left no one at the school with sufficient knowledge of the activities conducted after the School Drug Education Project training.

The extent of implementation of School Drug Education Project activities may also have been under- or over-estimated in a number of instances. Underestimation may have occurred since missing responses were coded assuming the activity had not been implemented in the school and overestimation may have occurred as some coordinators tended to answer in the same way for each year when reporting for a range of years.

The calculation of a dose score has the potential to under- or over-value some aspects of school drug education. While the development of this measure was based on best available evidence, input from the School Drug Education Project team and expert opinion, it is

possible that the combination of factors used does not represent the best possible combination of these factors, or does not capture some elements essential to successful implementation of school drug education.

The assumption cannot be made that all drug education-related activities that occurred in a school after the initial training received by a teacher/teachers, were attributable to the School Drug Education Project training. Because of other influences on young people's drug use such as other drug-related programs and media influences, the School Drug Education Project training was not the only influence on schools' drug prevention activity, especially in Option B schools where the coordinator may have departed soon after his/her training.

Implementation of School Drug Education Project activities was measured at a school level which meant that it was not possible to measure the dose individual students received, only school dose. Overestimation of dose may have occurred as a full school dose was assigned to each student, assuming for example that each student attended the same school for their whole secondary schooling.

Inappropriate analyses

Aggregation bias has been a problem in many school-based evaluations due to analyses of program effects failing to account for the clustered nature of the data [26]. In this research such an approach would be likely to lead to inappropriate over-estimation of the School Drug Education Project effects, due to school effects not related to the project. These potential limitations are addressed by accounting for the clustered nature of the data using random effects models and robust sandwich estimators. In addition, testing for school effects in separate models exploring the impact of the dose variable enabled alternate explanations related to school effects to be ruled out.

Confounding variables such as school size, socio-economic status, geographic area, sector, gender and exposure to other interventions may explain differences found between schools. To account for this, these variables were included in the model fitting process to either be ruled out if not important or included in the model where they contributed to findings. Despite this procedure, it remains possible (but unlikely) that other unmeasured variables may be responsible for the intervention effects credited to the School Drug Education Project.

The large number of analyses conducted increases the possibility that results indicating differences are statistically significant may have occurred by chance. Thus it is important to

assess the pattern of results rather than place too much emphasis on significant outcomes for individual student outcome variables.

History

Findings from each of the student outcome data sets may have been confounded by other factors occurring outside of the School Drug Education Project and the SHAHRP and SCYP interventions. Community-based initiatives which operated concurrently to data collection in these projects may have influenced both students' behaviours and schools' responses to drug-related problems. It is not possible to ascertain to what extent external or internal factors (e.g. perceptions of drug-related problems in the school) may have influenced schools' decisions to participate in the School Drug Education Project, or students' drug-related behaviours and attitudes.

The effect of these other community based interventions on non-participating schools may reduce the differences between schools if non-participating schools engaged in many (effective) drug education activities. This is particularly so for curriculum and awareness raising materials that may have been available to all Western Australian schools, not just schools participating in School Drug Education Project training.

4.2 Summary of Results

The use of the four student outcome data sets has allowed the impact of the School Drug Education Project to be explored on a large number of students. In the four studies data regarding drug use, drug-related harm or drug-related attitudes was collected from students on a total of approximately 20,000 occasions. These students were approximately evenly distributed between gender groups and represented a range of levels of socio-economic status. In two areas, however, the data is not representative of all students and schools in Western Australia. Because the SHAHRP and SCYP studies were conducted in metropolitan, government high schools the overall sample is over-represented by these groups. Only the two ASSAD studies surveyed students from non-metropolitan and non-government schools. The ASSAD 2002 data used in the analyses contained responses from Year 11 and 12 students from only one non-metropolitan school (6% of this sample).

The School Drug Education Project whole school strategies were differentially implemented following training and appeared to primarily address classroom curriculum. For example, support from other health education teachers was high, but few schools conducted committee meetings each term to discuss school drug education. Over one-half of schools reported developing or reviewing a school drug policy in the previous year. Use of the SDEP Drug Education Teacher Support package was high, and the majority of schools indicated they

allocated a significant amount of classroom time to drug education. Newsletters were the most commonly used parent and community strategy.

The development of a dose score for schools implementing School Drug Education Project activities in each year that data were collected, indicated the highest mean levels of activity were associated with Year 9 students in 1999; however, a wide range of activity was present in each of the studies and year levels.

Over 200 analyses were conducted in total exploring three measures of School Drug Education Project activity (participation, level of training and dose) on student outcomes from the four studies. While many analyses revealed no association, the statistically significant relationships found are summarised below.

Year 8

Analyses for Year 8 students were limited due to data only being available in the ASSAD student outcome data sets. The small sample size and lack of School Drug Education Project training prior to measurement meant only the ASSAD 2002 data could be used for participation analyses. Students in schools that participated in the School Drug Education Project did not differ to students in non-participating schools in their tobacco, alcohol, cannabis, and other illicit drug use, or their tobacco- or alcohol-related attitudes. Students from participating schools did, however, perceive greater risk of harm from trying and regularly using a range of drugs.

Year 9

Comprehensive analyses were conducted using all four student outcome data sets to explore the impact of the School Drug Education Project on Year 9 students. A number of differences associated with the School Drug Education Project were found. For the ASSAD 1999 data participation impacted to reduce tobacco and cannabis use. Training in the A or a combination of A and B options was associated with less tobacco and alcohol use, and attitudes less accepting of drug use. However, negative outcomes were found for dose, with higher implementation of the School Drug Education Project strategies associated with increased likelihood of alcohol and cannabis. It is possible that these latter findings are due to school effects rather than the School Drug Education Project.

The ASSAD 2002 analyses revealed participation contributed to an increase in perceptions of harm related to drug use. Compared with training in Option B, training in both Options A and B was associated with less hazardous alcohol consumption. Schools' engagement in more School Drug Education Project activities impacted positively on smoking category and cannabis use in the previous four weeks. Positive differences were found among students from schools participating in the School Drug Education Project for students in the SCYP

study for attitudes and hazardous alcohol use, and for students in the SHAHRP study for alcohol-related harm.

Year 10

Each student outcome data set allowed analyses to be conducted for Year 10 students; the ASSAD 1999 and ASSAD 2002 studies, the SCYP study in 2000, and SHAHRP study in 1999. The data from the ASSAD 1999 study revealed participation impacted positively on attitude to alcohol use., Dose scores were not correlated with any student outcomes. Participation in the School Drug Education Project was not correlated with the ASSAD 2002 student outcomes, however higher levels of training (Option A or Options A and B) were related to attitudes less supportive of alcohol use and lower use of alcohol, cannabis and other drugs. The dose of School Drug Education Project activities may have been negatively associated with hazardous alcohol use, i.e. students from schools implementing more strategies may have been more likely to use alcohol in a hazardous manner. However, it cannot be ascertained if the effects are due to involvement in the School Drug Education Project or whether the difference represents an underlying school-based effect.

No associations were found in the analyses conducted with the SCYP Year 10 student outcome data for School Drug Education Project participation, training or dose. Participation in the School Drug Education Project was correlated positively with lower alcohol-related harm in the SHAHRP dataset.

Year 11

Only data from the ASSAD 1999 and ASSAD 2002 studies were analysed for Year 11 students. Analyses of the ASSAD 1999 data set revealed a number of negative outcomes related to students from schools participating in the School Drug Education Project: recent alcohol use (within the previous four weeks) was higher; attitudes were more accepting of alcohol use; cannabis use in the last 12 months was higher; and lower perception of harm related to drug use existed. Contrary to this, analyses of the ASSAD 2002 data indicated students receiving greater amounts of the School Drug Education Project strategies were less likely to have used illicit drugs (other than cannabis).

Year 12

Three student outcomes data sets were used to assess the impact of the School Drug Education Project on Year 12 students. Contrary to expectations, the analyses of the ASSAD 1999 data showed that school participation was correlated negatively with students' smoking categories. However, analyses of the ASSAD 2002 data indicated greater engagement in School Drug Education Project activities was associated with lower smoking consumption categories and attitudes more restrictive of alcohol consumption. Results from the SCYP data for 2002 indicated that more restrictive attitudes towards tobacco use were related to greater

dose of the School Drug Education Project activities, after accounting for significant school effects.

4.3 Overall Effects

The majority of analyses conducted on participation, level of training and dose indicated that the School Drug Education Project had no impact on students' drug use outcomes or attitudes after accounting for school and demographic effects. Approximately 13% (30 of 231) of the analyses conducted indicated positive effects of the Project (e.g. lower drug use, attitudes less accepting of drug use) among students in schools engaged in the project compared with those whose schools that did not participate or had received or implemented less of the recommended activities. This can be contrasted with negative results which imply the School Drug Education Project may have increased drug use or contributed to higher levels of acceptance of drug use. Only three percent (8 of 231) of analyses indicated negative effects and some of these analyses were unable to ascertain if the negative effect was due to involvement in the School Drug Education Project or to school effects. In addition, the majority of these results were obtained from Year 11 and 12 students surveyed in the ASSAD study in 1999. The negative effects were not found among younger students in the study or among students of the same age in the studies conducted in later years. This introduces the possibility that 1999 was too early in the life of the School Drug Education Project to have had an impact on older students, possibly because older students may have been exposed to less of the project than younger students or compared to students in later years where strategies may have been imbedded into the school ethos.

Explaining these results is not straight forward due to the many threats to the validity of findings in this study described previously. The four studies were not designed to be used as they have been in this evaluation study. Notwithstanding these threats, the findings are not definitive about the impact of the School Drug Education Project on student outcomes. The trend appears to support the School Drug Education Project having a positive impact, however, the size of this effect is likely to be small given the large number of insignificant results.

4.4 Impact of the School Drug Education Project

Inherent in the School Drug Education Project's aim of *ensuring that effective drug education is provided in all Western Australian schools* is the belief that effective drug education will result in changes in students' drug use behaviours and attitudes. The ability of comprehensive school-based interventions to impact on students' drug-use behaviours has been debated in the peer-reviewed literature. According to Munro and Midford [27], to judge drug education by changes in behaviours is problematic when success in other learning areas is judged by changes in knowledge. In other words, are we expecting too much from the School Drug Education Project if we expect its impact to be measured by changes in student drug use?

Some authors have argued that our drug education efforts would be better invested in curriculum-only approaches rather than more expensive comprehensive programs [9], although in Tobler et al's [28] large meta-analysis of school-based drug education programs, the largest effect sizes were among those that took a comprehensive approach. In addition, Tobler et al found the number of students in each study was inversely associated with effect size. This means that larger trials (those with a greater number of students and schools) were less likely to be successful.

The well resourced Gatehouse Project has recently reported that their comprehensive mental health intervention did not significantly impact on alcohol, tobacco or cannabis use (except for the first follow-up of regular smoking) [29]. This was an efficacy trial conducted in a limited number of schools (n=26 schools), with schools receiving more intensive support than is possible at a state-wide level in a program such as the School Drug Education Project. The translation of drug education from controlled experimental settings to large-scale community settings has been largely unsuccessful. Murray et al [30] reported that a state-wide school-based tobacco use intervention that had proven successful in a smaller trial, failed to reduce adolescent smoking compared with adolescents from a comparison state not receiving the program. Nutbeam et al [31] also found the translation of successful intervention trial programs into "*real-life*" situations had problems.

The research question of interest is; how do measures of participation, type of training, and dose of School Drug Education Project presented here compare with those reported in the literature? Direct comparisons cannot be made due to differences in approaches, aims and design limitations. It would be incorrect to compare the effect sizes of the School Drug Education Project on student outcomes against the effect sizes reported in meta-analyses. The vast majority of studies reported in meta-analytical studies are from controlled trials. The studies reported by Murray et al [30] and Nutbeam et al [31] demonstrate that state-wide dissemination programs are different to controlled trials. Unfortunately, while reports of

implementation of state-wide school health programs, or their equivalent, are relatively common, reports of the impact of these programs are rare. This may represent part of a "*file drawer phenomenon*" referred to by Dishion et al [32] whereby failed interventions are less likely to be published or are less likely to be evaluated as part of an effectiveness or dissemination trial.

Answering questions about whether implementation of the School Drug Education Project has been worthwhile is difficult. While trends suggest the project impact may be positive, there appears to be few overall changes. Caulkins et al [33] have taken an economic perspective of drug education to evaluate its effectiveness. In the conservative case of intervention effects completely decaying by the time students leave school, lifetime program benefits (predominantly from decreases in tobacco and alcohol consumption) still significantly outweigh the costs of implementing a program. These analyses assume that school drug education has had a short-term impact on drug-related behaviours. Translating these findings to the School Drug Education Project is not straight forward as the results here are only suggestive of initial impact of the program.

Recently, attention has focused less on direct drug education interventions, and more on the social, structural and developmental determinants of drug use [34-38]. These approaches have identified risk and protective factors for drug use and drug-related harm and intervened on these rather than the drug use directly. The social development intervention implemented by Hawkins and colleagues [35] has demonstrated promising outcomes. This study focused intervention efforts on younger children from the time they started school. This does not mean traditional drug education interventions should be abandoned; well designed programs can be effective in reducing drug use and attitudes [28, 39, 40].

5 RECOMMENDATIONS

While this research has not provided definitive answers as to whether the School Drug Education Project is effective in reducing students' drug use and impacting positively on their drug-related attitudes, it has provided some important directions for the future. The recommendations are:

Recommendation 1: Collect process measures regarding implementation of the School Drug Education Project

In-depth process measures relating to the implementation of the School Drug Education Project were collected from 1997 to 1999 as part of a previous process evaluation. Since this time few measures regarding the Project's implementation in schools have been collected until the current evaluation (the current evaluation involved retrospective data collection from up to seven years ago). Not only would these measures provide direction to the School Drug Education Project regarding which components have been most successfully implemented, there is some evidence that the collection of such data may act as an impetus for schools to implement the Project with greater fidelity.

These data could also be used in conjunction with future ASSAD surveys to analyse the ongoing impact of the School Drug Education Project, similar to analyses conducted in this research.

Recommendation 2: Provide personalised reports for schools about drug use behaviours, implementation of drug education strategies against normative data

During the interviews to collect process data, school coordinators suggested feedback about levels of drug use and implementation of drug education strategies in their school (similar to the reports provided to schools by the SCYP study) would provide supportive evidence to raise the profile and priority of drug education in their schools. These data would allow schools to assess their students' needs and the initiatives implemented against normative data provided by other schools. Such an approach is consistent with action research in health promotion. This strategy would help schools to develop strategies specific to their individual needs.

Recommendation 3: Review of School Drug Education Project program components

The level of implementation of School Drug Education Project activities appears to have been higher in earlier years of the project. To what degree this reflects enthusiasm generated by the project and its staff, the socio-political environment, expressed needs of schools that

engaged in the project earlier or other factors cannot be determined from this research. Changes in program emphasis on different strategies should be examined to determine which factors were associated with greater implementation. This may involve exploring the strategy priorities of the Project in each year it has been conducted and comparing these with the implementation data obtained for each year. It is possible that some strategies (e.g. school policy development) are associated with higher implementation.

Recommendation 4: Use of evidence-based resources as program components

Two of the student outcomes data sets used in this study were generated from intervention trials conducted in Western Australian schools. Whilst evidence of a positive effect related to the School Drug Education Project was 'patchy' at best, the SCYP and SHAHRP interventions impacted strongly over and above the School Drug Education Project on drug use behaviours and drug-related attitudes. Both these studies were controlled in nature, and therefore, as described above, it is unclear how their effects will translate in a state-wide dissemination process. The adoption of these proven interventions should be considered.

Recommendation 5: Integrate current drug focused interventions with developmental interventions

The School Drug Education Project should explore using developmental approaches as part of its intervention. To date, school drug education efforts have focused on drug use and related attitudes and have resulted in modest benefits, with larger state-wide initiatives less likely to demonstrate success. Developmental interventions take a broader perspective, have a wider range of outcomes and are long-term in nature. Work is required to explore how the School Drug Education Project can focus on developmental approaches as well as more traditional drug education interventions.

Recommendation 6: Measure effects and dose of School Drug Education Project implementation in primary schools

The longer term effects of the School Drug Education Project may not yet be evident given the younger cohort of students who have ideally received better quality drug education from as early as Year 1 would have only recently progressed to secondary school. There is no evidence reported in the literature that proves or disproves that lower primary school interventions have a long lasting effect. Most published studies have focused on developmental programs. Future evaluations should include measurement of the contribution of the primary school components of the School Drug Education Program.

Recommendation 7: Program sustainability and succession planning for the School Drug Education Project be addressed as part of the dissemination process

To improve the maintenance of the program implementation and ideally institutionalisation of the program, especially as key staff move to other schools, the School Drug Education Project should review the extent to which booster trainings and succession (training) planning can be built into its dissemination strategies.

6 REFERENCES

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7 APPENDICES

Appendix 1: Description of scale items for selected student outcome measures

Student outcome measure: Alcohol-related harm

Variable description: Number of times student's use of alcohol has resulted in a negative consequence from a list of 17 possible consequences

Categories: Never / 1-3 times / More than 3 times for all 17 items collectively

Data source: SHAHRP

Items from the SHAHRP questionnaire: Questions 38 – 54

38. In the past 12 months, how many times did you **plan** to get drunk **prior** to drinking?
39. In the past 12 months, how many times did you drink **more than you planned**?
40. In the past 12 months, how many times were you **sick** after drinking?
41. In the past 12 months, how many times did you have a **hangover** after drinking?
42. In the past 12 months, how often have you been **unable to remember** what had happened while you had been drinking?
43. In the past 12 months, on how many occasions were you **verbally abused because you were affected by alcohol**?
44. In the past 12 months, on how many occasions did you get into a **physical fight** with someone **because you were affected by alcohol**?
45. In the past 12 months, on how many occasions did you **damage something** because you were affected by alcohol?
46. In the past 12 months, when you were affected by alcohol, how many times did **you have sex that you later regretted**?
47. In the past 12 months, when you were affected by alcohol, how many times did **you have sex that you were afraid would lead to pregnancy or sexually transmitted disease**?
48. In the past 12 months, when affected by alcohol, how many times **have you been sexually harassed**?
49. In the past 12 months, how many times has your **school performance been affected by your use of alcohol**?
50. In the past 12 months, how many times did you get into **trouble with your friends** (that means your friends got annoyed with you) because of your drinking?
51. In the past 12 months, how many times did someone you were going out with **complain about your drinking**?
52. In the past 12 months, how many times did you get into **trouble with your parents** because of your drinking?
53. In the past 12 months, how many times did you get into **trouble with your teachers or principal** because of your drinking?
53. In the past 12 months, how many times did you get into **trouble with the police** because of your drinking?

Student outcome measure: Attitude to smoking

Variable description: 9 item scale

Details: Higher scores indicate greater acceptance of smoking

Data source: ASSAD

Items from the ASSAD questionnaire: Questions 61(i) – 61(ix)

61. The following are statements about smoking cigarettes.

Please tick the box that best describes what you think about each statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(i) Young people who smoke seem more mature than non-smokers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Smoking can reduce your sporting ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Smokers are usually more popular than non-smokers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) Smoking harms your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(v) The health of non-smokers can be affected by breathing other people's cigarette smoke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vi) People who smoke are usually less concerned about their health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vii) It's okay if my friends smoke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(viii) Smokers are usually more concerned than non-smokers about their image	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ix) Smoking is unattractive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Student outcome measure: Attitude to smoking

Variable description: 6 item scale

Details: Higher scores indicate greater acceptance of smoking. The data were transformed with a natural logarithm to achieve Normality.

Data source: SCYP

Items from the SCYP questionnaire: 17a-f

Circle the number that best describes how you feel about each of the statements:
(please circle one number for each statement)

	Agree	Mostly agree	Mostly disagree	Disagree	Unsure
a People should have the right to smoke wherever they want	1	2	3	4	5
b Smoking should be illegal	1	2	3	4	5
c I don't mind being around people who are smoking	1	2	3	4	5
d People who smoke at parties should go outside to smoke	1	2	3	4	5
e Families should have rules about smoking to protect the rights of members who don't smoke	1	2	3	4	5
f I prefer to hang out with people who don't smoke	1	2	3	4	5

Student outcome measure: Attitude to alcohol

Variable description: 8 item scale

Details: Higher scores indicate greater acceptance of alcohol use

Data source: ASSAD

Items from the ASSAD questionnaire: Questions 66(i) – 66(viii)

THE NEXT FEW QUESTIONS ARE FOR EVERYONE (even if you don't drink) AND ARE ABOUT DRINKING ALCOHOL – eg beer, alcoholic sodas, wine, wine coolers, spirits and pre-mix spirits, liqueurs, alcoholic apple cider, sherry or port

66. The following are statements about drinking alcohol.

Please tick the box that best describes what you think about each statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(i) Occasionally getting very drunk and losing control is good fun	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Having a drink is one of the best ways of relaxing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Having a few drinks is one of the best ways of getting to know people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) If someone doesn't have a few drinks then they're not really part of the group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(v) People who drink alcohol are usually more popular than people who don't drink	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vi) It is difficult to say no to friends if they are offering me alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vii) Getting drunk can harm your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(viii) It's okay to get drunk occasionally as long as you don't lose control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Appendix 2: Letter to principal

<Principal>
<SCHOOL>
<Address>
<Address WA post code>

Dear <principal>

Re: School Drug Education Project

The School Drug Education Project (SDEP) is a flagship initiative of the Department of Education and Training, the Catholic Education Office and the Association of Independent Schools. The aim of the project is to ensure that effective drug education is provided in all Western Australian Schools.

The Child Health Promotion Research Unit at Edith Cowan University is undertaking an evaluation of the School Drug Education Project, aiming to explore the impact of the SDEP on students' cigarette smoking, alcohol and other drug use. The project will use student data already collected from other research studies as an outcome measure, and will be complemented by a measure of each school's implementation of SDEP activities. As a previous SDEP school, we are seeking information from your staff regarding the activities conducted during your school's involvement in the project.

Your school's SDEP involvement

According to the SDEP records, staff at your school attended < whole-school (Option A) or train-the-trainer (Option B)> training in <year/s>, and < whole-school (Option A) or train-the-trainer (Option B)> training in <year/s>. (NB: this section was personalised for each school).

What will this involve?

We would like to interview the staff member who was directly involved in the project's implementation during <YEARS FOR INTERVIEW/s>. According to School Drug Education Project records, the person who first coordinated the SDEP in your school in <first year> was <coordinator's name>. In many cases the coordinator we have identified may no longer be a staff member at your school. Where possible, we would like to obtain information of their whereabouts for follow-up purposes, however we would like you to please identify another suitable staff member who could provide this important information about the school's activities during their SDEP involvement.

The interview will enable us to compile a description of the whole-school SDEP activities undertaken by your school, and will also explore the coordinator's ideas and opinions about the SDEP training; management and support from the SDEP; school curriculum initiatives; your school's drug policy, parent and community involvement; staff use of SDEP resources; and staff involvement in other SDEP whole school initiatives. This interview will take no more than 15 minutes to conduct and will be conducted via telephone at a time that is convenient to the coordinator.

I will contact you in the next week to discuss this project with you further and seek your permission to interview identified staff. At this time I would like to confirm that <coordinator's name> is still at your school, or alternatively ask you to identify someone else who would know the most about your school's SDEP activities in <year/s>.

If you have any questions about the evaluation or would like to know more about the project, please contact me on phone 9273 8237 or email e.townsend@ecu.edu.au. If you have any concerns or complaints about the research and wish to speak to an independent person, you may contact:

Research Ethics Officer
Human Research Ethics Officer
Edith Cowan University
100 Joondalup Drive
JOONDALUP WA 6027
Phone: (08) 6304 2170
Email: research.ethics@ecu.edu.au

Yours sincerely

Emily Townsend
Research Project Coordinator
Child Health Promotion Research Unit
Edith Cowan University

22 March 2004

Appendix 3: Scripts for recruitment of coordinators

1 PRINCIPALS

Call to reception:

Good morning/afternoon,

My name is Emily Townsend and I am calling from the Child Health Promotion Research Unit at Edith Cowan University. May I please speak with _____ (*principal*) if they are available?

No UNAVAILABLE

Could you suggest a more appropriate time for me to call back? I would like to speak with him/her in regards to the School Drug Education Project.

Call back: _____ day _____ time

or

Would it be possible to speak with your deputy principal? Could you please tell me his/her name before you put me through?

Yes **Put through to principal (or deputy):**

PART A

SCRIPT FOR PRINCIPALS

Good morning/afternoon,

My name is Emily Townsend and I am from the Child Health Promotion Research Unit at Edith Cowan University.

I'm calling today to speak with you about the School Drug Education Project. Are you familiar with this project? If no, describe. *The SDEP is an initiative of the DET, AISWA and CEO and aims to ensure that effective drug education is provided in all schools in Western Australia. The project reviews and develops classroom curriculum, provides professional development for school teachers, reviews policies and guidelines for drug education in schools, encourages parent and community participation in drug education, and reviews and develops drug education strategies for schools.*

You may recall recently receiving a letter from me regarding an evaluation of the SDEP that is being undertaken by my research unit. Do you recall receiving this letter?

No The letter described the evaluation of the SDEP and the role that school staff will play in assisting us to collect process measures from the years your school was part of the SDEP. We wish to collect information regarding the implementation of SDEP activities, specifically: ideas and opinions about the SDEP training; management and support from the SDEP; school curriculum initiatives; your school's drug policy, parent and community involvement; staff use of SDEP resources; and staff involvement in other SDEP whole school initiatives.

We would like to interview the person who attended the first SDEP training for your school in _____ (year). According to SDEP records, this person was _____ (Coordinator). This interview will take no more than 15 minutes and will be conducted by phone. We will send the interview questions to the coordinator before the interview so that they are prepared for the questions and can get access to the school's SDEP records to clarify any areas they are unsure about.

Could you tell us if this person is still a staff member at your school?

No If *he/she* is at another school, could you tell us where? _____

If they won't give this information:

Is there another staff member we could talk to who has been involved in coordinating drug education since _____ (year)?

Name: _____

Yes Would you be happy to allow *him/her* to participate in an interview to discuss these issues?

Yes Great. We will contact this person shortly to arrange an appropriate interview time with them. Thank you very much for your support.

No (Unlikely). Could you tell me why you have reservations about this? Would you like to speak with Professor Donna Cross, the Director of the Child Health Promotion Research Unit or Dr Margaret Hall, Director of the project, to discuss these reservations?

2 SCHOOL COORDINATOR

Call to reception:

Good morning/afternoon,

My name is _____ and I am calling from the Child Health Promotion Research Unit at Edith Cowan University. Could I please speak with _____ (*school coordinator*) if they are available?

No UNAVAILABLE

Could you suggest a more appropriate time for me to call back?

Call back: _____ day _____ time

Yes Put through to school coordinator:

PART B **SCRIPT FOR SCHOOL COORDINATOR**

Good morning/afternoon,

My name is _____ and I am from the Child Health Promotion Research Unit at Edith Cowan University.

I'm calling today to speak with you about the School Drug Education Project. The Child Health Promotion Research Unit at Edith Cowan University is undertaking an evaluation of the SDEP and an important part of this process involves speaking with key staff within SDEP schools regarding their participation and activity levels over the project's duration.

According to the SDEP records, you coordinated the SDEP in your school in _____, after receiving Option A (whole-school)/Option B train-the-trainer training.

Recently, your school principal _____ was contacted to seek permission for our research staff to interview staff from your school to discuss school drug education initiatives. He/she was happy to allow you to be involved in a telephone interview that we anticipate will take no more than 15 minutes complete.

(If asked specific content of interview: to discuss ideas and opinions about the SDEP training; management and support from the SDEP; school curriculum initiatives; your school's drug policy and parent and community involvement; staff use of SDEP resources; and staff involvement in other SDEP whole school initiatives.)

Would you be happy to participate in an interview to discuss these issues?

YES

We would like to fax through the questions we will ask in the interview to ensure that you are prepared for the interview and have the information that is required in front of you?

When would be an appropriate date and time for me to conduct this interview with you?

Day _____ Date _____ Time _____

Thank you very much for your time. I will be sending a confirmation letter to you shortly, as well as some preliminary interview forms which will need to be completed and faxed back to me before we have the formal telephone interview.

NO

Could you please tell me why you do not wish to participate? Is there someone else you can think of who may be able to provide some assistance to me?

3 ALTERNATIVE SCHOOL COORDINATOR

Call to reception:

Good morning/afternoon,

My name is _____ and I am calling from the Child Health Promotion Research Unit at Edith Cowan University. Could I please speak with _____ (*alternative coordinator*) if they are available?

No UNAVAILABLE

Could you suggest a more appropriate time for me to call back?

Call back: _____ day _____ time

Yes Put through to alternative coordinator:

PART C**SCRIPT FOR ALTERNATIVE STAFF MEMBER**

Good morning/afternoon,

My name is _____ and I am from the Child Health Promotion Research Unit at Edith Cowan University.

I'm calling today to speak with you about the School Drug Education Project. The Child Health Promotion Research Unit at Edith Cowan University is undertaking an evaluation of the SDEP and an important part of this process involves speaking with key staff within SDEP schools regarding their participation and activity levels over the project's duration.

Recently, I contacted your school principal _____ to seek permission to interview staff from your school to discuss school drug education initiatives. He/she was happy to allow this to occur, however informed me that the person we wanted to speak with _____ has left the school since being involved in the project training. He/she suggested that you might be able to assist me to find out about your school's drug education activities between _____ (years). We would like you to be involved in a telephone interview that we anticipate will take no more than 15 minutes complete.

(If asked specific content of interview: to discuss ideas and opinions about the SDEP training; management and support from the SDEP; school curriculum initiatives; your school's drug policy and parent and community involvement; staff use of SDEP resources; and staff involvement in other SDEP whole school initiatives.)

Would you be happy to participate in an interview to discuss these issues?

YES

We would like to fax through the questions we will ask in the interview to ensure that you are prepared for the interview and have the information that is required in front of you?

When would be an appropriate date and time for me to conduct this interview with you?

Day _____ Date _____ Time _____

Thank you very much for your time. I will be sending a confirmation letter to you shortly, as well as some preliminary interview forms which will need to be completed and faxed back to me before we have the formal telephone interview.

NO

Could you please tell me why you do not wish to participate?

Is there someone else you can think of who may be able to provide some assistance to me?

Appendix 4: Confirmation letter

«Coordinator_to_be_interviewed»
«School»
«Street_Address»
«Suburb__WA_» «PC»

Dear «Coordinator_first_name»

Re: School Drug Education Project Coordinator Interview

Thank you for agreeing to participate in the evaluation of the School Drug Education Project (SDEP). This evaluation is being conducted by staff at the Child Health Promotion Research Unit at Edith Cowan University. The evaluation aims to examine the impact of the SDEP's drug education strategies on students' behaviours.

You have been identified by the SDEP or your principal as a key person in «School» who can help to determine drug education strategies implemented in your school since receiving initial SDEP training in «FIRST_YEAR». In particular, we would like to discuss with you your school's activities during «YEARS_FOR_INTERVIEW». As discussed by phone, this will involve conducting an interview with you to discuss your ideas and opinions about the SDEP training; management and support from the SDEP; school curriculum initiatives; your school's drug policy; parent and community involvement; staff use of SDEP resources; and staff involvement in other SDEP whole school initiatives. We are also interested in speaking to other staff in your school who may be able to help fill in gaps identified. Some of these staff may have left the school however, we still consider them to be an important part of this evaluation. Your assistance in locating these staff for an interview would be most appreciated.

The interview process

The telephone interview will take approximately 15 minutes to complete and will be conducted at the time we agreed upon during our recent telephone conversation (see below). I have forwarded the interview questions to you via fax, and I strongly encourage you to read through these questions before I conduct the telephone interview with you. I also recommend you have in front of you your school's SDEP records and any additional information to assist you to answer the questions we put forward.

To help facilitate the interview process we ask that you also complete a brief survey and fax this back to us prior to the formal telephone interview (this is enclosed with this letter). *Please note that any identifying information that you provide will remain strictly confidential.*

Interview Confirmation

A fax back form enclosed contains confirmation of the interview time agreed upon during our recent telephone conversation. This has been scheduled for:

«Interview_Day_and_Date» at «Interview_Time».

If you are now unable participate in this interview due to unforeseen circumstances, please nominate two alternative times that you will be available to speak with us on the fax back form. We will then contact you to confirm a new interview date and time.

What we require you to do

1. Please complete the Coordinator interview Part A forms enclosed and tick the box on the fax back form to say you have completed them.
2. Please either confirm the interview time scheduled or nominate a different time by ticking the appropriate box on the fax back form.
3. Please send the fax back form along with the interview forms attached to Emily Townsend by «Part_A_return_Date».

If you have any questions about the evaluation or would like to know more about the project, please contact Emily Townsend on (08) 9273 8237 or email e.townsend@curtin.edu.au. If you have any concerns or complaints about the research and wish to speak to an independent person, you may contact:

Research Ethics Officer
Human Research Ethics Officer
Edith Cowan University
100 Joondalup Drive
JOONDALUP WA 6027
Phone: (08) 6304 2170
Email: research.ethics@ecu.edu.au

Yours sincerely

Emily Townsend
Research Project Coordinator
Child Health Promotion Research Unit

13 May 2004

Appendix 5: School Drug Education Project coordinator interview Part B

[<school ID>] [<staff ID>] [B]

(office use only)

School Drug Education Project Coordinator Interview PART B

Thank you for agreeing to be involved in this interview. It should take no more than 15 minutes to complete. Any identifying information you provide will remain strictly confidential.

The School Drug Education Project (SDEP) provided training and/or resources in four main areas: management and support for drug education; the school health environment; school health curriculum; and parent and community involvement. In this interview I will ask you questions about each area separately.

Please be as accurate in your responses as possible. Our aim is to measure the implementation of SDEP strategies in your school so we can understand if they have had an affect on student outcomes including drug use, drug-related harm and attitudes towards drug use. Please provide us with any additional information where relevant, particularly the name/s of other staff members who may be able to answer questions where you are having difficulty recalling.

We would like to discuss the School Drug Education Project activities conducted in your school for 1997-2002.

Let's begin.

Section One: MANAGEMENT AND SUPPORT FOR DRUG EDUCATION

This first section relates to management and support for drug education at your school.

1. a) Since receiving the first SDEP training, which year/s did your school make the implementation of school drug education a priority?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

1a.1) When do you think was the peak year your school made the implementation of school drug education a priority?

1. b) Since receiving the first SDEP training, which year/s did your school have a school administrator who was at least moderately engaged in health/drug education activities (eg supportive and aware of actions)?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

1b.1) When do you think was the peak year your school had an administrator who was at least moderately engaged in drug education activities?

1. c) Since receiving the first SDEP training, which year/s did your school identify a designated health education coordinator?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

1. d) Since receiving the first SDEP training, which year/s did your school include drug education as part of the annual school planning cycle?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

1d.1) When do you think was the peak year your school included drug education as a part of the annual planning cycle?

2. a) In what year/s since receiving the first SDEP training has your school had an active (i.e. met at least 2 times per year) committee that is responsible for drug education?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

2. b) How often did this committee meet each year?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Less than once per year	1	1	1	1	1	1
1-2 times per year	2	2	2	2	2	2
Once per term	3	3	3	3	3	3
Once per month	4	4	4	4	4	4
Once per fortnight	5	5	5	5	5	5
Once per week	6	6	6	6	6	6

2. c) What percentage of committee time was devoted to drug education in:

i) 1997?	%
ii) 1998?	%
iii) 1999?	%
iv) 2000?	%
v) 2001?	%
vi) 2002?	%

3. a) Has your school allocated adequate (or more) funding to health/drug education since becoming involved in the SDEP?
(Please circle one number)

Yes	1	Skip to 3c
No	2	Go to 3b
Unsure	3	Skip to q4

- b) Please explain why you think your school did not allocate adequate funding to health/drug education since becoming involved in the SDEP.
- c) Please indicate how much funding your school has allocated each year to health/drug education since it became involved in the SDEP.
(Please indicate the amount or circle -1 in the unsure column)

Year	Amount allocated	Unsure
1997	\$	-1
1998	\$	-1
1999	\$	-1
2000	\$	-1
2001	\$	-1
2002	\$	-1

4. a) What level of support did you receive from other health teachers regarding the implementation of drug education strategies in your school each year after you received training?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
i) Received support from all school staff	1	1	1	1	1	1
ii) Received support from most school staff	2	2	2	2	2	2
iii) Received support from some school staff	3	3	3	3	3	3
iv) Received support from very few school staff	4	4	4	4	4	4
v) Did not receive any support from school staff	5	5	5	5	5	5
vi) Unsure	6	6	6	6	6	6

4. b) What level of support did you receive from other teachers regarding the implementation of drug education strategies in your school each year after you received training?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
i) Received support from all school staff	1	1	1	1	1	1
ii) Received support from most school staff	2	2	2	2	2	2
iii) Received support from some school staff	3	3	3	3	3	3
iv) Received support from very few school staff	4	4	4	4	4	4
v) Did not receive any support from school staff	5	5	5	5	5	5
vi) Unsure	6	6	6	6	6	6

Section Two: SCHOOL HEALTH ENVIRONMENT

This second section relates to the school health environment at your school.

5. a) What year was your school's drug policy first developed?

5. b) Since receiving the first SDEP training, which year/s did your school review its drug policy to make it more comprehensive?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

- 5b.1) When do you think was the peak year your school reviewed its drug policy?

5. c) Since receiving the first SDEP training, which year/s did your school encourage the whole school community (e.g. staff, students and parents) to provide feedback on the drug policy when it was reviewed?

(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

5c.1) When do you think was the peak year your school encouraged the whole school community to provide feedback on the policy when it was reviewed?

5. d) To the best of your knowledge, have staff at your school seen or used the Developing a *Drug Policy to Promote Health in Your School* (policy guidelines) since training was first received?

(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
i) Seen and used all	1	1	1	1	1	1
ii) Seen and used some	2	2	2	2	2	2
iii) Seen but not used	3	3	3	3	3	3
iv) Haven't seen or used	4	4	4	4	4	4
v) Unsure	5	5	5	5	5	5

Section Three: SCHOOL HEALTH CURRICULUM

This section relates to the school health curriculum at your school.

6. a) Since receiving the first SDEP training, which year/s did your school provide drug education professional development for classroom teachers?

(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

6a.1) When do you think was the peak year your school provided drug education professional development for classroom teachers?

6. b) Since receiving the first SDEP training, which years did your school provide teacher relief for training or planning in drug education?

(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

6b.1) When do you think was the peak year your school provided teacher relief for training or planning in drug education?

6. c) Since receiving the first SDEP training, which year/s did your school encourage teachers to use role play, group work and values education in health/drug education classroom practices?

(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

6c.1) When do you think was the peak year your school encouraged teachers to use role play, group work and values education in health/drug education classroom practices?

7. a) For each year since receiving SDEP training, approximately how long (in minutes) is each health lesson at your school for each year level?

Year level	1997	1998	1999	2000	2001	2002
i) Year 8						
ii) Year 9						
iii) Year 10						
iv) Year 11						
v) Year 12						

7. b) What is the average number of health education lessons that each year level has received per year since your school has become involved in the SDEP?
(Please circle one number in each column)

Year level	1997	1998	1999	2000	2001	2002
i) Year 8						
ii) Year 9						
iii) Year 10						
iv) Year 11						
v) Year 12						

7. c) How many health lessons have been set aside for drug education for each year level per year since your school has become involved in the SDEP?
(Please circle one number in each column)

Year level	1997	1998	1999	2000	2001	2002
i) Year 8						
ii) Year 9						
iii) Year 10						
iv) Year 11						
v) Year 12						

7. d) Please indicate time of the year are these drug education lessons usually run, for each year level per year since your school has become involved in the SDEP?

Year level	1997	1998	1999	2000	2001	2002
i) Year 8						
ii) Year 9						
iii) Year 10						
iv) Year 11						
v) Year 12						

8. a) To the best of your knowledge, have staff at your school who teach drug education seen or used the *School Drug Education Project Drug Education Teacher Support Package K-12 (Phase 3 or 4)* since training was first received?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
i) Seen and used all for the year level they teach	1	1	1	1	1	1
ii) Seen and used some for the year level they teach	2	2	2	2	2	2
iii) Seen but not used for the year level they teach	3	3	3	3	3	3
iv) Haven't seen or used for the year level they teach	4	4	4	4	4	4
v) Unsure	5	5	5	5	5	5

8. b) To the best of your knowledge, have staff at your school seen or used the *School Drug Education Project Newsletter* since training was first received?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
i) Seen and used all	1	1	1	1	1	1
ii) Seen and used some	2	2	2	2	2	2
iii) Seen but not used	3	3	3	3	3	3
iv) Haven't seen or used	4	4	4	4	4	4
v) Unsure	5	5	5	5	5	5

Section Four: PARENT AND COMMUNITY INVOLVEMENT

This section relates to parent and community involvement in drug education at your school.

9. a) Since receiving the first SDEP training, which year/s did your school encourage parents to use home activities in the SDEP K-12 Teacher Support Package?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

9a.1) When do you think was the peak year your school encouraged parents to use home activities in the SDEP K-12 Teacher Support Package?

9. b) Since receiving the first SDEP training, which year/s did your school send drug education information home in the school newsletter?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

9b.1) When do you think was the peak year your school sent drug education information home in the school newsletter?

9. c) Since receiving the first SDEP training, which year/s did your school invite parents and the community to attend drug education information evenings?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

9c.1) When do you think was the peak year your school invited parents and the community to attend drug education information evenings?

9. d) Since receiving the first SDEP training, which year/s did your school distribute a pamphlet to parents on the school drug policy?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

9d.1) When do you think was the peak year your school distributed a pamphlet to parents on the school drug policy?

9. e) Are there any other ways your school has encouraged parent involvement in school drug education issues? *(Please indicate what year/s these activities occurred)*

10. a) Since receiving the first SDEP training, which year/s did your school encourage links with the Community Drug Service Team?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

10a.1) When do you think was the peak year your school encouraged links with the Community Drug Service Team?

10. b) Since receiving the first SDEP training, which year/s did your school encourage links with the local police or GURD?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

10b.1) When do you think was the peak year your school encourage links with the local police or GURD?

10. c) Since receiving the first SDEP training, which year/s did your school encourage links with a Local Drug Action Group?
(Please circle one number in each column)

	1997	1998	1999	2000	2001	2002
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Unsure	3	3	3	3	3	3

10c.1) When do you think was the peak year your school encouraged links with a Local Drug Action Group?

10. d) Are there any other ways your school has encouraged community involvement in school drug education issues? *(Please indicate what year/s these activities occurred)*

That concludes our interview. Do you have anything further you wish to add?

**Thank you very much for your time
 END OF INTERVIEW**

Appendix 6: School Drug Education Project coordinator interview Part A

**School Drug Education Project
Coordinator Interview Part A**

(1) What position do you hold in your school?

Principal	1
Deputy Principal	2
Head of Department	3
Teacher	4
Administrative/Support Staff	5
Other	6

→ Please specify: _____

 → Please specify: _____

(2) How many years have you been teaching?

_____	Years
-------	-------

(3) How many years have you been a staff member of your school?

_____	Years
-------	-------

(4) What is your gender?

Male	1
Female	2

(5) What is your age?

_____	Years
-------	-------

(6) How long have you been/were you the SDEP coordinator at your school?

Since _____ or for _____ years

(7) During your involvement in the SDEP, were you the only coordinator in your school?

Yes	1		
No	2	→	Please specify the name/s of other coordinator/s

(8) Please complete the following table based on your school records of SDEP involvement. Specify the time of year training was received, the training option (A (whole school) or B (train-the-trainer)), the number of staff who received the training, and the name of the coordinator/s for that year.

Year	Time of year (term)	Option (A or B)	Number of staff trained	Coordinator/s
1997				
1998				
1999				
2000				
2001				
2002				
2003				
2004				

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Explanatory notes

These notes have been provided to assist in the interpretation of the results from the statistical models presented in this Appendix.

Types of statistical models

Three types of statistical models were fitted to the student outcome data.

- Binary logistic regression was used for the binary variables.
- Nominal logistic regression was used for the multi-category variables (namely the smoking category variable and perception of harm variables).
- Multiple regression models were used for the continuous variables, namely attitude to smoking and to alcohol use.

Statistical significance of results

The significance of a variable as a predictor is determined by comparing the relevant P value with the corresponding alpha level. The alpha level is 0.05 in most instances other than for the nominal logistic regression where the levels have been adjusted to account for the multiple comparisons that are conducted for those analyses. Rather than using the alpha level as an absolute cut-off point for significance of results, P values close to the alpha level have been interpreted as of borderline significance. Thus if a P value is slightly above the alpha level this is seen as weak evidence of a possible association whereas if it is just below the alpha level, it is not seen as conclusive evidence of an association.

Accounting for the clustering

For the binary logistic and multiple regressions, random coefficients models were implemented to account for the school-level clustering. These models account for the fact that students were sampled within schools and therefore not entirely independent. Students within the same school are likely to be similar to some extent with regard to the outcomes being assessed. A random intercept was fitted and the school level variation estimated. The reported intraclass correlations (ICC) values are the estimated correlations between the responses from students in the same school. The P values that are given alongside the ICC values are an indication of whether this school level variation or clustering effect is significant or not. If it is significant then it is necessary to account for the clustering in the data as was done in the analyses in this report. If the school level variance is not significant, the results are similar to what would have been obtained from a standard analysis and we can conclude that the responses from students within the same school are not significantly correlated.

It was not possible to fit a random coefficients model to all continuous and binary outcome variables as in some cases the procedure could not estimate the random component of the model. In these instances robust estimation of standard errors utilising Huber-White sandwich estimators was used to adjust for the clustering in the data. No school variances or ICC values are presented for these analyses.

Procedures to fit random effects nominal logistic regression models are in developmental stages and thus nominal logistic regression with robust estimation of standard errors utilising Huber-White sandwich estimators was used to analyse the multi-category outcome variables. Thus no school variances or ICC values are presented for the nominal logistic regression models.

Interpretation of parameters from models

The interpretations of the results from the different statistical models differ and explanations are given for each.

Binary logistic regression:

Odds ratios (and their confidence intervals) are presented. Odds ratios below one indicate reduced odds and values above one indicate increased odds. In the tables the group with the odds ratio of one is the reference group, that is, the group to which the others are compared. So for example for the variable 'SDEP participation' the 'Yes' group are compared with the 'No' group. Referring to Table A.12 which is an analysis of the outcome variable 'Smoked in the last 7 days' for the ASSAD 1999 Year 9 students, the estimated odds ratio for the 'Yes' category of the SDEP participation variable is 0.44. This indicates that students in SDEP participating schools had reduced odds of having smoked when compared to those in non-participating schools. Specifically students in participating schools were 0.44 times less likely to have smoked in the previous seven days or equivalently students in *non-participating* schools were 2.3 times more likely (calculated as $1 \div 0.44 = 2.3$) to have smoked in the previous seven days. Confidence intervals for odds ratios that do not contain the value of one indicate statistically significant results i.e. the odds are either significantly larger or significantly smaller in the two groups being compared.

Nominal logistic regression:

These models are equivalent to a number of binary logistic regression models being conducted simultaneously, which is necessary due to the fact that there are more than two categories of the outcome variable to compare. All comparisons of the categories of the outcome variable are presented.

The overall significance of each predictor variable is given at the bottom of the tables. These P values are evaluated against an alpha level of 0.05. Using the overall P values one can evaluate the importance of the variable as a predictor of the specific outcome variable. For example in Table A.13, the overall P value for the SDEP participation variable is 0.003, implying that students in SDEP participating schools differ significantly from those in non-participating schools with regard to the smoking category variable.

In general once a variable has been identified as a significant predictor, it is then necessary to identify for which categories of the outcome variable differences exist. In the case of the smoking category variable, the different smoking categories are compared. P values corresponding to the individual comparisons for the different categories of the outcome variable are presented in the tables. The statistical significance of the comparisons between the categories of the outcome variable are determined by comparing the reported P value with the alpha level given in the footnote of the table. For example, when comparing the categories 'Regular use' versus 'Never smoked' in Table A.13, the P value for the SDEP participation variable is 0.000 and the corresponding odds ratio is 0.34. The P value is evaluated against the value of 0.008 (which is $0.05 \div 6$ since there are six possible comparisons between the smoking categories).

Interpretation of the odds ratios are as for binary logistic regression, refer to the labeling for the outcome variables to determine which categories of the outcome variable are being compared. The second mentioned category is the reference category in each instance.

Thus the above-mentioned odds ratio of 0.34 implies that students in participating schools are 0.34 times less likely than those in non-participating schools to report regular use of tobacco than to report never having smoked. In other words students in non-participating schools are 2.9 times (calculated as $1 \div 0.34 = 2.9$) *more* likely to report regular use of tobacco than never having smoked.

Where a predictor variable has more than two categories, it is possible to compare the odds for the categories of the outcome variable for each of the combinations of the categories of the predictor variable. However, not all possible comparisons of the predictor variables have been given e.g. differences between independent and Catholic schools are not tested.

Multiple regression:

Regression coefficient values and not odds ratios are obtained for multiple regression analyses. In all the multiple regression tables, the category of the predictor variable which is not listed in the table, namely the following categories: government schools, lower socio-economic status, metropolitan area, males and smaller school size, are the base categories and they have a regression coefficient value of zero. When evaluating categorical variables such as the variable 'SDEP participation' or 'Level of training', the coefficient values are

interpreted as the average difference in the values of the outcome variable between the two groups being compared, that is the category listed and the base category. For example, consider the analysis of attitudes to smoking with regard to the effects of level of SDEP training for the ASSAD 1999 Year 9 students as presented in Table A.17. The value of -0.14 indicates that the mean on the attitude to smoking scale for students enrolled in schools that undertook Option A or a combination of A and B training, was different by an estimated amount of 0.14 from the mean on the scale for students enrolled in Option B only schools. The negative sign for the coefficient indicates that the former students had lower values on average on the attitudinal scale i.e. were more negative with regards smoking than those in Option B only schools. The magnitude of the difference between the groups as given by the coefficient value is assessed against the range of the outcome variable. So the above coefficient value represents a difference between the groups of 0.14 on a scale of 1 to 5.

When evaluating continuous variables as predictors, in this case dose of SDEP received, the coefficient indicates the average increase in the values of the outcome variable for each one unit increase in dose score. Positive coefficient values imply a positive association exists (and negative values a negative association) between the outcome and predictor variables. Note that since the dose scores potentially range in value between 0 and 100, the coefficient values for the dose analyses are relatively small. Referring to the results of the multiple regression of attitude to smoking on dose score for the ASSAD 1999 Year 9 students (Table A.20), the regression coefficient value is -0.002. This represents the average decrease (because it is a negative value) in attitude to smoking as dose increases. Note that for the SCYP data the attitude to smoking scale was log transformed in order to meet the Normality assumption which underlies multiple regression. Thus the coefficient for dose is the average shift in the log values of the attitudinal scale for each unit increase in the dose score.

Sample sizes

Note that the analyses evaluating differences due to level of training and of dose received were conducted only on schools that had participated in School Drug Education Project training and thus the numbers of schools and students are less than for the analyses conducted to evaluate differences between participating and non-participating schools.

The role of the demographic variables

The demographic variables were simply included in the statistical models to control for their possible effects. Thus it is advised that the results of these models not be used as indications of the marginal associations between the demographic variables and the student outcomes. Demographic variables that are not included in specific models are not necessarily uncorrelated with the particular student outcome and they may have been significantly associated with the outcome variable when tested individually. However, the strategy taken in

the analyses was to fit the most parsimonious model possible, thus demographic variables were excluded from the model if they were not significant contributors to the model.

Nonsignificance in a model could have been due to the fact that the variable was no longer significant once another demographic variable was included in the model, due to the fact that the demographic variables (for example sector and socio-economic status) are themselves correlated to some extent and due in some instances to the small numbers of schools within specific groups.

YEAR 8 STUDENTS

ASSAD 2002 Year 8

TOBACCO

Table A.1: Smoked in last 7 days by SDEP participation using ASSAD 2002 Year 8 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.31	(0.11 ; 0.87)	0.027
SDEP participation	No	1		
	Yes	1.44	(0.47 ; 4.43)	0.524
School-level variance (standard error)	0.521 (0.487)			
ICC (standard error)	0.076 (0.131)			0.269

Binary logistic regression (n=489, 27 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.2: Smoking categories by SDEP participation using ASSAD 2002 Year 8 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.95	(0.66 ; 1.37)	0.780
		Catholic	0.99	(0.60 ; 1.63)	0.965
	Area	Metro	1		
		Non-metro	1.82	(1.25 ; 2.66)	0.002
		SDEP participation	No	1	
Yes	1.03	(0.70 ; 1.52)	0.880		
Occasional/ Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.11	(0.02 ; 0.62)	0.012
		Catholic	0.18	(0.06 ; 0.57)	0.003
	Area	Metro	1		
		Non-metro	1.78	(0.77 ; 4.14)	0.178
		SDEP participation	No	1	
Yes	0.62	(0.31 ; 1.21)	0.161		
Occasional/ Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.11	(0.02 ; 0.54)	0.006
		Catholic	0.19	(0.06 ; 0.57)	0.003
	Area	Metro	1		
		Non-metro	0.98	(0.47 ; 2.03)	0.954
		SDEP participation	No	1	
Yes	0.60	(0.34 ; 1.05)	0.072		
Overall P value	Sector				0.003
	Area				0.008
	SDEP participation				0.197

Nominal logistic regression (n=491, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.3: Attitude to smoking by SDEP participation using ASSAD 2002 Year 8 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.26	0.036	(2.18 ; 2.33)	0.000
Socio-economic status	Medium	0.01	0.041	(-0.07 ; 0.10)	0.795
	Higher	-0.22	0.051	(-0.32 ; -0.11)	0.000
Sector	Independent	-0.19	0.063	(-0.32 ; -0.06)	0.006
	Catholic	-0.01	0.046	(-0.11 ; 0.08)	0.809
SDEP participation	Yes	0.00	0.044	(-0.09 ; 0.09)	0.933

Multiple regression (n=473, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

ALCOHOL

Table A.4: Alcohol in last 4 weeks by SDEP participation using ASSAD 2002 Year 8 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.36	(0.20 ; 0.63)	0.000
	Catholic	0.50	(0.32 ; 0.79)	0.003
SDEP participation	No	1		
	Yes	1.19	(0.73 ; 1.95)	0.483

Binary logistic regression (n=485, 27 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.5: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 2002 Year 8 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Area	Metro	1		
	Non-metro	2.47	(1.30 ; 4.70)	0.006
SDEP participation	No	1		
	Yes	1.16	(0.56 ; 2.40)	0.690
School-level variance (standard error)	0.473 (0.213)			
ICC (standard error)	0.064 (0.054)			0.063

Binary logistic regression (n=493, 27 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.6: Attitude to alcohol by SDEP participation using ASSAD 2002 Year 8 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.74	0.069	(2.60 ; 2.87)	0.000
Sex	Female	-0.23	0.069	(-0.37 ; -0.10)	0.001
Sector	Independent	-0.48	0.111	(-0.70 ; -0.26)	0.000
	Catholic	-0.29	0.104	(-0.50 ; -0.09)	0.005
SDEP participation	Yes	0.00	0.098	(-0.19 ; 0.20)	0.965
School-level variance (standard error)	0.133 (0.048)				
ICC (standard error)	0.036 (0.025)				0.033

Multiple regression (n=459, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ILLICIT SUBSTANCES

Table A.7: Cannabis use in last year by SDEP participation using ASSAD 2002 Year 8 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.32	(0.11 ; 0.94)	0.038
	Catholic	0.36	(0.13 ; 1.00)	0.050
SDEP participation	No	1		
	Yes	0.97	(0.40 ; 2.37)	0.942
School-level variance (standard error)	0.645 (0.211)			
ICC (standard error)	0.112 (0.065)			0.007

Binary logistic regression (n=479, 27 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.8: Cannabis use in last 4 weeks by SDEP participation using ASSAD 2002 Year 8 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.47	(0.18 ; 1.27)	0.138
Sector	Government	1		
	Independent	0.30	(0.10 ; 0.95)	0.041
	Catholic	0.22	(0.08 ; 0.58)	0.002
SDEP participation	No	1		
	Yes	0.77	(0.41 ; 1.46)	0.429

Binary logistic regression (n=478, 27 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.9: Illicit drug use in last year by SDEP participation using ASSAD 2002 Year 8 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	1.60	(0.81 ; 3.17)	0.178
	Catholic	0.68	(0.43 ; 1.09)	0.107
SDEP participation	No	1		
	Yes	0.76	(0.47 ; 1.24)	0.277

Binary logistic regression (n=489, 27 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

PERCEPTION OF HARM

Table A.10: Perception of harm* (low level use) by SDEP participation using ASSAD 2002 Year 8 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Lower vs. Higher danger	Socio-economic status	Lower	1			
		Medium	0.99	(0.58 ; 1.71)	0.983	
		Higher	0.73	(0.42 ; 1.29)	0.281	
	Sector	Government	1			
		Independent	0.39	(0.16 ; 0.98)	0.046	
		Catholic	0.42	(0.25 ; 0.71)	0.001	
	SDEP participation	No	1			
		Yes	0.40	(0.27 ; 0.61)	0.000	
	Moderate vs. Higher danger	Socio-economic status	Lower	1		
Medium			1.15	(0.51 ; 2.59)	0.728	
Higher			1.51	(0.90 ; 2.51)	0.117	
Sector		Government	1			
		Independent	0.44	(0.23 ; 0.85)	0.014	
		Catholic	0.50	(0.28 ; 0.91)	0.022	
SDEP participation		No	1			
		Yes	0.68	(0.43 ; 1.06)	0.086	
Lower vs. Moderate danger		Socio-economic status	Lower	1		
	Medium		0.86	(0.36 ; 2.05)	0.736	
	Higher		0.49	(0.27 ; 0.88)	0.017	
	Sector	Government	1			
		Independent	0.89	(0.44 ; 1.82)	0.755	
		Catholic	0.84	(0.51 ; 1.36)	0.471	
	SDEP participation	No	1			
		Yes	0.60	(0.35 ; 1.03)	0.065	
	Overall P value	Socio-economic status				0.031
Sector					0.007	
SDEP participation					0.000	

Nominal logistic regression (n=476, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.11: Perception of harm* (regular use) by SDEP participation using ASSAD 2002 Year 8 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Lower vs. Higher danger	Socio-economic status	Lower	1			
		Medium	1.09	(0.54 ; 2.19)	0.810	
		Higher	0.51	(0.32 ; 0.82)	0.005	
	Sector	SDEP participation	Government	1		
			Independent	0.31	(0.15 ; 0.66)	0.002
			Catholic	0.57	(0.33 ; 0.99)	0.045
			No	1		
			Yes	0.54	(0.38 ; 0.79)	0.001
Moderate vs. Higher danger	Socio-economic status	Lower	1			
		Medium	1.57	(0.86 ; 2.85)	0.140	
		Higher	0.90	(0.49 ; 1.64)	0.727	
	Sector	SDEP participation	Government	1		
			Independent	0.40	(0.22 ; 0.72)	0.002
			Catholic	0.71	(0.38 ; 1.33)	0.287
			No	1		
			Yes	1.22	(0.72 ; 2.07)	0.454
Lower vs. Moderate danger	Socio-economic status	Lower	1			
		Medium	0.69	(0.34 ; 1.42)	0.318	
		Higher	0.57	(0.29 ; 1.15)	0.115	
	Sector	SDEP participation	Government	1		
			Independent	0.78	(0.40 ; 1.51)	0.454
			Catholic	0.80	(0.34 ; 1.92)	0.623
			No	1		
			Yes	0.44	(0.28 ; 0.70)	0.001
Overall P value	Socio-economic status				0.001	
	Sector				0.003	
	SDEP participation				0.000	

Nominal logistic regression (n=477, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

YEAR 9 STUDENTS

ASSAD 1999 Year 9

TOBACCO

Table A.12: Smoked in last 7 days by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.17	(0.07 ; 0.43)	0.000
Sex	Catholic	0.62	(0.32 ; 1.21)	0.160
	Male	1		
SDEP participation	Female	1.60	(1.04 ; 2.48)	0.033
	No	1		
School-level variance (standard error)	Yes	0.44	(0.25 ; 0.76)	0.003
	ICC (standard error)	0.426 (0.160)		0.032

Binary logistic regression (n=584, 31 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.13: Smoking categories by SDEP participation using ASSAD 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.60	(0.43 ; 0.84)	0.003
	Sector	Government	1		
		Independent Catholic	0.66 0.85	(0.41 ; 1.05) (0.56 ; 1.31)	0.078 0.473
	SDEP participation	No	1		
		Yes	0.87	(0.60 ; 1.25)	0.443
Occasional use vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.59	(0.34 ; 1.03)	0.065
	Sector	Government	1		
		Independent Catholic	0.40 0.98	(0.18 ; 0.90) (0.50 ; 1.93)	0.026 0.962
	SDEP participation	No	1		
		Yes	0.65	(0.32 ; 1.33)	0.241
Regular use vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.36	(0.22 ; 0.61)	0.000
	Sector	Government	1		
		Independent Catholic	0.07 0.46	(0.02 ; 0.23) (0.20 ; 1.09)	0.000 0.078
	SDEP participation	No	1		
		Yes	0.34	(0.19 ; 0.60)	0.000
Occasional use vs. Smoked in past	SHAHRP intervention	No	1		
		Yes	0.99	(0.55 ; 1.76)	0.960
	Sector	Government	1		
		Independent Catholic	0.61 1.15	(0.28 ; 1.33) (0.51 ; 2.58)	0.214 0.732
	SDEP participation	No	1		
		Yes	0.75	(0.37 ; 1.53)	0.433
Regular use vs. Smoked in past	SHAHRP intervention	No	1		
		Yes	0.61	(0.42 ; 0.88)	0.009
	Sector	Government	1		
		Independent Catholic	0.10 0.54	(0.03 ; 0.36) (0.20 ; 1.49)	0.000 0.233
	SDEP participation	No	1		
		Yes	0.39	(0.22 ; 0.69)	0.001
Regular vs. Occasional use	SHAHRP intervention	No	1		
		Yes	0.62	(0.37 ; 1.03)	0.066
	Sector	Government	1		
		Independent Catholic	0.17 0.47	(0.03 ; 0.84) (0.23 ; 0.98)	0.030 0.043
	SDEP participation	No	1		
		Yes	0.52	(0.27 ; 1.00)	0.050
Overall P value	SHAHRP intervention				0.002
	Sector				0.000
	SDEP participation				0.003

Nominal logistic regression (n=582, 31 schools)
Level of significance for group comparisons $\alpha=0.008$

Table A.14: Attitude to smoking by SDEP participation using ASSAD 1999 Year 9 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.32	0.037	(2.24 ; 2.39)	0.000
Sector	Independent	-0.07	0.059	(-0.19 ; 0.05)	0.245
	Catholic	-0.16	0.061	(-0.29 ; -0.04)	0.012
SDEP participation	Yes	0.04	0.044	(-0.05 ; 0.13)	0.420

Multiple regression (n=558, 31 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.15: Smoked in last 7 days by level of SDEP training using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Socio-economic status	Lower	1		
	Medium	0.59	(0.24 ; 1.45)	0.253
	Higher	1.67	(0.66 ; 4.22)	0.275
Sector	Government	1		
	Independent	0.06	(0.01 ; 0.49)	0.010
SDEP training	Catholic	0.78	(0.29 ; 2.12)	0.624
	Option B	1		
	Option A or combination	0.39	(0.17 ; 0.91)	0.029
School-level variance (standard error)	0.447 (0.232)			
ICC (standard error)	0.057 (0.056)			0.087

Binary logistic regression (n=345, 18 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.16: Smoking categories by level of SDEP training using ASSAD 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.55	(0.26 ; 1.16)	0.118
	SDEP training	Catholic	0.80	(0.52 ; 1.24)	0.323
		Option B	1		
Occasional/ Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.13	(0.07 ; 0.26)	0.000
	SDEP training	Catholic	0.78	(0.41 ; 1.48)	0.440
		Option B	1		
Occasional/ Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.24	(0.12 ; 0.50)	0.000
	SDEP training	Catholic	0.97	(0.59 ; 1.58)	0.890
		Option B	1		
Overall P value	Sector				0.000
	SDEP training				0.110

Nominal logistic regression (n=343, 18 schools)
 Level of significance for group comparisons $\alpha=0.017$

Table A.17: Attitude to smoking by level of SDEP training using ASSAD 1999 Year 9 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.48	0.034	(2.41 ; 2.55)	0.000
Socio-economic status	Medium	-0.15	0.063	(-0.28 ; -0.01)	0.032
	Higher	-0.20	0.048	(-0.30 ; -0.09)	0.001
SDEP training	Option A or combination	-0.14	0.065	(-0.27 ; -0.001)	0.049

Multiple regression (n=330, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.18: Smoked in last 7 days by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.015	(0.996 ; 1.034)	0.117
School-level variance (standard error)	0.524 (0.212)		
ICC (standard error)	0.077 (0.057)		0.030

Binary logistic regression (n=345, 18 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.19: Smoking categories by SDEP dose using ASSAD 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.800	(0.495 ; 1.292)	0.361
		Catholic	0.723	(0.493 ; 1.060)	0.096
Occasional/ Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.221	(0.111 ; 0.443)	0.000
		Catholic	0.629	(0.347 ; 1.141)	0.127
Occasional/ Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.277	(0.121 ; 0.634)	0.002
		Catholic	0.870	(0.542 ; 1.397)	0.565
Overall P value	Sector				0.001
	SDEP dose				0.074

Nominal logistic regression (n=343, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.20: Attitude to smoking by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Coefficient	Standard error	95% Confidence interval	P value
Constant	2.430	0.089	(2.255 ; 2.604)	0.000
SDEP dose	-0.002	0.001	(-0.005 ; 0.001)	0.174
School-level variance (standard error)	0.040 (0.071)			
ICC (standard error)	0.006 (0.020)			0.382

Multiple regression (n=330, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ALCOHOL

Table A.21: Alcohol in last 4 weeks by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Socio-economic status	Lower	1		
	Medium	0.64	(0.37 ; 1.11)	0.110
	Higher	1.30	(0.74 ; 2.26)	0.359
Sector	Government	1		
	Independent	0.35	(0.17 ; 0.75)	0.006
	Catholic	1.37	(0.71 ; 2.64)	0.347
SDEP participation	No	1		
	Yes	0.65	(0.38 ; 1.14)	0.133
School-level variance (standard error)	0.521 (0.141)			
ICC (standard error)	0.076 (0.038)			0.001

Binary logistic regression (n=585, 31 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.22: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.16	(0.05 ; 0.45)	0.001
	Catholic	0.74	(0.37 ; 1.50)	0.407
SDEP participation	No	1		
	Yes	0.57	(0.31 ; 1.02)	0.058
School-level variance (standard error)	0.469 (0.175)			
ICC (standard error)	0.063 (0.044)			0.026

Binary logistic regression (n=587, 31 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.23: Attitude to alcohol by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.67	0.060	(2.55 ; 2.79)	0.000
Sex	Female	-0.16	0.060	(-0.28 ; -0.04)	0.007
Area	Non-metro	0.20	0.075	(0.06 ; 0.35)	0.006
SDEP participation	Yes	-0.04	0.064	(-0.16 ; 0.09)	0.573
School-level variance (standard error)	0.054 (0.073)				
ICC (standard error)	0.006 (0.016)				0.347

Multiple regression (n=555, 31 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Table A.24: Alcohol in last 4 weeks by level of SDEP training using ASSAD 1999 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.30	(0.15 ; 0.61)	0.001
	Catholic	1.65	(1.27 ; 2.14)	0.000
SDEP training	Option B	1		
	Option A or combination	0.43	(0.29 ; 0.65)	0.000

Binary logistic regression (n=344, 18 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.25: Hazardous alcohol consumption¹ by level of SDEP training using ASSAD 1999 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.17	(0.11 ; 0.26)	0.000
	Catholic	0.53	(0.31 ; 0.94)	0.028
SDEP training	Option B	1		
	Option A or combination	0.21	(0.09 ; 0.53)	0.001

Binary logistic regression (n=345, 18 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.26: Attitude to alcohol by level of SDEP training using ASSAD 1999 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.79	0.063	(2.66 ; 2.91)	0.000
Sex	Female	-0.24	0.079	(-0.40 ; -0.09)	0.002
SDEP training	Option A or combination	-0.20	0.087	(-0.37 ; -0.03)	0.023
School-level variance (standard error)	0.050 (0.101)				
ICC (standard error)	0.005 (0.020)				0.396

Multiple regression (n=328, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Table A.27: Alcohol in last 4 weeks by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.019	(1.007 ; 1.031)	0.002
School-level variance (standard error)	0.230 (0.200)		
ICC (standard error)	0.016 (0.027)		0.252

Binary logistic regression (n=344, 18 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.28: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.008	(0.985 ; 1.031)	0.495
School-level variance (standard error)	0.715 (0.237)		
ICC (standard error)	0.135 (0.077)		0.003

Binary logistic regression (n=345, 18 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.29: Attitude to alcohol by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.638	0.139	(2.366 ; 2.910)	0.000
Sex	Female	-0.258	0.080	(-0.414 ; -0.102)	0.001
SDEP dose		0.002	0.002	(-0.003 ; 0.006)	0.463
School-level variance (standard error)	0.102 (0.062)				
ICC (standard error)	0.020 (0.025)				0.162

Multiple regression (n=328, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

ILLICIT SUBSTANCES

Table A.30: Cannabis use in last year by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		0.030
	Yes	0.56	(0.33 ; 0.95)	
School-level variance (standard error)	0.506 (0.142)			0.002
ICC (standard error)	0.072 (0.038)			

Binary logistic regression (n=566, 31 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.31: Cannabis use in last 4 weeks by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		0.004
	Independent	0.31	(0.14 ; 0.69)	
	Catholic	0.83	(0.45 ; 1.54)	
SDEP participation	No	1		0.016
	Yes	0.53	(0.32 ; 0.89)	
School-level variance (standard error)	0.357 (0.168)			0.085
ICC (standard error)	0.037 (0.034)			

Binary logistic regression (n=566, 31 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.32: Illicit drug use in last year by SDEP participation using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		0.151
	Yes	0.72	(0.47 ; 1.13)	
School-level variance (standard error)	0.355 (0.137)			0.042
ICC (standard error)	0.037 (0.027)			

Binary logistic regression (n=565, 31 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Table A.33: Cannabis use in last year by level of SDEP training using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B Option A or combination	1 0.59	(0.27 ; 1.29)	0.183
School-level variance (standard error)	0.546 (0.196)			0.011
ICC (standard error)	0.083 (0.055)			

Binary logistic regression (n=333, 18 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.34: Cannabis use in last 4 weeks by level of SDEP training using ASSAD 1999 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.19	(0.12 ; 0.29)	0.000
	Catholic	0.68	(0.43 ; 1.08)	0.099
SDEP training	Option B Option A or combination	1 0.63	(0.34 ; 1.17)	0.145

Binary logistic regression (n=333, 18 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.35: Illicit drug use in last year by level of SDEP training using ASSAD 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B Option A or combination	1 0.65	(0.32 ; 1.32)	0.235
School-level variance (standard error)	0.480 (0.175)			0.016
ICC (standard error)	0.065 (0.045)			

Binary logistic regression (n=331, 18 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Table A.36: Cannabis use in last year by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.024	(1.007 ; 1.041)	0.006
School-level variance (standard error)	0.439 (0.187)		
ICC (standard error)	0.055 (0.044)		0.047

Binary logistic regression (n=333, 18 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.37: Cannabis use in last 4 weeks by SDEP dose using ASSAD 1999 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Area	Metro	1		
	Non-metro	1.880	(0.866 ; 4.080)	0.110
SDEP dose		1.014	(1.000 ; 1.028)	0.060

Binary logistic regression (n=333, 18 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.38: Illicit drug use in last year by SDEP dose using ASSAD 1999 Year 9 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.003	(0.987 ; 1.019)	0.736
School-level variance (standard error)	0.523 (0.174)		
ICC (standard error)	0.077 (0.047)		0.006

Binary logistic regression (n=331, 18 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

PERCEPTION OF HARM

Table A.39: Perception of harm* (low level use) by SDEP participation using ASSAD 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SHAHRP intervention	No	1		
		Yes	1.03	(0.71 ; 1.48)	0.877
	SDEP participation	No	1		
		Yes	0.81	(0.51 ; 1.27)	0.361
Moderate vs. Higher danger	SHAHRP intervention	No	1		
		Yes	1.39	(0.99 ; 1.94)	0.056
	SDEP participation	No	1		
		Yes	0.74	(0.48 ; 1.17)	0.198
Lower vs. Moderate danger	SHAHRP intervention	No	1		
		Yes	0.74	(0.56 ; 0.98)	0.037
	SDEP participation	No	1		
		Yes	1.09	(0.77 ; 1.54)	0.639
Overall P value	SHAHRP intervention				0.046
	SDEP participation				0.436

Nominal logistic regression (n=555, 31 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

**Table A.40: Perception of harm* (regular use) by SDEP participation using ASSAD
1999 Year 9 student data**

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Lower vs. Higher danger	Socio-economic status	Lower	1			
		Medium	1.15	(0.62 ; 2.12)	0.655	
		Higher	0.46	(0.27 ; 0.79)	0.005	
	Sex	Male	1			
		Female	0.53	(0.34 ; 0.83)	0.006	
	SHAHRP intervention	No	1			
		Yes	0.61	(0.45 ; 0.85)	0.003	
	SDEP participation	No	1			
		Yes	0.84	(0.54 ; 1.33)	0.460	
	Moderate vs. Higher danger	Socio-economic status	Lower	1		
Medium			1.35	(0.74 ; 2.46)	0.329	
Higher			0.53	(0.32 ; 0.88)	0.015	
Sex		Male	1			
		Female	0.64	(0.41 ; 1.01)	0.056	
SHAHRP intervention		No	1			
		Yes	0.61	(0.42 ; 0.89)	0.011	
SDEP participation		No	1			
		Yes	0.73	(0.40 ; 1.33)	0.305	
Lower vs. Moderate danger		Socio-economic status	Lower	1		
	Medium		0.85	(0.53 ; 1.37)	0.512	
	Higher		0.87	(0.57 ; 1.32)	0.503	
	Sex	Male	1			
		Female	0.83	(0.50 ; 1.38)	0.479	
	SHAHRP intervention	No	1			
		Yes	1.01	(0.71 ; 1.42)	0.965	
	SDEP participation	No	1			
		Yes	1.15	(0.70 ; 1.91)	0.579	
	Overall P value	Socio-economic status				0.000
Sex					0.013	
SHAHRP intervention					0.006	
SDEP participation					0.581	

Nominal logistic regression (n=551, 31 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.41: Perception of harm* (low level use) by level of SDEP training using ASSAD 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SDEP training	Option B Option A or combination	1 0.55	(0.29 ; 1.07)	0.081
Moderate vs. Higher danger	SDEP training	Option B Option A or combination	1 0.75	(0.43 ; 1.30)	0.306
Lower vs. Moderate danger	SDEP training	Option B Option A or combination	1 0.74	(0.44 ; 1.23)	0.248
Overall P value	SDEP training				0.214

Nominal logistic regression (n=328, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.42: Perception of harm* (regular use) by level of SDEP training using ASSAD 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Lower vs. Higher danger	Socio-economic status	Lower	1			
		Medium	0.99	(0.47 ; 2.12)	0.990	
		Higher	0.38	(0.18 ; 0.79)	0.009	
	Sex	Male	1			
		Female	0.45	(0.25 ; 0.81)	0.008	
		SDEP training	Option B	1		
		Option A or combination	0.58	(0.31 ; 1.07)	0.079	
Moderate vs. Higher danger	Socio-economic status	Lower	1			
		Medium	1.69	(0.84 ; 3.41)	0.142	
		Higher	0.59	(0.29 ; 1.22)	0.154	
	Sex	Male	1			
		Female	0.73	(0.39 ; 1.36)	0.321	
		SDEP training	Option B	1		
		Option A or combination	0.49	(0.28 ; 0.86)	0.014	
Lower vs. Moderate danger	Socio-economic status	Lower	1			
		Medium	0.59	(0.36 ; 0.97)	0.037	
		Higher	0.64	(0.29 ; 1.43)	0.279	
	Sex	Male	1			
		Female	0.61	(0.28 ; 1.35)	0.226	
		SDEP training	Option B	1		
		Option A or combination	1.18	(0.65 ; 2.13)	0.582	
Overall P value	Socio-economic status				0.000	
	Sex				0.025	
	SDEP training				0.040	

Nominal logistic regression (n=325, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.43: Perception of harm* (low level use) by SDEP dose using ASSAD 1999 Year 9 student data

Outcome variable	Variable	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SDEP dose	1.004	(0.990 ; 1.018)	0.587
Moderate vs. Higher danger	SDEP dose	1.010	(0.996 ; 1.025)	0.170
Lower vs. Moderate danger	SDEP dose	0.994	(0.980 ; 1.008)	0.373
Overall P value	SDEP dose			0.379

Nominal logistic regression (n=328, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.44: Perception of harm* (regular use) by SDEP dose using ASSAD 1999 Year 9 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Lower vs. Higher danger	Socio-economic status	Lower	1			
		Medium	0.863	(0.300 ; 2.485)	0.785	
		Higher	0.312	(0.110 ; 0.887)	0.029	
	Sex	Male	1			
		Female	0.430	(0.236 ; 0.785)	0.006	
	SDEP dose		1.006	(0.989 ; 1.024)	0.485	
Moderate vs. Higher danger	Socio-economic status	Lower	1			
		Medium	1.791	(0.663 ; 4.841)	0.251	
		Higher	0.555	(0.229 ; 1.342)	0.191	
	Sex	Male	1			
		Female	0.691	(0.352 ; 1.360)	0.285	
	SDEP dose		0.999	(0.978 ; 1.021)	0.936	
Lower vs. Moderate danger	Socio-economic status	Lower	1			
		Medium	0.482	(0.218 ; 1.063)	0.070	
		Higher	0.563	(0.217 ; 1.457)	0.236	
	Sex	Male	1			
		Female	0.622	(0.282 ; 1.373)	0.240	
	SDEP dose		1.007	(0.988 ; 1.026)	0.461	
Overall P value	Socio-economic status				0.000	
	Sex				0.021	
	SDEP dose				0.676	

Nominal logistic regression (n=325, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

ASSAD 2002 Year 9

TOBACCO

Table A.45: Smoked in last 7 days by SDEP participation using ASSAD 2002 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.29	(0.10 ; 0.84)	0.022
	Catholic	0.44	(0.17 ; 1.11)	0.083
SDEP participation	No	1		
	Yes	0.70	(0.31 ; 1.56)	0.382
School-level variance (standard error)	0.355 (0.305)			
ICC (standard error)	0.037 (0.061)			0.246

Binary logistic regression (n=497, 27 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.46: Smoking categories by SDEP participation using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.77	(0.51 ; 1.18)	0.233
		Catholic	0.34	(0.20 ; 0.55)	0.000
	SDEP participation	No	1		
		Yes	1.03	(0.73 ; 1.46)	0.871
Occasional/ Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.43	(0.19 ; 0.94)	0.034
		Catholic	0.45	(0.22 ; 0.91)	0.026
	SDEP participation	No	1		
		Yes	0.86	(0.42 ; 1.73)	0.663
Occasional/ Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.55	(0.30 ; 1.01)	0.055
		Catholic	1.34	(0.52 ; 3.45)	0.542
	SDEP participation	No	1		
		Yes	0.83	(0.42 ; 1.64)	0.595
Overall P value	Sector				0.000
	SDEP participation				0.866

Nominal logistic regression (n=494, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.47: Attitude to smoking by SDEP participation using ASSAD 2002 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.24	0.054	(2.13 ; 2.34)	0.000
Sex	Female	-0.10	0.049	(-0.20 ; -0.01)	0.034
SDEP participation	Yes	-0.01	0.058	(-0.12 ; 0.10)	0.886
School-level variance (standard error)	0.043 (0.056)				
ICC (standard error)	0.007 (0.017)				0.339

Multiple regression (n= 482, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Table A.48: Smoked in last 7 days by level of SDEP training using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	5.58	(0.87 ; 35.6)	0.069
	Larger	9.32	(1.52 ; 57.0)	0.016
SDEP training	Option B	1		
	Option A	0.68	(0.31 ; 1.51)	0.349
	Combination	0.81	(0.37 ; 1.77)	0.596

Binary logistic regression (n=354, 19 schools)

* Odds of smoking vs. not smoking in last 7 days

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.49: Smoking categories by level of SDEP training using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.82	(0.47 ; 1.44)	0.492
		Catholic	0.42	(0.25 ; 0.69)	0.001
	SDEP training	Option B	1		
		Option A	1.12	(0.72 ; 1.73)	0.612
		Combination	1.21	(0.79 ; 1.84)	0.384
Occasional/ Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.62	(0.26 ; 1.50)	0.292
		Catholic	0.21	(0.08 ; 0.59)	0.003
	SDEP training	Option B	1		
		Option A	0.97	(0.40 ; 2.37)	0.945
		Combination	1.14	(0.50 ; 2.60)	0.749
Occasional/ Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.76	(0.41 ; 1.41)	0.386
		Catholic	0.51	(0.15 ; 1.74)	0.281
	SDEP training	Option B	1		
		Option A	0.87	(0.38 ; 2.00)	0.735
		Combination	0.95	(0.45 ; 2.00)	0.888
Overall P value	Sector				0.000
	SDEP training				0.929

Nominal logistic regression (n=352, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.50: Attitude to smoking by level of SDEP training using ASSAD 2002 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.25	0.062	(2.13; 2.37)	0.000
Sex	Female	-0.13	0.059	(-0.25 ; -0.01)	0.028
SDEP training	Option A	-0.01	0.074	(-0.15 ; 0.14)	0.939
	Combination	-0.03	0.085	(-0.20 ; 0.13)	0.686
School-level variance (standard error)	0.064 (0.051)				
ICC (standard error)	0.014 (0.022)				

Multiple regression (n= 348, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Table A.51: Smoked in last 7 days by SDEP dose using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	4.620	(0.663 ; 32.21)	0.122
	Larger	7.768	(1.217 ; 49.59)	0.030
SDEP dose		0.993	(0.979 ; 1.007)	0.315

Binary logistic regression (n=354, 19 schools)

* Odds of smoking vs. not smoking in last 7 days

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.52: Smoking categories by SDEP dose using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.843	(0.445 ; 1.597)	0.600
		Catholic	0.399	(0.265 ; 0.599)	0.000
	Socio-economic status	Lower	1		
		Medium	1.314	(0.994 ; 1.737)	0.055
		Higher	0.886	(0.562 ; 1.397)	0.604
	SDEP dose		0.993	(0.987 ; 0.998)	0.011
Occasional/Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.551	(0.219 ; 1.385)	0.205
		Catholic	0.243	(0.086 ; 0.692)	0.008
	Socio-economic status	Lower	1		
		Medium	0.919	(0.434 ; 1.945)	0.825
		Higher	0.565	(0.319 ; 1.002)	0.051
	SDEP dose		0.980	(0.966 ; 0.994)	0.007
Occasional/Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.654	(0.406 ; 1.053)	0.081
		Catholic	0.610	(0.169 ; 2.204)	0.451
	Socio-economic status	Lower	1		
		Medium	0.699	(0.339 ; 1.443)	0.333
		Higher	0.638	(0.340 ; 1.197)	0.162
	SDEP dose		0.987	(0.971 ; 1.003)	0.118
Overall	Sector				0.000
P value	Socio-economic status				0.015
	SDEP dose				0.000

Nominal logistic regression (n=352, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.53: Attitude to smoking by SDEP dose using ASSAD 2002 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.308	0.081	(2.149 ; 2.466)	0.000
Sex	Female	-0.134	0.059	(-0.250 ; -0.018)	0.024
SDEP dose		-0.002	0.002	(-0.005 ; 0.002)	0.326
School-level variance (standard error)	0.056 (0.056)				
ICC (standard error)	0.011 (0.021)				0.291

Multiple regression (n=348, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ALCOHOL**Table A.54: Alcohol in last 4 weeks by SDEP participation using ASSAD 2002 Year 9 student data[#]**

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.40	(0.28 ; 0.58)	0.000
	Catholic	0.96	(0.63 ; 1.47)	0.866
SDEP participation	No	1		
	Yes	1.37	(0.92 ; 2.03)	0.119

Binary logistic regression (n=493, 27 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.55: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.48	(0.30 ; 0.76)	0.002
	Catholic	0.78	(0.53 ; 1.14)	0.203
SDEP participation	No	1		
	Yes	1.39	(0.92 ; 2.11)	0.114

Binary logistic regression (n=498, 27 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.56: Attitude to alcohol by SDEP participation using ASSAD 2002 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.78	0.105	(2.57 ; 2.99)	0.000
Sex	Female	-0.22	0.068	(-0.35 ; -0.09)	0.001
Sector	Independent	-0.34	0.111	(-0.56 ; -0.13)	0.002
	Catholic	-0.21	0.110	(-0.42 ; 0.01)	0.058
SDEP participation	Yes	0.05	0.099	(-0.15 ; 0.24)	0.642
School-level variance (standard error)	0.134 (0.048)				
ICC (standard error)	0.035 (0.024)				0.030

Multiple regression (n=477, 27 schools)
Higher values for the dependent variable correspond to higher levels of acceptance

Table A.57: Alcohol in last 4 weeks by level of SDEP training using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.40	(0.31 ; 0.53)	0.000
	Catholic	1.05	(0.69 ; 1.59)	0.817
SDEP training	Option B	1		
	Option A	1.23	(0.84 ; 1.78)	0.285
	Combination	0.63	(0.38 ; 1.03)	0.066

Binary logistic regression (n=350, 19 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.58: Hazardous alcohol consumption¹ by level of SDEP training using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A	1.09	(0.80 ; 1.50)	0.587
	Combination	0.53	(0.40 ; 0.69)	0.000

Binary logistic regression (n=355, 19 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.59: Attitude to alcohol by level of SDEP training using ASSAD 2002 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.81	0.085	(2.65 ; 2.98)	0.000
Sex	Female	-0.22	0.077	(-0.37 ; -0.06)	0.005
Sector	Independent	-0.18	0.118	(-0.41 ; 0.05)	0.131
	Catholic	-0.30	0.119	(-0.53 ; -0.07)	0.011
SDEP training	Option A	0.04	0.099	(-0.16 ; 0.23)	0.713
	Combination	-0.07	0.107	(-0.29 ; 0.14)	0.486
School-level variance (standard error)	0.065 (0.076)				
ICC (standard error)	0.009 (0.021)				0.319

Multiple regression (n=342, 19 schools)
Higher values for the dependent variable correspond to higher levels of acceptance

Table A.60: Alcohol in last 4 weeks by SDEP dose using ASSAD 2002 Year 9 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.006	(0.996 ; 1.015)	0.238

Binary logistic regression (n=350, 19 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.61: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 2002 Year 9 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.002	(0.995 ; 1.010)	0.532

Binary logistic regression (n=355, 19 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.62: Attitude to alcohol by SDEP dose using ASSAD 2002 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.859	0.110	(2.642 ; 3.075)	0.000
Sex	Female	-0.216	0.078	(-0.368 ; -0.064)	0.005
Sector	Independent	-0.155	0.118	(-0.385 ; 0.076)	0.188
	Catholic	-0.324	0.116	(-0.552 ; -0.097)	0.005
SDEP participation	Yes	-0.001	0.002	(-0.006 ; 0.003)	0.585
School-level variance (standard error)	0.077(0.066)				
ICC (standard error)	0.013 (0.021)				0.251

Multiple regression (n=342, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ILLICIT SUBSTANCES

Table A.63: Cannabis use in last year by SDEP participation using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.30	(0.17 ; 0.53)	0.000
	Catholic	0.35	(0.17 ; 0.72)	0.004
SDEP participation	No	1		
	Yes	0.72	(0.37 ; 1.42)	0.346

Binary logistic regression (n=485, 27 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.64: Cannabis use in last 4 weeks by SDEP participation using ASSAD 2002 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.33	(0.13 ; 0.80)	0.015
	Catholic	0.35	(0.15 ; 0.84)	0.019
SDEP participation	No	1		
	Yes	0.70	(0.33 ; 1.46)	0.335
School-level variance (standard error)	0.420 (0.189)			
ICC (standard error)	0.051 (0.044)			0.068

Binary logistic regression (n=480, 27 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.65: Illicit drug use in last year by SDEP participation using ASSAD 2002 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	0.85	(0.50 ; 1.45)	0.556
School-level variance (standard error)	0.339 (0.171)			
ICC (standard error)	0.034 (0.033)			0.102

Binary logistic regression (n=489, 27 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Table A.66: Cannabis use in last year by level of SDEP training using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.27	(0.14 ; 0.51)	0.000
	Catholic	0.20	(0.06 ; 0.70)	0.012
SDEP training	Option B	1		
	Option A	0.94	(0.54 ; 1.64)	0.826
	Combination	0.74	(0.40 ; 1.36)	0.332

Binary logistic regression (n=346, 19 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.67: Cannabis use in last 4 weeks by level of SDEP training using ASSAD 2002 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.28	(0.08 ; 0.96)	0.042
	Catholic	0.24	(0.07 ; 0.89)	0.033
SDEP training	Option B	1		
	Option A	0.85	(0.36 ; 1.99)	0.705
	Combination	0.48	(0.17 ; 1.33)	0.159
School-level variance (standard error)	0.427 (0.226)			
ICC (standard error)	0.053 (0.053)			0.097

Binary logistic regression (n=342, 19 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.68: Illicit drug use in last year by level of SDEP training using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A	0.84	(0.45 ; 1.58)	0.593
	Combination	0.56	(0.31 ; 1.01)	0.055

Binary logistic regression (n=349, 19 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.69: Cannabis use in last year by SDEP dose using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.275	(0.141 ; 0.536)	0.000
	Catholic	0.197	(0.064 ; 0.607)	0.005
SDEP dose		0.993	(0.977 ; 1.010)	0.416

Binary logistic regression (n=346, 19 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.70: Cannabis use in last 4 weeks by SDEP dose using ASSAD 2002 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.225	(0.077 ; 0.654)	0.006
	Catholic	0.424	(0.123 ; 1.460)	0.174
Socio-economic status	Lower	1		
	Medium	0.289	(0.187 ; 0.447)	0.000
	Higher	0.361	(0.218 ; 0.598)	0.000
SDEP dose		0.976	(0.970 ; 0.982)	0.000

Binary logistic regression (n=342, 19 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.71: Illicit drug use in last year by SDEP dose using ASSAD 2002 Year 9 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	0.989	(0.977 ; 1.002)	0.100

Binary logistic regression (n=349, 19 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

PERCEPTION OF HARM

Table A.72: Perception of harm* (low level use) by SDEP participation using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.40	(0.25 ; 0.64)	0.000
		Catholic	0.51	(0.36 ; 0.72)	0.000
	SDEP participation	No	1		
		Yes	0.62	(0.43 ; 0.90)	0.012
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.58	(0.33 ; 1.03)	0.063
		Catholic	0.39	(0.22 ; 0.71)	0.002
	SDEP participation	No	1		
		Yes	0.85	(0.45 ; 1.59)	0.609
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.69	(0.41 ; 1.15)	0.150
		Catholic	1.30	(0.71 ; 2.36)	0.395
	SDEP participation	No	1		
		Yes	0.73	(0.43 ; 1.25)	0.256
Overall P value	Sector				0.000
	SDEP participation				0.028

Nominal logistic regression (n=480, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.73: Perception of harm* (regular use) by SDEP participation using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.47	(0.28 ; 0.81)	0.006
		Catholic	0.41	(0.20 ; 0.85)	0.017
	SDEP participation	No	1		
		Yes	0.56	(0.34 ; 0.92)	0.023
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.52	(0.24 ; 1.13)	0.097
		Catholic	0.51	(0.26 ; 1.00)	0.051
	SDEP participation	No	1		
		Yes	0.65	(0.39 ; 1.09)	0.105
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.92	(0.37 ; 2.32)	0.859
		Catholic	0.81	(0.39 ; 1.69)	0.570
	SDEP participation	No	1		
		Yes	0.85	(0.46 ; 1.58)	0.615
Overall P value	Sector				0.019
	SDEP participation				0.045

Nominal logistic regression (n=485, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.74: Perception of harm* (low level use) by level of SDEP training using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.36	(0.21 ; 0.62)	0.000
		Catholic	0.47	(0.34 ; 0.66)	0.000
	SDEP training	Option B	1		
		Option A	0.94	(0.55 ; 1.63)	0.836
Combination		0.68	(0.39 ; 1.19)	0.177	
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.50	(0.28 ; 0.87)	0.015
		Catholic	0.37	(0.18 ; 0.73)	0.004
	SDEP training	Option B	1		
		Option A	1.64	(0.99 ; 2.71)	0.054
Combination		1.16	(0.72 ; 1.87)	0.529	
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.73	(0.39 ; 1.35)	0.313
		Catholic	1.28	(0.64 ; 2.58)	0.482
	SDEP training	Option B	1		
		Option A	0.58	(0.33 ; 1.02)	0.058
Combination		0.58	(0.29 ; 1.18)	0.135	
Overall P value	Sector				0.000
	SDEP training				0.164

Nominal logistic regression (n=347, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.75: Perception of harm* (regular use) by level of SDEP training using ASSAD 2002 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.33	(0.22 ; 0.51)	0.000
		Catholic	0.54	(0.18 ; 1.64)	0.280
	SDEP training	Option B	1		
		Option A	0.90	(0.45 ; 1.80)	0.771
Combination		0.69	(0.26 ; 1.82)	0.452	
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.54	(0.26 ; 1.10)	0.089
		Catholic	0.32	(0.08 ; 1.20)	0.091
	SDEP training	Option B	1		
		Option A	1.33	(0.55 ; 3.21)	0.533
Combination		0.50	(0.15 ; 1.69)	0.264	
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.62	(0.31 ; 1.23)	0.169
		Catholic	1.71	(1.04 ; 2.83)	0.035
	SDEP training	Option B	1		
		Option A	0.68	(0.33 ; 1.39)	0.291
Combination		1.38	(0.71 ; 2.70)	0.341	
Overall P value	Sector				0.000
	SDEP training				0.140

Nominal logistic regression (n=350, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.76: Perception of harm* (low level use) by SDEP dose using ASSAD 2002 Year 9 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.386	(0.234 ; 0.635)	0.000
		Catholic	0.472	(0.316 ; 0.705)	0.000
	SDEP dose		0.995	(0.983 ; 1.008)	0.471
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.558	(0.296 ; 1.054)	0.072
		Catholic	0.302	(0.142 ; 0.645)	0.002
	SDEP dose		1.001	(0.990 ; 1.013)	0.833
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.690	(0.379 ; 1.257)	0.225
		Catholic	1.560	(0.644 ; 3.778)	0.325
	SDEP dose		0.994	(0.980 ; 1.009)	0.426
Overall P value	Sector				0.000
	SDEP dose				0.703

Nominal logistic regression (n=347, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.77: Perception of harm* (regular use) by SDEP dose using ASSAD 2002 Year 9 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.360	(0.233 ; 0.558)	0.000
		Catholic	0.569	(0.241 ; 1.345)	0.199
	SDEP dose		0.999	(0.983 ; 1.016)	0.941
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.734	(0.321 ; 1.680)	0.464
		Catholic	0.300	(0.125 ; 0.720)	0.007
	SDEP dose		1.009	(0.992 ; 1.026)	0.298
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.491	(0.236 ; 1.019)	0.056
		Catholic	1.897	(1.378 ; 2.611)	0.000
	SDEP dose		0.991	(0.974 ; 1.007)	0.270
Overall P value	Sector				0.000
	SDEP dose				0.467

Nominal logistic regression (n=350, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

SCYP 1999 Year 9

TOBACCO

Table A.78: Smoked in last 7 days by SDEP participation using SCYP 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SCYP intervention	No	1		
	Yes	0.80	(0.60 ; 1.05)	0.110
Sex	Male	1		
	Female	1.44	(1.23 ; 1.70)	0.000
SDEP participation	No	1		
	Yes	0.80	(0.60 ; 1.05)	0.111
School-level variance (standard error)	0.261 (0.065)			
ICC (standard error)	0.020 (0.010)			0.000

Binary logistic regression (n=4087, 27 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.79: Smoking categories by SDEP participation using SCYP 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SCYP intervention	No	1		
		Yes	0.84	(0.69 ; 1.02)	0.078
	Sex	Male	1		
		Female	0.92	(0.78 ; 1.08)	0.321
	SDEP participation	No	1		
Yes	0.87	(0.72 ; 1.04)	0.131		
Occasional use vs. Never smoked	SCYP intervention	No	1		
		Yes	0.92	(0.59 ; 1.42)	0.698
	Sex	Male	1		
		Female	1.58	(1.25 ; 1.99)	0.000
	SDEP participation	No	1		
Yes	0.90	(0.59 ; 1.39)	0.644		
Regular use vs. Never smoked	SCYP intervention	No	1		
		Yes	0.58	(0.42 ; 0.80)	0.001
	Sex	Male	1		
		Female	1.37	(0.96 ; 1.96)	0.081
	SDEP participation	No	1		
Yes	0.72	(0.49 ; 1.07)	0.103		
Occasional use vs. Smoked in past	SCYP intervention	No	1		
		Yes	1.09	(0.76 ; 1.57)	0.641
	Sex	Male	1		
		Female	1.71	(1.33 ; 2.20)	0.000
	SDEP participation	No	1		
Yes	1.04	(0.71 ; 1.53)	0.842		
Regular use vs. Smoked in past	SCYP intervention	No	1		
		Yes	0.69	(0.55 ; 0.87)	0.002
	Sex	Male	1		
		Female	1.49	(1.00 ; 2.21)	0.047
	SDEP participation	No	1		
Yes	0.83	(0.60 ; 1.16)	0.280		
Regular vs. Occasional use	SCYP intervention	No	1		
		Yes	0.63	(0.42 ; 0.95)	0.026
	Sex	Male	1		
		Female	0.87	(0.59 ; 1.29)	0.486
	SDEP participation	No	1		
Yes	0.80	(0.53 ; 1.21)	0.297		
Overall P value	SCYP intervention				0.005
	Sex				0.000
	SDEP participation				0.307

Nominal logistic regression (n=4058, 27 schools)

Level of significance for group comparisons $\alpha \leq 0.008$

Table A.80: Attitude to smoking by SDEP participation using SCYP 1999 Year 9 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		0.83	0.022	(0.79 ; 0.88)	0.000
SCYP intervention	Yes	-0.08	0.025	(-0.13 ; -0.03)	0.001
Sex	Female	0.04	0.014	(0.01 ; 0.07)	0.003
SDEP participation	Yes	-0.07	0.025	(-0.12 ; -0.02)	0.007
School-level variance (standard error)	0.048 (0.010)				
ICC (standard error)	0.012 (0.005)				0.000

Multiple regression (n=4162, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Values of dependent variable have been log-transformed to achieve normality

Table A.81: Smoked in last 7 days by SDEP dose using SCYP 1999 Year 9 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SCYP intervention	No	1		
	Yes	0.721	(0.523 ; 0.992)	0.045
Sex	Male	1		
	Female	1.565	(1.105 ; 2.217)	0.012
SDEP dose		1.003	(0.995 ; 1.010)	0.498

Binary logistic regression (n=2673, 16 schools)

* Odds of smoking vs. not smoking in last 7 days

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.82: Smoking categories by SDEP dose using SCYP 1999 Year 9 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SCYP intervention	No	1		
		Yes	0.767	(0.498 ; 1.180)	0.227
	Sex	Male	1		
		Female	0.893	(0.762 ; 1.047)	0.165
	SDEP dose		0.995	(0.984 ; 1.006)	0.375
Occasional use vs. Never smoked	SCYP intervention	No	1		
		Yes	0.803	(0.449 ; 1.436)	0.460
	Sex	Male	1		
		Female	1.733	(1.359 ; 2.211)	0.000
	SDEP dose		1.001	(0.981 ; 1.023)	0.893
Regular use vs. Never smoked	SCYP intervention	No	1		
		Yes	0.500	(0.291 ; 0.860)	0.012
	Sex	Male	1		
		Female	1.353	(0.762 ; 2.402)	0.302
	SDEP dose		0.995	(0.983 ; 1.007)	0.417
Occasional use vs. Smoked in past	SCYP intervention	No	1		
		Yes	1.047	(0.748 ; 1.467)	0.787
	Sex	Male	1		
		Female	1.940	(1.531 ; 2.460)	0.000
	SDEP dose		1.006	(0.994 ; 1.019)	0.323
Regular use vs. Smoked in past	SCYP intervention	No	1		
		Yes	0.652	(0.415 ; 1.025)	0.064
	Sex	Male	1		
		Female	1.515	(0.826 ; 2.778)	0.180
	SDEP dose		1.000	(0.986 ; 1.015)	0.996
Regular vs. Occasional use	SCYP intervention	No	1		
		Yes	0.623	(0.320 ; 1.212)	0.163
	Sex	Male	1		
		Female	0.781	(0.422 ; 1.445)	0.431
	SDEP dose		0.994	(0.969 ; 1.019)	0.619
Overall P value	SCYP intervention				0.085
	Sex				0.000
	SDEP dose				0.251

Nominal logistic regression (n=2648, 16 schools)

Level of significance for group comparisons α 0.008**Table A.83: Attitude to smoking by SDEP dose using SCYP 1999 Year 9 student data**

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		0.870	0.068	(0.738 ; 1.003)	0.000
SCYP intervention	Yes	-0.115	0.033	(-0.180 ; -0.049)	0.001
Sex	Female	0.054	0.017	(0.021 ; 0.087)	0.001
SDEP dose		-0.002	0.001	(-0.003 ; 0.0003)	0.095
School-level variance (standard error)	0.038 (0.012)				
ICC (standard error)	0.008 (0.005)				0.002

Multiple regression (n=2712, 16 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Values of dependent variable have been log-transformed to achieve normality

ALCOHOL

Table A.84: Alcohol in last 4 weeks by SDEP participation using SCYP 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	1.16	(0.92 ; 1.46)	0.199
	Larger	1.33	(1.02 ; 1.74)	0.035
SDEP participation	No	1		
	Yes	0.86	(0.69 ; 1.06)	0.151
School-level variance (standard error)	0.191 (0.046)			
ICC (standard error)	0.011 (0.005)			0.000

Binary logistic regression (n=4038, 27 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.85: Hazardous alcohol consumption¹ by SDEP participation using SCYP 1999 Year 9 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	0.77	(0.61 ; 0.97)	0.029
School-level variance (standard error)	0.225 (0.056)			
ICC (standard error)	0.015 (0.007)			0.000

Binary logistic regression (n=3923, 27 schools)

¹ Five or more drinks at one time in last four weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.86: Alcohol in last 4 weeks by SDEP dose using SCYP 1999 Year 9 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.003	(0.993 ; 1.012)	0.597
School-level variance (standard error)	0.280 (0.083)			
ICC (standard error)	0.023 (0.014)			0.000

Binary logistic regression (n=2655, 16 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.87: Hazardous alcohol consumption¹ by SDEP dose using SCYP 1999 Year 9 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.002	(0.993 ; 1.011)	0.669
School-level variance (standard error)	0.268 (0.075)		
ICC (standard error)	0.021 (0.012)		0.000

Binary logistic regression (n=2591, 16 schools)

¹ Five or more drinks at one time in last four weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

SHAHRP 1998 Year 9

ALCOHOL

Table A.88: Alcohol related harm by SDEP participation using SHAHRP 1998 Year 9 student data

Outcome category	Variable	Level	Odds ratio	95% Confidence interval	P value
1-3 times vs. None	Socio-economic status	Lower	1		
		Medium	1.27	(0.97 ; 1.66)	0.078
		Higher	1.06	(0.77 ; 1.47)	0.725
	SHAHRP intervention	No	1		
		Yes	0.78	(0.55 ; 1.10)	0.150
	SDEP participation	No	1		
Yes		0.82	(0.55 ; 1.22)	0.324	
4+ times vs. None	Socio-economic status	Lower	1		
		Medium	1.56	(1.14 ; 2.12)	0.005
		Higher	1.27	(0.88 ; 1.84)	0.196
	SHAHRP intervention	No	1		
		Yes	0.95	(0.69 ; 1.29)	0.729
	SDEP participation	No	1		
Yes		0.69	(0.54 ; 0.90)	0.006	
4+ times vs. 1-3 times	Socio-economic status	Lower	1		
		Medium	1.22	(0.80 ; 1.86)	0.348
		Higher	1.20	(0.66 ; 2.20)	0.549
	SHAHRP intervention	No	1		
		Yes	1.22	(0.82 ; 1.81)	0.337
	SDEP participation	No	1		
Yes		0.85	(0.54 ; 1.34)	0.476	
Overall P value	Socio-economic status				0.003
	SHAHRP intervention				0.355
	SDEP participation				0.017

Nominal logistic regression (n=1613, 14 schools)

Level of significance for group comparisons $\alpha=0.017$

YEAR 10 STUDENTS

ASSAD 1999 Year 10

TOBACCO

Table A.89: Smoked in last 7 days by SDEP participation using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	0.83	(0.52 ; 1.32)	0.423
School-level variance (standard error)	0.343 (0.164)			
ICC (standard error)	0.034 (0.032)			0.094

Binary logistic regression (n=588, 31 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.90: Smoking categories by SDEP participation using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.29	(0.21 ; 0.41)	0.000
	Sector	Government	1		
		Independent	0.47	(0.27 ; 0.81)	0.007
		Catholic	0.49	(0.33 ; 0.74)	0.001
	SDEP participation	No	1		
Yes		1.03	(0.69 ; 1.52)	0.891	
Occasional use vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.85	(0.62 ; 1.18)	0.337
	Sector	Government	1		
		Independent	0.72	(0.41 ; 1.27)	0.257
		Catholic	1.03	(0.65 ; 1.65)	0.895
	SDEP participation	No	1		
Yes		1.08	(0.70 ; 1.68)	0.721	
Regular use vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.57	(0.35 ; 0.93)	0.024
	Sector	Government	1		
		Independent	0.19	(0.08 ; 0.49)	0.001
		Catholic	0.35	(0.18 ; 0.68)	0.002
	SDEP participation	No	1		
Yes		0.61	(0.33 ; 1.13)	0.118	
Occasional use vs. Smoked in past	SHAHRP intervention	No	1		
		Yes	2.91	(2.12 ; 3.99)	0.000
	Sector	Government	1		
		Independent	1.54	(0.72 ; 3.29)	0.262
		Catholic	2.10	(1.14 ; 3.87)	0.018
	SDEP participation	No	1		
Yes		1.05	(0.63 ; 1.77)	0.845	
Regular use vs. Smoked in past	SHAHRP intervention	No	1		
		Yes	1.93	(1.25 ; 3.00)	0.003
	Sector	Government	1		
		Independent	0.41	(0.13 ; 1.29)	0.127
		Catholic	0.70	(0.38 ; 1.29)	0.258
	SDEP participation	No	1		
Yes		0.59	(0.33 ; 1.06)	0.078	
Regular vs. Occasional use	SHAHRP intervention	No	1		
		Yes	0.66	(0.42 ; 1.04)	0.074
	Sector	Government	1		
		Independent	0.27	(0.08 ; 0.89)	0.032
		Catholic	0.34	(0.20 ; 0.56)	0.000
	SDEP participation	No	1		
Yes		0.56	(0.31 ; 1.02)	0.057	
Overall P value	SHAHRP intervention				0.000
	Sector				0.000
	SDEP participation				0.226

Nominal logistic regression (n=585, 31 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.91: Attitude to smoking by SDEP participation using ASSAD 1999 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.25	0.053	(2.14 ; 2.35)	0.000
SDEP participation	Yes	-0.01	0.069	(-0.14 ; 0.13)	0.941
School-level variance (standard error)	0.158 (0.029)				
ICC (standard error)	0.107 (0.036)				0.000

Multiple regression (n=572, 31 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Table A.92: Smoked in last 7 days by level of SDEP training using ASSAD 1999 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A or combination	1.14	(0.69 ; 1.90)	0.606

Binary logistic regression (n=338, 18 schools)

* Odds of smoking vs. not smoking in last 7 days

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.93: Smoking categories by level of SDEP training using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.28	(0.19 ; 0.41)	0.000
	Sector	Government	1		
		Independent	0.62	(0.22 ; 1.74)	0.364
		Catholic	0.47	(0.25 ; 0.88)	0.018
	SDEP training	Option B	1		
Option A or combination		1.11	(0.64 ; 1.90)	0.717	
Occasional/ Regular use vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.70	(0.41 ; 1.20)	0.192
	Sector	Government	1		
		Independent	0.51	(0.26 ; 0.99)	0.047
		Catholic	0.66	(0.35 ; 1.24)	0.193
	SDEP training	Option B	1		
Option A or combination		1.03	(0.54 ; 1.96)	0.930	
Occasional/ Regular use vs. Smoked in past	SHAHRP intervention	No	1		
		Yes	2.47	(1.32 ; 4.62)	0.005
	Sector	Government	1		
		Independent	0.82	(0.20 ; 3.41)	0.781
		Catholic	1.39	(0.55 ; 3.51)	0.480
	SDEP training	Option B	1		
Option A or combination		0.93	(0.47 ; 1.85)	0.839	
Overall P value	SHAHRP intervention				0.000
	Sector				0.071
	SDEP training				0.936

Nominal logistic regression (n=337, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.94: Attitude to smoking by level of SDEP training using ASSAD 1999 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.25	0.054	(2.15; 2.36)	0.000
SDEP training	Option A or combination	-0.03	0.093	(-0.21 ; 0.15)	0.737
School-level variance (standard error)	0.151 (0.038)				
ICC (standard error)	0.096 (0.045)				0.000

Multiple regression (n=330, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Table A.95: Smoked in last 7 days by SDEP dose using ASSAD 1999 Year 10 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.002	(0.990 ; 1.014)	0.734

Binary logistic regression (n=338, 18 schools)

* Odds of smoking vs. not smoking in last 7 days

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.96: Smoking categories by SDEP dose using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.286	(0.108 ; 0.757)	0.012
	Sector	Government	1		
		Independent	0.599	(0.233 ; 1.545)	0.289
		Catholic	0.471	(0.254 ; 0.873)	0.017
	SDEP dose		1.001	(0.986 ; 1.016)	0.884
Occasional/Regular use vs. Never smoked	SHAHRP intervention	No	1		
		Yes	0.526	(0.221 ; 1.250)	0.146
	Sector	Government	1		
		Independent	0.490	(0.209 ; 1.151)	0.102
		Catholic	0.653	(0.333 ; 1.278)	0.213
	SDEP dose		1.006	(0.991 ; 1.022)	0.440
Occasional/Regular use vs. Smoked in past	SHAHRP intervention	No	1		
		Yes	1.838	(0.697 ; 4.847)	0.218
	Sector	Government	1		
		Independent	0.818	(0.157 ; 4.272)	0.812
		Catholic	1.386	(0.557 ; 3.449)	0.483
	SDEP dose		1.005	(0.987 ; 1.024)	0.595
Overall P value	SHAHRP intervention				0.039
	Sector				0.015
	SDEP dose				0.741

Nominal logistic regression (n=337, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.97: Attitude to smoking by SDEP dose using ASSAD 1999 Year 10 student data

Variable	Coefficient	Standard error	95% Confidence interval	P value
Constant	2.253	0.084	(2.089 ; 2.418)	0.000
SDEP dose	-0.0004	0.002	(-0.004 ; 0.003)	0.856
School-level variance (standard error)	0.152 (0.038)			
ICC (standard error)	0.096 (0.045)			0.000

Multiple regression (n=330, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

ALCOHOL

Table A.98: Alcohol in last 4 weeks by SDEP participation using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	0.88	(0.60 ; 1.28)	0.499
School-level variance (standard error)	0.226 (0.157)			
ICC (standard error)	0.015 (0.021)			0.202

Binary logistic regression (n=589, 31 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.99: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 1999 Year 10 student data#

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.54	(0.36 ; 0.83)	0.005
	Catholic	0.39	(0.24 ; 0.63)	0.000
SDEP participation	No	1		
	Yes	0.68	(0.46 ; 1.002)	0.051

Binary logistic regression (n=590, 31 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.100: Attitude to alcohol by SDEP participation using ASSAD 1999 Year 10 student data#

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.89	0.065	(2.75 ; 3.02)	0.000
Sex	Female	-0.23	0.060	(-0.35 ; -0.10)	0.001
Area	Non-metro	0.16	0.055	(0.05 ; 0.27)	0.007
SDEP participation	Yes	-0.17	0.059	(-0.29 ; -0.04)	0.009

Multiple regression (n=569, 31 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.101: Alcohol in last 4 weeks by level of SDEP training using ASSAD 1999 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B Option A or combination	1 1.11	(0.71 ; 1.74)	0.646

Binary logistic regression (n=340, 18 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.102: Hazardous alcohol consumption¹ by level of SDEP training using ASSAD 1999 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.87	(0.63 ; 1.21)	0.415
	Catholic	0.40	(0.27 ; 0.59)	0.000
SDEP training	Option B	1		
	Option A or combination	1.04	(0.53 ; 2.05)	0.913

Binary logistic regression (n=340, 18 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.103: Attitude to alcohol by level of SDEP training using ASSAD 1999 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.67	0.050	(2.58 ; 2.77)	0.000
SDEP training	Option A or combination	-0.09	0.086	(-0.26 ; 0.08)	0.295
School-level variance (standard error)	0.064 (0.076)				
ICC (standard error)	0.009 (0.021)				0.320

Multiple regression (n=326, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Table A.104: Alcohol in last 4 weeks by SDEP dose using ASSAD 1999 Year 10 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.008	(0.998 ; 1.018)	0.111

Binary logistic regression (n=340, 18 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.105: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 1999 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.863	(0.609 ; 1.222)	0.406
	Catholic	0.400	(0.272 ; 0.588)	0.000
SDEP dose		1.002	(0.989 ; 1.015)	0.733

Binary logistic regression (n=340, 18 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.106: Attitude to alcohol by SDEP dose using ASSAD 1999 Year 10 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.582	0.047	(2.483 ; 2.682)	0.000
Area	Non-metro	0.188	0.069	(0.043 ; 0.333)	0.014
SDEP dose		0.001	0.002	(-0.003 ; 0.004)	0.733

Multiple regression (n=326, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Procedure unable to estimate random effects, robust estimation of standard errors used

ILLICIT SUBSTANCES

Table A.107: Cannabis use in last year by SDEP participation using ASSAD 1999 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.38	(0.24 ; 0.59)	0.000
	Catholic	0.73	(0.49 ; 1.06)	0.101
SDEP participation	No	1		
	Yes	0.75	(0.53 ; 1.07)	0.114

Binary logistic regression (n=578, 31 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.108: Cannabis use in last 4 weeks by SDEP participation using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.35	(0.18 ; 0.66)	0.001
	Catholic	0.68	(0.39 ; 1.21)	0.194
SDEP participation	No	1		
	Yes	0.65	(0.41 ; 1.04)	0.071
School-level variance (standard error)	0.320 (0.155)			
ICC (standard error)	0.030 (0.028)			0.097

Binary logistic regression (n=573, 31 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.109: Illicit drug use in last year by SDEP participation using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	1.04	(0.69 ; 1.56)	0.861
School-level variance (standard error)	0.294 (0.150)			
ICC (standard error)	0.026 (0.025)			0.112

Binary logistic regression (n=578, 31 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Table A.110: Cannabis use in last year by level of SDEP training using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A or combination	0.79	(0.45 ; 1.37)	0.396
School-level variance (standard error)	0.297 (0.178)			
ICC (standard error)	0.026 (0.030)			0.146

Binary logistic regression (n=335, 18 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.111: Cannabis use in last 4 weeks by level of SDEP training using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A or combination	0.72	(0.36 ; 1.44)	0.356
School-level variance (standard error)	0.422 (0.197)			
ICC (standard error)	0.051 (0.045)			0.067

Binary logistic regression (n=333, 18 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.112: Illicit drug use in last year by level of SDEP training using ASSAD 1999 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A or combination	1.42	(0.83 ; 2.44)	0.204
School-level variance (standard error)	0.258 (0.215)			
ICC (standard error)	0.020 (0.032)			0.239

Binary logistic regression (n=334, 18 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Table A.113: Cannabis use in last year by SDEP dose using ASSAD 1999 Year 10 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.004	(0.992 ; 1.015)	0.546
School-level variance (standard error)	0.304 (1.177)		
ICC (standard error)	0.027 (0.031)		0.137

Binary logistic regression (n=335, 18 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.114: Cannabis use in last 4 weeks by SDEP dose using ASSAD 1999 Year 10 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.006	(0.992 ; 1.021)	0.394
School-level variance (standard error)	0.416 (0.198)		
ICC (standard error)	0.050 (0.045)		0.071

Binary logistic regression (n=333, 18 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.115: Illicit drug use in last year by SDEP dose using ASSAD 1999 Year 10 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.006	(0.994 ; 1.017)	0.342
School-level variance (standard error)	0.279 (0.204)		
ICC (standard error)	0.023 (0.033)		0.202

Binary logistic regression (n=334, 18 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

PERCEPTION OF HARM

Table A.116: Perception of harm* (low level use) by SDEP participation using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sex	Male	1		
		Female	0.56	(0.36 ; 0.88)	0.011
	SHAHRP intervention	No	1		
		Yes	0.37	(0.26 ; 0.52)	0.000
		SDEP participation	No	1	
	Yes	0.80	(0.48 ; 1.33)	0.399	
Moderate vs. Higher danger	Sex	Male	1		
		Female	0.59	(0.38 ; 0.91)	0.018
	SHAHRP intervention	No	1		
		Yes	0.22	(0.16 ; 0.30)	0.000
		SDEP participation	No	1	
	Yes	0.93	(0.64 ; 1.35)	0.715	
Lower vs. Moderate danger	Sex	Male	1		
		Female	0.95	(0.64 ; 1.39)	0.784
	SHAHRP intervention	No	1		
		Yes	1.70	(1.25 ; 2.32)	0.001
		SDEP participation	No	1	
	Yes	0.86	(0.58 ; 1.29)	0.472	
Overall P value	Sex				0.025
	SHAHRP intervention				0.000
	SDEP participation				0.688

Nominal logistic regression (n=575, 31 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.117: Perception of harm* (regular use) by SDEP participation using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.36	(0.24 ; 0.55)	0.000
		Catholic	0.56	(0.30 ; 1.03)	0.062
	SHAHRP intervention	No	1		
		Yes	0.19	(0.12 ; 0.30)	0.000
	SDEP participation	No	1		
Yes		0.93	(0.61 ; 1.43)	0.752	
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.45	(0.30 ; 0.69)	0.000
		Catholic	0.50	(0.33 ; 0.75)	0.001
	SHAHRP intervention	No	1		
		Yes	0.19	(0.13 ; 0.29)	0.000
	SDEP participation	No	1		
Yes		0.96	(0.66 ; 1.42)	0.851	
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.80	(0.49 ; 1.31)	0.369
		Catholic	1.12	(0.66 ; 1.90)	0.671
	SHAHRP intervention	No	1		
		Yes	0.97	(0.67 ; 1.40)	0.879
	SDEP participation	No	1		
Yes		0.97	(0.64 ; 1.46)	0.878	
Overall P value	Sector				0.000
	SHAHRP intervention				0.000
	SDEP participation				0.951

Nominal logistic regression (n=574, 31 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.118: Perception of harm* (low level use) by level of SDEP training using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SHAHRP intervention	No	1		
		Yes	0.51	(0.29 ; 0.90)	0.020
	SDEP training	Option B	1		
		Option A or combination	0.62	(0.30 ; 1.29)	0.201
Moderate vs. Higher danger	SHAHRP intervention	No	1		
		Yes	0.32	(0.25 ; 0.41)	0.000
	SDEP training	Option B	1		
		Option A or combination	0.56	(0.34 ; 0.92)	0.022
Lower vs. Moderate danger	SHAHRP intervention	No	1		
		Yes	1.59	(0.96 ; 2.61)	0.070
	SDEP training	Option B	1		
		Option A or combination	1.11	(0.59 ; 2.07)	0.754
Overall P value	SHAHRP intervention				0.000
	SDEP training				0.073

Nominal logistic regression (n=331, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.119: Perception of harm* (regular use) by level of SDEP training using ASSAD 1999 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SDEP training	Option B	1		
		Option A or combination	0.45	(0.22 ; 0.92)	0.030
Moderate vs. Higher danger	SDEP training	Option B	1		
		Option A or combination	0.80	(0.40 ; 1.60)	0.520
Lower vs. Moderate danger	SDEP training	Option B	1		
		Option A or combination	0.56	(0.30 ; 1.06)	0.076
Overall P value	SDEP training				0.068

Nominal logistic regression (n=328, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.120: Perception of harm* (low level use) by SDEP dose using ASSAD 1999 Year 10 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SHAHRP intervention	No	1		
		Yes	0.401	(0.137 ; 1.177)	0.096
Moderate vs. Higher danger	SDEP dose	No	1		
		Yes	0.998	(0.981 ; 1.015)	0.836
Lower vs. Moderate danger	SHAHRP intervention	No	1		
		Yes	0.167	(0.091 ; 0.307)	0.000
Overall P value	SDEP dose		1.005	(0.993 ; 1.017)	0.397
			2.397	(0.952 ; 6.035)	0.064
			0.993	(0.979 ; 1.008)	0.360
					0.000
					0.516

Nominal logistic regression (n=331, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.121: Perception of harm* (regular use) by SDEP dose using ASSAD 1999 Year 10 student data

Outcome variable	Variable	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SDEP dose	0.992	(0.976 ; 1.009)	0.380
Moderate vs. Higher danger	SDEP dose	0.991	(0.975 ; 1.007)	0.267
Lower vs. Moderate danger	SDEP dose	1.002	(0.989 ; 1.014)	0.792
Overall P value	SDEP dose			0.537

Nominal logistic regression (n=328, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

ASSAD 2002 Year 10

TOBACCO

Table A.122: Smoked in last 7 days by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Area	Metro	1		
	Non-metro	2.40	(1.15 ; 5.03)	0.020
SDEP participation	No	1		
	Yes	2.25	(0.94 ; 5.40)	0.069
School-level variance (standard error)	0.630 (0.215)			
ICC (standard error)	0.108 (0.065)			0.009

Binary logistic regression (n=489, 27 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.123: Smoking categories by SDEP participation using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Smoked in past vs. Never smoked	School size	Smaller	1			
		Medium	1.33	(0.80; 2.21)	0.269	
		Larger	0.81	(0.38 ; 1.71)	0.580	
	Sector	Government	1			
		Independent	0.43	(0.22 ; 0.81)	0.010	
		Catholic	0.99	(0.64 ; 1.54)	0.957	
	SDEP participation	No	1			
		Yes	0.99	(0.60 ; 1.64)	0.973	
	Occasional/Regular use vs. Never smoked	School size	Smaller	1		
Medium			1.97	(1.22 ; 3.19)	0.005	
Larger			1.07	(0.36 ; 3.18)	0.897	
Sector		Government	1			
		Independent	0.44	(0.21 ; 0.93)	0.032	
		Catholic	0.31	(0.14 ; 0.68)	0.004	
SDEP participation		No	1			
		Yes	1.35	(0.62 ; 2.94)	0.458	
Occasional/Regular use vs. Smoked in past		School size	Smaller	1		
	Medium		1.48	(0.84 ; 2.62)	0.173	
	Larger		1.33	(0.52 ; 3.39)	0.554	
	Sector	Government	1			
		Independent	1.03	(0.45 ; 2.35)	0.944	
		Catholic	0.31	(0.15 ; 0.65)	0.002	
	SDEP participation	No	1			
		Yes	1.36	(0.62 ; 2.97)	0.444	
	Overall P value	School size				0.017
Sector					0.001	
SDEP participation					0.728	

Nominal logistic regression (n=488, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.124: Attitude to smoking by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.11	0.054	(2.00 ; 2.21)	0.000
SDEP participation	Yes	0.03	0.065	(-0.10 ; 0.16)	0.632
School-level variance (standard error)	0.105 (0.031)				
ICC (standard error)	0.046 (0.026)				0.006

Multiple regression (n= 478, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Table A.125: Smoked in last 7 days by level of SDEP training using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Area	Metro	1		
	Non-metro	2.55	(1.33 ; 4.89)	0.005
SDEP training	Option B	1		
	Option A	0.58	(0.28 ; 1.19)	0.136
	Combination	0.49	(0.20 ; 1.17)	0.107
School-level variance (standard error)	0.240 (0.352)			
ICC (standard error)	0.017 (0.050)			0.353

Binary logistic regression (n=337, 19 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.126: Smoking categories by level of SDEP training using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SDEP training	Option B	1		
		Option A	0.53	(0.28 ; 1.00)	0.048
		Combination	0.88	(0.57 ; 1.34)	0.550
Occasional/Regular use vs. Never smoked	SDEP training	Option B	1		
		Option A	0.48	(0.19 ; 1.24)	0.128
		Combination	0.54	(0.20 ; 1.47)	0.229
Occasional/Regular use vs. Smoked in past	SDEP training	Option B	1		
		Option A	0.90	(0.37 ; 2.22)	0.825
		Combination	0.62	(0.25 ; 1.52)	0.293
Overall P value	SDEP training				0.254

Nominal logistic regression (n=336, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.127: Attitude to smoking by level of SDEP training using ASSAD 2002 Year 10 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.25	0.047	(2.15 ; 2.35)	0.000
Socio-economic status	Medium	0.03	0.096	(-0.17 ; 0.24)	0.733
	Higher	-0.19	0.068	(-0.33 ; -0.04)	0.013
SDEP training	Option A	-0.06	0.069	(-0.20 ; 0.09)	0.417
	Combination	-0.15	0.099	(-0.36 ; 0.06)	0.147

Multiple regression (n= 327, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.128: Smoked in last 7 days by SDEP dose using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Area	Metro	1		
	Non-metro	2.722	(1.303 ; 5.684)	0.008
SDEP dose		0.988	(0.966 ; 1.011)	0.302
School-level variance (standard error)	0.419 (0.239)			
ICC (standard error)	0.051 (0.055)			0.125

Binary logistic regression (n=337, 19 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.129: Smoking categories by SDEP dose using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Socio-economic status	Lower	1		
		Medium	1.172	(0.701 ; 1.959)	0.546
		Higher	0.541	(0.315 ; 0.931)	0.026
	SDEP dose		1.007	(0.994 ; 1.019)	0.284
Occasional/ Regular use vs. Never smoked	Socio-economic status	Lower	1		
		Medium	1.403	(0.491 ; 4.007)	0.527
		Higher	0.385	(0.205 ; 0.724)	0.003
	SDEP dose		0.989	(0.968 ; 1.011)	0.340
Occasional/ Regular use vs. Smoked in past	Socio-economic status	Lower	1		
		Medium	1.197	(0.454 ; 3.156)	0.715
		Higher	0.711	(0.380 ; 1.329)	0.285
	SDEP dose		0.983	(0.963 ; 1.003)	0.090
Overall P value	Socio-economic status				0.021
	SDEP dose				0.169

Nominal logistic regression (n=336, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.130: Attitude to smoking by SDEP dose using ASSAD 2002 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.174	0.095	(1.987 ; 2.360)	0.000
Socio-economic status	Medium	-0.010	0.077	(-0.161 ; 0.141)	0.900
	Higher	-0.197	0.071	(-0.336 ; -0.059)	0.005
SDEP dose		0.001	0.002	(-0.003 ; 0.004)	0.668
School-level variance (standard error)	0.063 (0.042)				
ICC (standard error)	0.017 (0.023)				0.182

Multiple regression (n=327, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ALCOHOL

Table A.131: Alcohol in last 4 weeks by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.32	(0.13 ; 0.77)	0.011
	Catholic	0.66	(0.28 ; 1.58)	0.352
SDEP participation	No	1		
	Yes	1.12	(0.51 ; 2.45)	0.780
School-level variance (standard error)	0.706 (0.171)			
ICC (standard error)	0.132 (0.055)			0.000

Binary logistic regression (n=488, 27 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.132: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.39	(0.18 ; 0.84)	0.015
	Catholic	1.00	(0.50 ; 2.03)	0.994
SDEP participation	No	1		
	Yes	1.76	(0.91 ; 3.42)	0.096
School-level variance (standard error)	0.499 (0.155)			
ICC (standard error)	0.070 (0.041)			0.005

Binary logistic regression (n=490, 27 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.133: Attitude to alcohol by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.80	0.128	(2.54 ; 3.05)	0.000
Sector	Independent	-0.49	0.140	(-0.77 ; -0.22)	0.000
	Catholic	-0.10	0.138	(-0.37 ; 0.17)	0.463
SDEP participation	Yes	0.03	0.124	(-0.21 ; 0.28)	0.783
School-level variance (standard error)	0.219 (0.045)				
ICC (standard error)	0.097 (0.037)				0.000

Multiple regression (n=473, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Table A.134: Alcohol in last 4 weeks by level of SDEP training using ASSAD 2002 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.43	(0.28 ; 0.67)	0.000
	Catholic	0.38	(0.21 ; 0.68)	0.001
School size	Smaller	1		
	Medium	2.51	(1.40 ; 4.51)	0.002
	Larger	1.35	(0.61 ; 2.97)	0.457
SDEP training	Option B	1		
	Option A	0.36	(0.16 ; 0.79)	0.011
	Combination	0.56	(0.29 ; 1.07)	0.081

Binary logistic regression (n=337, 19 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.135: Hazardous alcohol consumption¹ by level of SDEP training using ASSAD 2002 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	0.58	(0.33 ; 0.99)	0.047
	Catholic	0.45	(0.24 ; 0.88)	0.019
SDEP training	Option B	1		
	Option A	0.50	(0.28 ; 0.88)	0.017
	Combination	0.81	(0.45 ; 1.46)	0.479

Binary logistic regression (n=338, 19 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.136: Attitude to alcohol by level of SDEP training using ASSAD 2002 Year 10 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.94	0.070	(2.80 ; 3.08)	0.000
Sector	Independent	-0.38	0.106	(-0.61 ; -0.16)	0.002
	Catholic	-0.30	0.114	(-0.54 ; -0.06)	0.017
SDEP training	Option A	-0.19	0.087	(-0.37 ; -0.004)	0.045
	Combination	-0.08	0.097	(-0.28 ; 0.13)	0.448

Multiple regression (n=324, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.137: Alcohol in last 4 weeks by SDEP dose using ASSAD 2002 Year 10 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.013	(0.994 ; 1.033)	0.169
School-level variance (standard error)	0.499 (0.180)		
ICC (standard error)	0.070 (0.047)		0.012

Binary logistic regression (n=337, 19 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.138: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 2002 Year 10 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.016	(1.001 ; 1.031)	0.038
School-level variance (standard error)	0.260 (0.203)		
ICC (standard error)	0.020 (0.031)		0.220

Binary logistic regression (n=338, 19 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.139: Attitude to alcohol by SDEP dose using ASSAD 2002 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.816	0.127	(2.567 ; 3.065)	0.000
Sector	Independent	-0.408	0.118	(-0.640 ; -0.176)	0.001
	Catholic	-0.220	0.107	(-0.429 ; -0.010)	0.040
SDEP dose		0.0004	0.002	(-0.004 ; 0.005)	0.870
School-level variance (standard error)	0.054 (0.085)				
ICC (standard error)	0.007 (0.021)				0.366

Multiple regression (n=324, 19 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ILLICIT SUBSTANCES

Table A.140: Cannabis use in last year by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	1.74	(0.82 ; 3.66)	0.147
School-level variance (standard error)	0.717 (0.167)			
ICC (standard error)	0.135 (0.054)			0.000

Binary logistic regression (n=478, 27 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.141: Cannabis use in last 4 weeks by SDEP participation using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.53	(0.32 ; 0.87)	0.012
SDEP participation	No	1		
	Yes	1.95	(0.85 ; 4.49)	0.114
School-level variance (standard error)	0.741 (0.192)			
ICC (standard error)	0.143 (0.064)			0.000

Binary logistic regression (n=476, 27 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.142: Illicit drug use in last year by SDEP participation using ASSAD 2002 Year 10 student data[#]

Variable		Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		0.430
	Yes	1.21	(0.75 ; 1.94)	

Binary logistic regression (n=487, 27 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.143: Cannabis use in last year by level of SDEP training using ASSAD 2002 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		0.000
	Independent	0.53	(0.39 ; 0.74)	
	Catholic	0.19	(0.10 ; 0.38)	
School size	Smaller	1		0.000
	Medium	3.18	(1.82 ; 5.57)	
	Larger	1.11	(0.62 ; 2.00)	
SDEP training	Option B	1		0.000
	Option A	0.23	(0.13 ; 0.41)	
	Combination	0.43	(0.27 ; 0.69)	

Binary logistic regression (n=328, 19 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.144: Cannabis use in last 4 weeks by level of SDEP training using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		0.617
	Option A	0.80	(0.33 ; 1.94)	
	Combination	0.97	(0.34 ; 2.79)	
School-level variance (standard error)	0.632 (0.203)			0.003
ICC (standard error)	0.108 (0.062)			

Binary logistic regression (n=326, 19 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.145: Illicit drug use in last year by level of SDEP training using ASSAD 2002 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP training	Option B	1		
	Option A	0.87	(0.54 ; 1.38)	0.542
	Combination	0.50	(0.28 ; 0.92)	0.026

Binary logistic regression (n=336, 19 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.146: Cannabis use in last year by SDEP dose using ASSAD 2002 Year 10 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.000	(0.979 ; 1.021)	0.967
School-level variance (standard error)	0.592 (0.177)			
ICC (standard error)	0.096 (0.052)			0.001

Binary logistic regression (n=328, 19 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.147: Cannabis use in last 4 weeks by SDEP dose using ASSAD 2002 Year 10 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.006	(0.983 ; 1.030)	0.616
School-level variance (standard error)	0.640 (0.203)			
ICC (standard error)	0.111 (0.062)			0.003

Binary logistic regression (n=326, 19 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.148: Illicit drug use in last year by SDEP dose using ASSAD 2002 Year 10 student data*

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	0.996	(0.986 ; 1.006)	0.394

Binary logistic regression (n=336, 19 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

PERCEPTION OF HARM

Table A.149: Perception of harm* (low level use) by SDEP participation using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	School size	Smaller	1		
		Medium	2.17	(1.15 ; 4.08)	0.016
		Larger	2.17	(0.97 ; 4.83)	0.059
	SDEP participation	No	1		
		Yes	1.34	(0.70 ; 2.55)	0.375
Moderate vs. Higher danger	School size	Smaller	1		
		Medium	2.52	(1.60 ; 3.98)	0.000
		Larger	2.06	(1.12 ; 3.79)	0.020
	SDEP participation	No	1		
		Yes	1.03	(0.62 ; 1.69)	0.918
Lower vs. Moderate danger	School size	Smaller	1		
		Medium	0.86	(0.51 ; 1.46)	0.580
		Larger	1.05	(0.61 ; 1.81)	0.851
	SDEP participation	No	1		
		Yes	1.30	(0.77 ; 2.21)	0.326
Overall P value	School size				0.003
	SDEP participation				0.586

Nominal logistic regression (n=477, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.150: Perception of harm* (regular use) by SDEP participation using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	School size	Smaller	1		
		Medium	2.97	(1.62 ; 5.46)	0.000
		Larger	1.87	(0.80 ; 4.33)	0.146
	Sector	Government	1		
		Independent	0.55	(0.26 ; 1.19)	0.128
		Catholic	0.91	(0.41 ; 2.03)	0.818
SDEP participation	No	1			
	Yes	1.62	(0.78 ; 3.38)	0.196	
Moderate vs. Higher danger	School size	Smaller	1		
		Medium	2.17	(1.57 ; 3.00)	0.000
		Larger	2.05	(1.07 ; 3.91)	0.030
	Sector	Government	1		
		Independent	1.13	(0.74 ; 1.73)	0.562
		Catholic	0.80	(0.59 ; 1.08)	0.150
SDEP participation	No	1			
	Yes	1.46	(1.04 ; 2.03)	0.027	
Lower vs. Moderate danger	School size	Smaller	1		
		Medium	1.37	(0.82 ; 2.30)	0.234
		Larger	0.91	(0.49 ; 1.69)	0.766
	Sector	Government	1		
		Independent	0.49	(0.28 ; 0.85)	0.011
		Catholic	1.14	(0.60 ; 2.16)	0.686
SDEP participation	No	1			
	Yes	1.11	(0.61 ; 2.05)	0.730	
Overall P value	School size				0.000
	Sector				0.020
	SDEP participation				0.086

Nominal logistic regression (n=480, 27 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.151: Perception of harm* (low level use) by level of SDEP training using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SDEP training	Option B	1		
		Option A	0.75	(0.40 ; 1.41)	0.378
		Combination	0.62	(0.20 ; 1.90)	0.407
Moderate vs. Higher danger	SDEP training	Option B	1		
		Option A	1.03	(0.59 ; 1.79)	0.916
		Combination	0.69	(0.28 ; 1.66)	0.403
Lower vs. Moderate danger	SDEP training	Option B	1		
		Option A	0.73	(0.47 ; 1.15)	0.172
		Combination	0.91	(0.46 ; 1.78)	0.781
Overall P value	SDEP training				0.499

Nominal logistic regression (n=326, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.152: Perception of harm* (regular use) by level of SDEP training using ASSAD 2002 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.58	(0.34 ; 0.99)	0.045
		Catholic	0.53	(0.25 ; 1.11)	0.093
	SDEP training	Option B	1		
		Option A	0.61	(0.27 ; 1.37)	0.230
Moderate vs. Higher danger	Sector	Government	1		
		Independent	1.20	(0.66 ; 2.18)	0.554
		Catholic	0.41	(0.21 ; 0.80)	0.010
	SDEP training	Option B	1		
		Option A	0.62	(0.31 ; 1.25)	0.184
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.48	(0.28 ; 0.82)	0.008
		Catholic	1.29	(0.76 ; 2.19)	0.339
	SDEP training	Option B	1		
		Option A	0.98	(0.60 ; 1.60)	0.924
Overall P value	Sector				0.003
	SDEP training				0.091

Nominal logistic regression (n=329, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.153: Perception of harm* (low level use) by SDEP dose using ASSAD 2002 Year 10 student data

Outcome variable	Variable	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	SDEP dose	1.007	(0.988 ; 1.026)	0.466
Moderate vs. Higher danger	SDEP dose	1.005	(0.992 ; 1.018)	0.434
Lower vs. Moderate danger	SDEP dose	1.002	(0.990 ; 1.013)	0.757
Overall P value	SDEP dose			0.725

Nominal logistic regression (n=326, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.154: Perception of harm* (regular use) by SDEP dose using ASSAD 2002 Year 10 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.536	(0.307 ; 0.937)	0.029
		Catholic	0.644	(0.280 ; 1.478)	0.299
	SDEP dose		0.999	(0.978 ; 1.021)	0.930
Moderate vs. Higher danger	Sector	Government	1		
		Independent	0.899	(0.430 ; 1.879)	0.776
		Catholic	0.515	(0.304 ; 0.871)	0.013
	SDEP dose		0.994	(0.976 ; 1.013)	0.533
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.597	(0.308 ; 1.158)	0.127
		Catholic	1.250	(0.683 ; 2.288)	0.469
	SDEP dose		1.005	(0.991 ; 1.019)	0.500
Overall P value	Sector				0.005
	SDEP dose				0.689

Nominal logistic regression (n=329, 19 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

SCYP 2000 Year 10

TOBACCO

Table A.155: Smoked in last 7 days by SDEP participation using SCYP 2000 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SCYP intervention	No	1		
	Yes	0.84	(0.64 ; 1.10)	0.217
Sex	Male	1		
	Female	1.26	(1.09 ; 1.47)	0.002
SDEP participation	No	1		
	Yes	0.96	(0.69 ; 1.31)	0.780
School-level variance (standard error)	0.258 (0.056)			
ICC (standard error)	0.020 (0.008)			0.000

Binary logistic regression (n=3999, 27 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.156: Smoking categories by SDEP participation using SCYP 2000 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Smoked in past vs. Never smoked	SCYP intervention	No	1			
		Yes	0.81	(0.63 ; 1.04)	0.100	
	School size	Smaller	1			
		Medium	0.95	(0.76 ; 1.19)	0.643	
		Larger	0.91	(0.70 ; 1.18)	0.456	
	Sex	Male	1			
		Female	1.19	(1.06 ; 1.34)	0.004	
	SDEP participation	No	1			
Yes		0.85	(0.67 ; 1.07)	0.160		
Occasional use vs. Never smoked	SCYP intervention	No	1			
		Yes	0.82	(0.56 ; 1.20)	0.301	
	School size	Smaller	1			
		Medium	0.83	(0.55 ; 1.24)	0.353	
		Larger	1.14	(0.75 ; 1.74)	0.550	
	Sex	Male	1			
		Female	1.43	(1.14 ; 1.80)	0.002	
	SDEP participation	No	1			
Yes		0.89	(0.56 ; 1.43)	0.643		
Regular use vs. Never smoked	SCYP intervention	No	1			
		Yes	0.65	(0.48 ; 0.90)	0.009	
	School size	Smaller	1			
		Medium	0.81	(0.56 ; 1.16)	0.255	
		Larger	0.65	(0.41 ; 1.01)	0.056	
	Sex	Male	1			
		Female	1.59	(1.22 ; 2.06)	0.000	
	SDEP participation	No	1			
Yes		0.94	(0.56 ; 1.57)	0.815		
Occasional use vs. Smoked in past	SCYP intervention	No	1			
		Yes	1.00	(0.74 ; 1.37)	0.977	
	School size	Smaller	1			
		Medium	0.87	(0.65 ; 1.17)	0.351	
		Larger	1.26	(0.85 ; 1.85)	0.250	
	Sex	Male	1			
		Female	1.20	(0.94 ; 1.54)	0.149	
	SDEP participation	No	1			
Yes		1.06	(0.74 ; 1.52)	0.764		
Regular use vs. Smoked in past	SCYP intervention	No	1			
		Yes	0.80	(0.61 ; 1.06)	0.125	
	School size	Smaller	1			
		Medium	0.85	(0.65 ; 1.12)	0.249	
		Larger	0.71	(0.47 ; 1.09)	0.118	
	Sex	Male	1			
		Female	1.33	(1.00 ; 1.77)	0.048	
	SDEP participation	No	1			
Yes		1.11	(0.77 ; 1.61)	0.578		
Regular vs. Occasional use	SCYP intervention	No	1			
		Yes	0.80	(0.57 ; 1.12)	0.197	
	School size	Smaller	1			
		Medium	0.98	(0.68 ; 1.42)	0.923	
		Larger	0.57	(0.36 ; 0.89)	0.014	
	Sex	Male	1			
		Female	1.11	(0.90 ; 1.37)	0.339	
	SDEP participation	No	1			
Yes		1.05	(0.73 ; 1.53)	0.790		
Overall P value	SCYP intervention				0.060	
	School size				0.177	
	Sex				0.000	
	SDEP participation				0.321	

Nominal logistic regression (n=3958, 27 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.157: Attitude to smoking by SDEP participation using SCYP 2000 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		0.92	0.031	(0.86 ; 0.98)	0.000
SCYP intervention	Yes	-0.05	0.028	(-0.11 ; -0.0005)	0.048
Socio-economic status	Medium	-0.05	0.021	(-0.09 ; -0.01)	0.017
	Higher	-0.03	0.026	(-0.08 ; 0.03)	0.328
SDEP participation	Yes	-0.06	0.034	(-0.13 ; 0.005)	0.069
School-level variance (standard error)	0.058 (0.011)				
ICC (standard error)	0.017 (0.007)				0.000

Multiple regression (n=4175, 27 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Values of dependent variable have been log-transformed to achieve normality

Table A.158: Smoked in last 7 days by SDEP dose using SCYP 2000 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SCYP intervention	No	1		
	Yes	0.869	(0.651 ; 1.161)	0.342
Sex	Male	1		
	Female	1.200	(1.014 ; 1.420)	0.033
SDEP dose		0.998	(0.991 ; 1.006)	0.609
School-level variance (standard error)	0.238 (0.063)			
ICC (standard error)	0.017 (0.009)			0.000

Binary logistic regression (n=3254, 21 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.159: Smoking categories by SDEP dose using SCYP 2000 Year 10 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SCYP intervention	No	1		
		Yes	0.839	(0.614 ; 1.148)	0.274
	Sex	Male	1		
		Female	0.142	(1.013 ; 1.286)	0.030
	SDEP dose		1.010	(0.994 ; 1.007)	0.853
Occasional use vs. Never smoked	SCYP intervention	No	1		
		Yes	1.023	(0.739 ; 1.415)	0.893
	Sex	Male	1		
		Female	1.306	(1.040 ; 1.640)	0.022
	SDEP dose		1.001	(0.997 ; 1.022)	0.134
Regular use vs. Never smoked	SCYP intervention	No	1		
		Yes	0.677	(0.421 ; 1.089)	0.108
	Sex	Male	1		
		Female	1.444	(1.088 ; 1.918)	0.011
	SDEP dose		1.000	(0.990 ; 1.010)	0.978
Occasional use vs. Smoked in past	SCYP intervention	No	1		
		Yes	1.218	(0.928 ; 1.599)	0.154
	Sex	Male	1		
		Female	1.144	(0.861 ; 1.519)	0.354
	SDEP dose		1.009	(0.999 ; 1.019)	0.070
Regular use vs. Smoked in past	SCYP intervention	No	1		
		Yes	0.807	(0.530 ; 1.228)	0.317
	Sex	Male	1		
		Female	1.265	(0.900 ; 1.777)	0.176
	SDEP dose		0.999	(0.990 ; 1.009)	0.874
Regular vs. Occasional use	SCYP intervention	No	1		
		Yes	0.662	(0.415 ; 1.057)	0.084
	Sex	Male	1		
		Female	1.106	(0.854 ; 1.433)	0.446
	SDEP dose		0.990	(0.976 ; 1.005)	0.200
Overall P value	SCYP intervention				0.253
	Sex				0.000
	SDEP dose				0.346

Nominal logistic regression (n=3213, 21 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.160: Attitude to smoking by SDEP dose using SCYP 2000 Year 10 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		0.873	0.038	(0.799 ; 0.948)	0.000
SCYP intervention	Yes	-0.044	0.029	(-0.100 ; 0.012)	0.123
Socio-economic status	Medium	-0.060	0.024	(-0.106 ; -0.013)	0.012
	Higher	-0.033	0.027	(-0.086 ; 0.019)	0.213
SDEP dose		-0.0003	0.001	(-0.002 ; 0.001)	0.658
School-level variance (standard error)	0.050 (0.012)				
ICC (standard error)	0.013 (0.006)				0.000

Multiple regression (n=3401, 21 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Values of dependent variable have been log-transformed to achieve normality

ALCOHOL

Table A.161: Alcohol in last 4 weeks by SDEP participation using SCYP 2000 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		0.900
	Yes	1.02	(0.78 ; 1.33)	
School-level variance (standard error)	0.222 (0.049)			0.000
ICC (standard error)	0.015 (0.006)			

Binary logistic regression (n=4095, 27 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.162: Hazardous alcohol consumption¹ by SDEP participation using SCYP 2000 Year 10 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		0.008
	Female	0.84	(0.74 ; 0.96)	
SDEP participation	No	1		0.375
	Yes	0.90	(0.72 ; 1.13)	
School-level variance (standard error)	0.162 (0.046)			0.002
ICC (standard error)	0.008 (0.004)			

Binary logistic regression (n=3884, 27 schools)

¹ Five or more drinks at one time in last four weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.163: Alcohol in last 4 weeks by SDEP dose using SCYP 2000 Year 10 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.003	(0.996 ; 1.009)	0.416
School-level variance (standard error)	0.229 (0.054)			0.000
ICC (standard error)	0.016 (0.007)			

Binary logistic regression (n=3332, 21 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.164: Hazardous alcohol consumption¹ by SDEP dose using SCYP 2000 Year 10 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.870	(0.747 ; 1.013)	0.073
SDEP dose		1.003	(0.999 ; 1.006)	0.137

Binary logistic regression (n=3160, 21 schools)

¹ Five or more drinks at one time in last four weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

SHAHRP 1999 Year 10

ALCOHOL

Table A.165: Alcohol related harm by SDEP participation using SHAHRP 1999 Year 10 student data

Outcome category	Variable	Level	Odds ratio	95% Confidence interval	P value
1-3 times vs. None	SHAHRP intervention	No	1		
		Yes	1.27	(1.01 ; 1.60)	0.040
	SDEP participation	No	1		
		Yes	0.71	(0.56 ; 0.92)	0.009
4+ times vs. None	SHAHRP intervention	No	1		
		Yes	0.84	(0.54 ; 1.31)	0.448
	SDEP participation	No	1		
		Yes	0.82	(0.53 ; 1.27)	0.378
4+ times vs. 1-3 times	SHAHRP intervention	No	1		
		Yes	0.66	(0.45 ; 0.99)	0.043
	SDEP participation	No	1		
		Yes	1.15	(0.75 ; 1.76)	0.525
Overall P value	SHAHRP intervention				0.022
	SDEP participation				0.034

Nominal logistic regression (n=2071, 14 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.166: Alcohol related harm by SDEP dose using SHAHRP 1999 Year 10 student data

Outcome category	Variable	Level	Odds ratio	95% Confidence interval	P value
1-3 times vs. None	SHAHRP intervention	No	1		
		Yes	1.296	(0.947 ; 1.773)	0.106
	SDEP dose		1.000	(0.995 ; 1.006)	0.858
4+ times vs. None	SHAHRP intervention	No	1		
		Yes	0.922	(0.477 ; 1.780)	0.809
	SDEP dose		1.001	(0.991 ; 1.012)	0.793
4 + times vs. 1-3 times	SHAHRP intervention	No	1		
		Yes	0.711	(0.402 ; 1.258)	0.242
	SDEP dose		1.001	(0.991 ; 1.011)	0.856
Overall P value	SHAHRP intervention				0.129
	SDEP dose				0.963

Nominal logistic regression (n=1254, 7 schools)

Level of significance for group comparisons $\alpha=0.017$

YEAR 11 STUDENTS

ASSAD 1999 Year 11

TOBACCO

Table A.167: Smoked in last 7 days by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		0.378
	Yes	1.29	(0.74 ; 2.25)	
School-level variance (standard error)	0.436 (0.145)			0.005
ICC (standard error)	0.055 (0.034)			

Binary logistic regression (n=635, 18 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.168: Smoking categories by SDEP participation using ASSAD 1999 Year 11 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	SDEP participation	No	1		0.021
		Yes	1.54	(1.07 ; 2.21)	
Occasional use vs. Never smoked	SDEP participation	No	1		0.053
		Yes	2.04	(0.99 ; 4.19)	
Regular use vs. Never smoked	SDEP participation	No	1		0.558
		Yes	1.16	(0.70 ; 1.93)	
Occasional use vs. Smoked in past	SDEP participation	No	1		0.399
		Yes	1.33	(0.69 ; 2.56)	
Regular use vs. Smoked in past	SDEP participation	No	1		0.320
		Yes	0.76	(0.44 ; 1.31)	
Regular vs. Occasional use	SDEP participation	No	1		0.073
		Yes	0.57	(0.31 ; 1.05)	
Overall P value	SDEP participation				0.078

Nominal logistic regression (n=632, 18 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.169: Attitude to smoking by SDEP participation using ASSAD 1999 Year 11 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.21	0.048	(2.10 ; 2.31)	0.000
Area	Non-metro	-0.15	0.038	(-0.23 ; -0.07)	0.001
SDEP participation	Yes	0.01	0.046	(-0.08 ; 0.11)	0.787

Multiple regression (n=628, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.170: Smoked in last 7 days by SDEP dose using ASSAD 1999 Year 11 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.010	(0.982 ; 1.038)	0.487
School-level variance (standard error)	0.408 (0.184)			
ICC (standard error)	0.048 (0.041)			0.034

Binary logistic regression (n=352, 10 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.171: Smoking categories by SDEP dose using ASSAD 1999 Year 11 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	Sector	Government	1		
		Independent	0.967	(0.672 ; 1.392)	0.857
		Catholic	0.549	(0.295 ; 1.023)	0.059
		SDEP dose		1.009	(0.987 ; 1.033)
Occasional/ Regular use vs. Never smoked	Sector	Government	1		
		Independent	0.893	(0.399 ; 2.000)	0.783
		Catholic	1.376	(0.783 ; 2.419)	0.267
		SDEP dose		1.031	(0.999 ; 1.064)
Occasional/ Regular use vs. Smoked in past	Sector	Government	1		
		Independent	0.923	(0.359 ; 2.372)	0.869
		Catholic	2.507	(1.424 ; 4.412)	0.001
		SDEP dose		1.021	(0.989 ; 1.054)
Overall P value	Sector				0.030
	SDEP dose				0.163

Nominal logistic regression (n=350, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.172: Attitude to smoking by SDEP dose using ASSAD 1999 Year 11 student data[#]

Variable	Coefficient	Standard error	95% Confidence interval	P value
Constant	2.143	0.065	(1.996 ; 2.290)	0.000
SDEP dose	0.001	0.001	(-0.002 ; 0.004)	0.347

Multiple regression (n=349, 10 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

Procedure unable to estimate random effects, robust estimation of standard errors used.

ALCOHOL

Table A.173: Alcohol in last 4 weeks by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	2.00	(1.20 ; 3.33)	0.008
School-level variance (standard error)	0.400 (0.131)			
ICC (standard error)	0.046 (0.029)			0.006

Binary logistic regression (n=639, 18 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.174: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	1.61	(0.92 ; 2.83)	0.097
School-level variance (standard error)	0.486 (0.135)			
ICC (standard error)	0.067 (0.035)			0.000

Binary logistic regression (n=639, 18 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.175: Attitude to alcohol by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.80	0.078	(2.65 ; 2.96)	0.000
Sex	Female	-0.21	0.058	(-0.33 ; -0.10)	0.000
SDEP participation	Yes	0.24	0.097	(0.05 ; 0.43)	0.013
School-level variance (standard error)	0.170 (0.042)				
ICC (standard error)	0.062 (0.029)				0.000

Multiple regression (n=621, 18 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Table A.176: Alcohol in last 4 weeks by SDEP dose using ASSAD 1999 Year 11 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.0004	(0.985 ; 1.016)	0.959

Binary logistic regression (n=354, 10 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.177: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 1999 Year 11 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.000	(0.972 ; 1.028)	0.978
School-level variance (standard error)	0.463 (0.166)		
ICC (standard error)	0.061 (0.041)		0.003

Binary logistic regression (n=354, 10 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.178: Attitude to alcohol by SDEP dose using ASSAD 1999 Year 11 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		3.046	0.193	(2.667 ; 3.424)	0.000
Sex	Female	-0.210	0.082	(-0.371 ; -0.049)	0.010
SDEP dose		-0.0001	0.0039	(-0.0077 ; 0.0075)	0.980
School-level variance (standard error)	0.104 (0.051)				
ICC (standard error)	0.024 (0.023)				0.063

Multiple regression (n=348, 10 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

ILLICIT SUBSTANCES

Table A.179: Cannabis use in last year by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	0.50	(0.30 ; 0.84)	0.008
	Larger	0.89	(0.54 ; 1.46)	0.633
SDEP participation	No	1		
	Yes	1.58	(1.04 ; 2.42)	0.033
School-level variance (standard error)	0.276 (0.121)			
ICC (standard error)	0.023 (0.019)			0.055

Binary logistic regression (n=622, 18 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.180: Cannabis use in last 4 weeks by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	1.16	(0.67 ; 2.00)	0.605
School-level variance (standard error)	0.434 (0.134)			
ICC (standard error)	0.054 (0.032)			0.003

Binary logistic regression (n=618, 18 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.181: Illicit drug use in last year by SDEP participation using ASSAD 1999 Year 11 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Socio-economic status	Lower	1		
	Medium	1.49	(0.87 ; 2.57)	0.146
	Higher	2.11	(1.27 ; 3.49)	0.004
SDEP participation	No	1		
	Yes	0.95	(0.58 ; 1.56)	0.848
School-level variance (standard error)	0.353 (0.139)			
ICC (standard error)	0.036 (0.028)			0.024

Binary logistic regression (n=631, 18 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Table A.182: Cannabis use in last year by SDEP dose using ASSAD 1999 Year 11 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.016	(0.990 ; 1.042)	0.238
School-level variance (standard error)	0.389 (0.157)			
ICC (standard error)	0.044 (0.034)			0.015

Binary logistic regression (n=346, 10 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.183: Cannabis use in last 4 weeks by SDEP dose using ASSAD 1999 Year 11 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.005	(0.981 ; 1.029)	0.686
School-level variance (standard error)	0.312 (0.184)			
ICC (standard error)	0.029 (0.033)			0.112

Binary logistic regression (n=347, 10 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.184: Illicit drug use in last year by SDEP dose using ASSAD 1999 Year 11 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.013	(0.981 ; 1.045)	0.432
School-level variance (standard error)	0.518 (0.193)		
ICC (standard error)	0.076 (0.052)		0.004

Binary logistic regression (n=349, 10 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

PERCEPTION OF HARM

Table A.185: Perception of harm* (low level use) by SDEP participation using ASSAD 1999 Year 11 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	1.30	(0.61 ; 2.77)	0.500
		Catholic	1.19	(0.64 ; 2.22)	0.584
	SDEP participation	No	1		
		Yes	1.45	(0.65 ; 3.26)	0.363
Moderate vs. Higher danger	Sector	Government	1		
		Independent	1.56	(0.97 ; 2.52)	0.066
		Catholic	1.58	(0.89 ; 2.79)	0.118
	SDEP participation	No	1		
		Yes	2.18	(1.17 ; 4.06)	0.014
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.83	(0.60 ; 1.15)	0.259
		Catholic	0.75	(0.55 ; 1.03)	0.080
	SDEP participation	No	1		
		Yes	0.67	(0.50 ; 0.89)	0.005
Overall P value	Sector				0.000
	SDEP participation				0.000

Nominal logistic regression (n=623, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.186: Perception of harm* (regular use) by SDEP participation using ASSAD 1999 Year 11 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.81	(0.41 ; 1.61)	0.548
		Catholic	1.01	(0.61 ; 1.67)	0.958
	Area	Metro	1		
		Non-metro	0.93	(0.47 ; 1.84)	0.845
	SDEP participation	No	1		
Yes	1.07	(0.57 ; 2.00)	0.834		
Moderate vs. Higher danger	Sector	Government	1		
		Independent	1.07	(0.57 ; 2.02)	0.831
		Catholic	0.80	(0.42 ; 1.52)	0.500
	Area	Metro	1		
		Non-metro	1.54	(0.68 ; 3.50)	0.299
	SDEP participation	No	1		
Yes	1.29	(0.73 ; 2.29)	0.381		
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.76	(0.60 ; 0.95)	0.016
		Catholic	1.26	(0.87 ; 1.83)	0.212
	Area	Metro	1		
		Non-metro	0.61	(0.45 ; 0.82)	0.001
	SDEP participation	No	1		
Yes	0.83	(0.59 ; 1.17)	0.281		
Overall P value	Sector				0.033
	Area				0.003
	SDEP participation				0.424

Nominal logistic regression (n=623, 18 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

Table A.187: Perception of harm* (low level use) by SDEP dose using ASSAD 1999 Year 11 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	1.026	(0.497 ; 2.115)	0.945
		Catholic	0.582	(0.246 ; 1.376)	0.217
	SDEP dose	No	1		
		Yes	1.016	(0.991 ; 1.042)	0.200
Moderate vs. Higher danger	Sector	Government	1		
		Independent	1.334	(0.811 ; 2.196)	0.256
		Catholic	0.926	(0.534 ; 1.607)	0.786
	SDEP dose	No	1		
		Yes	1.010	(0.994 ; 1.027)	0.225
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.769	(0.578 ; 1.022)	0.071
		Catholic	0.628	(0.449 ; 0.878)	0.007
	SDEP dose	No	1		
		Yes	1.006	(0.996 ; 1.017)	0.235
Overall P value	Sector				0.000
	SDEP dose				0.439

Nominal logistic regression (n=348, 10 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.188: Perception of harm* (regular use) by SDEP dose using ASSAD 1999 Year 11 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sector	Government	1		
		Independent	0.861	(0.411 ; 1.803)	0.692
		Catholic	1.268	(0.439 ; 3.664)	0.661
	Area	Metro	1		
		Non-metro	1.806	(0.572 ; 5.705)	0.313
	SDEP dose		1.005	(0.973 ; 1.037)	0.768
Moderate vs. Higher danger	Sector	Government	1		
		Independent	1.164	(0.586 ; 2.313)	0.664
		Catholic	1.018	(0.390 ; 2.657)	0.971
	Area	Metro	1		
		Non-metro	2.499	(0.887 ; 7.040)	0.083
	SDEP dose		1.001	(0.972 ; 1.030)	0.965
Lower vs. Moderate danger	Sector	Government	1		
		Independent	0.740	(0.585 ; 0.935)	0.012
		Catholic	1.246	(0.993 ; 1.564)	0.058
	Area	Metro	1		
		Non-metro	0.723	(0.570 ; 0.916)	0.007
	SDEP dose		1.004	(0.999 ; 1.009)	0.113
Overall P value	Sector				0.000
	Area				0.000
	SDEP dose				0.163

Nominal logistic regression (n=348, 10 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

ASSAD 2002 Year 11

TOBACCO

Table A.189: Smoked in last 7 days by SDEP dose using ASSAD 2002 Year 11 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Socio-economic status	Lower	1		
	Medium	0.589	(0.379 ; 0.914)	0.018
	Higher	0.457	(0.235 ; 0.888)	0.021
SDEP dose		0.991	(0.975 ; 1.009)	0.331

Binary logistic regression (n=530, 15 schools)

* Odds of smoking vs. not smoking in last 7 days

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.190: Smoking categories by SDEP dose using ASSAD 2002 Year 11 student data

Outcome variable	Variable	Odds ratio*	95% Confidence interval	P value
Smoked in past vs. Never smoked	SDEP dose	1.010	(1.000 ; 1.021)	0.056
Occasional/Regular use vs. Never smoked	SDEP dose	1.001	(0.986 ; 1.017)	0.866
Occasional/Regular use vs. Smoked in past	SDEP dose	0.991	(0.971 ; 1.011)	0.380
Overall P value	SDEP dose			0.136

Nominal logistic regression (n=529, 15 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.191: Attitude to smoking by SDEP dose using ASSAD 2002 Year 11 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.150	0.089	(1.975 ; 2.324)	0.000
Sector	Independent	-0.123	0.060	(-0.241 ; -0.006)	0.040
	Catholic	-0.117	0.062	(-0.238 ; 0.004)	0.058
SDEP dose		0.0004	0.002	(-0.003 ; 0.004)	0.795
School-level variance (standard error)	0.045 (0.035)				
ICC (standard error)	0.010 (0.015)				0.218

Multiple regression (n=525, 15 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ALCOHOL

Table A.192: Alcohol in last 4 weeks by SDEP dose using ASSAD 2002 Year 11 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sector	Government	1		
	Independent	3.167	(1.749 ; 5.736)	0.000
	Catholic	1.441	(0.906 ; 2.291)	0.123
SDEP dose		0.999	(0.985 ; 1.014)	0.919

Binary logistic regression (n=530, 15 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.193: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 2002 Year 11 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.639	(0.461 ; 0.886)	0.007
SDEP dose		0.996	(0.986 ; 1.005)	0.368

Binary logistic regression (n=529, 15 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.194: Attitude to alcohol by SDEP dose using ASSAD 2002 Year 11 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.901	0.146	(2.615 ; 3.187)	0.000
Sex	Female	-0.153	0.061	(-0.273 ; -0.034)	0.012
SDEP dose		-0.0001	0.003	(-0.006 ; 0.006)	0.964
School-level variance (standard error)	0.119 (0.040)				
ICC (standard error)	0.033 (0.022)				0.007

Multiple regression (n=519, 15 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ILLICIT SUBSTANCES

Table A.195: Cannabis use in last year by SDEP dose using ASSAD 2002 Year 11 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.007	(0.992 ; 1.022)	0.362
School-level variance (standard error)	0.242 (0.137)		
ICC (standard error)	0.018 (0.019)		0.122

Binary logistic regression (n=527, 15 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.196: Cannabis use in last 4 weeks by SDEP dose using ASSAD 2002 Year 11 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Socio-economic status	Lower	1		
	Medium	0.694	(0.398 ; 1.208)	0.196
	Higher	0.471	(0.271 ; 0.819)	0.008
SDEP dose		1.004	(0.986 ; 1.023)	0.633

Binary logistic regression (n=529, 15 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.197: Illicit drug use in last year by SDEP dose using ASSAD 2002 Year 11 student data[#]

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	0.987	(0.974 ; 1.000)	0.047

Binary logistic regression (n=529, 15 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

Procedure unable to estimate random effects, robust estimation of standard errors used

PERCEPTION OF HARM

Table A.198: Perception of harm* (low level use) by SDEP dose using ASSAD 2002 Year 11 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Socio-economic status	Lower	1		
		Medium	1.560	(0.875 ; 2.782)	0.132
		Higher	1.252	(0.845 ; 1.855)	0.263
	SDEP dose		1.009	(0.996 ; 1.021)	0.166
Moderate vs. Higher danger	Socio-economic status	Lower	1		
		Medium	2.091	(1.394 ; 3.137)	0.000
		Higher	1.619	(1.259 ; 2.080)	0.000
	SDEP dose		1.009	(0.998 ; 1.019)	0.098
Lower vs. Moderate danger	Socio-economic status	Lower	1		
		Medium	0.746	(0.458 ; 1.216)	0.239
		Higher	0.774	(0.484 ; 1.236)	0.283
	SDEP dose		1.000	(0.987 ; 1.013)	0.986
Overall P value	Socio-economic status				0.000
	SDEP dose				0.169

Nominal logistic regression (n=517, 15 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.199: Perception of harm* (regular use) by SDEP dose using ASSAD 2002 Year 11 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Socio-economic status	Lower	1		
		Medium	1.073	(0.651 ; 2.051)	0.832
		Larger	1.238	(0.678 ; 2.258)	0.487
	SDEP dose		1.008	(0.994 ; 1.022)	0.251
Moderate vs. Higher danger	Socio-economic status	Lower	1		
		Medium	1.392	(0.949 ; 2.040)	0.090
		Larger	2.371	(1.718 ; 3.274)	0.000
	SDEP dose		1.004	(0.995 ; 1.013)	0.339
Lower vs. Moderate danger	Socio-economic status	Lower	1		
		Medium	0.771	(0.487 ; 1.221)	0.267
		Larger	0.522	(0.320 ; 0.851)	0.009
	SDEP dose		1.004	(0.996 ; 1.012)	0.375
Overall P value	Socio-economic status				0.000
	SDEP dose				0.517

Nominal logistic regression (n=521, 15 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

YEAR 12 STUDENTS

ASSAD 1999 Year 12

TOBACCO

Table A.200: Smoked in last 7 days by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	1.28	(0.70 ; 2.34)	0.421
School-level variance (standard error)	0.455 (0.147)			
ICC (standard error)	0.059 (0.036)			0.004

Binary logistic regression (n=614, 17 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.201: Smoking categories by SDEP participation using ASSAD 1999 Year 12 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value	
Smoked in past vs. Never smoked	School size	Smaller	1			
		Medium	0.58	(0.45 ; 0.76)	0.000	
		Larger	0.85	(0.60 ; 1.22)	0.385	
	Sector	Government	1			
		Independent	0.79	(0.56 ; 1.12)	0.185	
		Catholic	0.74	(0.51 ; 1.08)	0.123	
SDEP participation	No	1				
	Yes	1.06	(0.78 ; 1.44)	0.709		
Occasional use vs. Never smoked	School size	Smaller	1			
		Medium	0.42	(0.27 ; 0.67)	0.000	
		Larger	0.92	(0.57 ; 1.49)	0.747	
	Sector	Government	1			
		Independent	0.99	(0.62 ; 1.58)	0.955	
		Catholic	1.76	(1.11 ; 2.81)	0.017	
SDEP participation	No	1				
	Yes	2.81	(2.09 ; 3.78)	0.000		
Regular use vs. Never smoked	School size	Smaller	1			
		Medium	0.40	(0.20 ; 0.84)	0.015	
		Larger	0.92	(0.33 ; 2.52)	0.866	
	Sector	Government	1			
		Independent	2.49	(0.90 ; 6.86)	0.079	
		Catholic	0.98	(0.31 ; 3.12)	0.974	
SDEP participation	No	1				
	Yes	0.94	(0.39 ; 2.27)	0.895		
Occasional use vs. Smoked in past	School size	Smaller	1			
		Medium	0.72	(0.48 ; 1.08)	0.115	
		Larger	1.08	(0.83 ; 1.40)	0.556	
	Sector	Government	1			
		Independent	1.25	(0.92 ; 1.69)	0.158	
		Catholic	2.37	(1.70 ; 3.31)	0.000	
SDEP participation	No	1				
	Yes	2.65	(2.01 ; 3.50)	0.000		
Regular use vs. Smoked in past	School size	Smaller	1			
		Medium	0.69	(0.34 ; 1.42)	0.316	
		Larger	1.07	(0.48 ; 2.41)	0.866	
	Sector	Government	1			
		Independent	3.14	(1.45 ; 6.78)	0.004	
		Catholic	1.32	(0.51 ; 3.38)	0.564	
SDEP participation	No	1				
	Yes	0.89	(0.44 ; 1.78)	0.740		
Regular vs. Occasional use	School size	Smaller	1			
		Medium	0.96	(0.42 ; 2.18)	0.921	
		Larger	0.99	(0.39 ; 2.55)	0.986	
	Sector	Government	1			
		Independent	2.52	(1.05 ; 6.07)	0.039	
		Catholic	0.56	(0.19 ; 1.60)	0.276	
SDEP participation	No	1				
	Yes	0.34	(0.15 ; 0.77)	0.010		
Overall P value	School size				0.001	
	Sector				0.000	
	SDEP participation				0.000	

Nominal logistic regression (n=613, 17 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.202: Attitude to smoking by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.12	0.047	(2.03 ; 2.22)	0.000
Sex	Female	-0.13	0.039	(-0.20 ; -0.05)	0.001
SDEP participation	Yes	0.05	0.057	(-0.07 ; 0.16)	0.428
School-level variance (standard error)	0.092 (0.026)				
ICC (standard error)	0.043 (0.024)				0.001

Multiple regression (n=608, 17 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

ALCOHOL

Table A.203: Alcohol in last 4 weeks by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	0.63	(0.34 ; 1.17)	0.146
	Larger	1.42	(0.78 ; 2.60)	0.254
Sex	Male	1		
	Female	0.63	(0.42 ; 0.96)	0.029
Area	Metro	1		
	Non-metro	2.48	(1.18 ; 5.23)	0.016
SDEP participation	No	1		
	Yes	1.30	(0.82 ; 2.06)	0.271
School-level variance (standard error)	0.241 (0.159)			
ICC (standard error)	0.017 (0.023)			0.175

Binary logistic regression (n=612, 17 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.204: Hazardous alcohol consumption¹ by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	0.42	(0.20 ; 0.88)	0.021
	Larger	0.80	(0.41 ; 1.58)	0.524
Sex	Male	1		
	Female	0.47	(0.32 ; 0.68)	0.000
SDEP participation	No	1		
	Yes	1.37	(0.77 ; 2.44)	0.284
School-level variance (standard error)	0.463 (0.137)			
ICC (standard error)	0.061 (0.034)			0.001

Binary logistic regression (n=613, 17 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.205: Attitude to alcohol by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		3.00	0.075	(2.85 ; 3.15)	0.000
Sex	Female	-0.39	0.058	(-0.50 ; -0.28)	0.000
SDEP participation	Yes	-0.01	0.094	(-0.19 ; 0.18)	0.934
School-level variance (standard error)	0.159 (0.041)				
ICC (standard error)	0.057 (0.028)				0.000

Multiple regression (n=600, 17 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

ILLCIT SUBSTANCES

Table A.206: Cannabis use in last year by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	0.39	(0.22 ; 0.69)	0.001
	Larger	0.80	(0.47 ; 1.39)	0.435
SDEP participation	No	1		
	Yes	1.32	(0.84 ; 2.08)	0.229
School-level variance (standard error)	0.311 (0.127)			
ICC (standard error)	0.028 (0.023)			0.035

Binary logistic regression (n=597, 17 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

Table A.207: Cannabis use in last 4 weeks by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.62	(0.42 ; 0.93)	0.020
SDEP participation	No	1		
	Yes	1.39	(0.77 ; 2.49)	0.270
School-level variance (standard error)	0.468 (0.150)			
ICC (standard error)	0.062 (0.037)			0.002

Binary logistic regression (n=593, 17 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.208: Illicit drug use in last year by SDEP participation using ASSAD 1999 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.68	(0.46 ; 0.99)	0.046
SDEP participation	No	1		
	Yes	0.93	(0.52 ; 1.68)	0.818
School-level variance (standard error)	0.498 (0.139)			
ICC (standard error)	0.070 (0.036)			0.000

Binary logistic regression (n=605, 17 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

PERCEPTION OF HARM

Table A.209: Perception of harm* (low level use) by SDEP participation using ASSAD 1999 Year 12 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sex	Male	1		
		Female	0.43	(0.27 ; 0.70)	0.001
	Socio-economic status	Lower	1		
		Medium	2.13	(1.25 ; 3.61)	0.005
		Higher	1.51	(0.73 ; 3.12)	0.270
	SDEP participation	No	1		
Yes		1.02	(0.46 ; 2.29)	0.956	
Moderate vs. Higher danger	Sex	Male	1		
		Female	0.67	(0.46 ; 1.00)	0.050
	Socio-economic status	Lower	1		
		Medium	2.87	(1.65 ; 4.99)	0.000
		Higher	1.10	(0.59 ; 2.07)	0.762
	SDEP participation	No	1		
Yes		1.24	(0.66 ; 2.31)	0.503	
Lower vs. Moderate danger	Sex	Male	1		
		Female	0.64	(0.42 ; 0.98)	0.041
	Socio-economic status	Lower	1		
		Medium	0.74	(0.51 ; 1.08)	0.119
		Higher	1.37	(0.92 ; 2.03)	0.122
	SDEP participation	No	1		
Yes		0.83	(0.53 ; 1.30)	0.409	
Overall P value	Sex				0.003
	Socio-economic status				0.000
	SDEP participation				0.536

Nominal logistic regression (n=599, 17 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.210: Perception of harm* (regular use) by SDEP participation using ASSAD 1999 Year 12 student data

Outcome category	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Sex	Male	1		
		Female	0.49	(0.28 ; 0.84)	0.010
	SDEP participation	No	1		
		Yes	1.56	(0.85 ; 2.85)	0.147
Moderate vs. Higher danger	Sex	Male	1		
		Female	0.59	(0.41 ; 0.85)	0.005
	SDEP participation	No	1		
		Yes	1.37	(0.87 ; 2.15)	0.169
Lower vs. Moderate danger	Sex	Male	1		
		Female	0.83	(0.46 ; 1.47)	0.517
	SDEP participation	No	1		
		Yes	1.14	(0.66 ; 1.97)	0.640
Overall P value	Sex				0.003
	SDEP participation				0.262

Nominal logistic regression (n=600, 17 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

ASSAD 2002 Year 12

TOBACCO

Table A.211: Smoked in last 7 days by SDEP dose using ASSAD 2002 Year 12 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	1.675	(1.074 ; 2.613)	0.023
Area	Metro	1		
	Non-metro	2.641	(1.857 ; 3.755)	0.000
SDEP dose		0.989	(0.977 ; 1.000)	0.054

Binary logistic regression (n=498, 14 schools)

* Odds of smoking vs. not smoking in last 7 days

Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.212: Smoking categories by SDEP dose using ASSAD 2002 Year 12 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Smoked in past vs. Never smoked	School size	Smaller	1		
		Medium	0.766	(0.601 ; 0.976)	0.031
		Larger	0.566	(0.406 ; 0.790)	0.001
	Sector	Government	1		
		Independent	0.935	(0.714 ; 1.225)	0.625
		Catholic	0.819	(0.511 ; 1.313)	0.408
	SDEP dose		0.998	(0.992 ; 1.005)	0.643
Occasional/ Regular use vs. Never smoked	School size	Smaller	1		
		Medium	0.991	(0.835 ; 1.176)	0.914
		Larger	0.385	(0.275 ; 0.539)	0.000
	Sector	Government	1		
		Independent	0.349	(0.287 ; 0.424)	0.000
		Catholic	0.277	(0.195 ; 0.396)	0.000
	SDEP dose		0.984	(0.976 ; 0.993)	0.000
Occasional/ Regular use vs. Smoked in past	School size	Smaller	1		
		Medium	1.293	(0.879 ; 1.904)	0.192
		Larger	0.679	(0.451 ; 1.025)	0.065
	Sector	Government	1		
		Independent	0.373	(0.252 ; 0.552)	0.000
		Catholic	0.339	(0.212 ; 0.541)	0.000
	SDEP dose		0.986	(0.977 ; 0.995)	0.002
Overall	School size				0.000
P value	Sector				0.000
	SDEP dose				0.001

Nominal logistic regression (n=503, 14 schools)

Level of significance for group comparisons $\alpha=0.017$

Table A.213: Attitude to smoking by SDEP dose using ASSAD 2002 Year 12 student data

Variable	Coefficient	Standard error	95% Confidence interval	P value
Constant	2.031	0.096	(1.843 ; 2.218)	0.000
SDEP dose	0.001	0.002	(-0.003 ; 0.005)	0.640
School-level variance (standard error)	0.099 (0.030)			
ICC (standard error)	0.041 (0.024)			0.001

Multiple regression (n=501, 14 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

ALCOHOL

Table A.214: Alcohol in last 4 weeks by SDEP dose using ASSAD 2002 Year 12 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	0.988	(0.969 ; 1.007)	0.224
School-level variance (standard error)	0.424 (0.147)		
ICC (standard error)	0.052 (0.034)		0.006

Binary logistic regression (n=502, 14 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.215: Hazardous alcohol consumption¹ by SDEP dose using ASSAD 2002 Year 12 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	0.990	(0.971 ; 1.008)	0.280
School-level variance (standard error)	0.419 (0.139)		
ICC (standard error)	0.051 (0.032)		0.003

Binary logistic regression (n=503, 14 schools)

¹ Five or more drinks at one time in last two weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.216: Attitude to alcohol by SDEP dose using ASSAD 2002 Year 12 student data[#]

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		2.800	0.060	(2.670 ; 2.929)	0.000
Socio-economic status	Medium	0.223	0.056	(0.103 ; 0.343)	0.002
	Higher	0.075	0.044	(-0.020 ; 0.171)	0.113
Sex	Female	-0.254	0.062	(-0.388 ; -0.118)	0.001
Sector	Independent	0.254	0.045	(0.157 ; 0.350)	0.000
	Catholic	0.271	0.040	(0.185 ; 0.357)	0.000
SDEP dose		-0.002	0.001	(-0.004 ; 0.000)	0.034

Multiple regression (n=497, 14 schools)

Higher values for the dependent variable correspond to higher levels of acceptance

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

ILLICIT SUBSTANCES

Table A.217: Cannabis use in last year by SDEP dose using ASSAD 2002 Year 12 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Area	Metro	1		
	Non-metro	2.970	(2.186 ; 4.035)	0.000
SDEP dose		0.992	(0.978 ; 1.007)	0.281

Binary logistic regression (n=499, 14 schools)

* Odds of cannabis use in last year vs. no cannabis use in last year

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

Table A.218: Cannabis use in last 4 weeks by SDEP dose using ASSAD 2002 Year 12 student data

Variable		Odds ratio*	95% Confidence interval	P value
SDEP dose		1.003	(0.983 ; 1.024)	0.754
School-level variance (standard error)	0.444 (0.178)			
ICC (standard error)	0.056 (0.043)			0.014

Binary logistic regression (n=499, 14 schools)

* Odds of cannabis use in last 4 weeks vs. no cannabis use in last 4 weeks

Table A.219: Illicit drug use in last year by SDEP dose using ASSAD 2002 Year 12 student data[#]

Variable	Levels	Odds ratio*	95% Confidence interval	P value
School size	Smaller	1		
	Medium	2.397	(1.223 ; 4.699)	0.011
	Larger	1.501	(0.709 ; 3.175)	0.288
SDEP dose		0.994	(0.982 ; 1.006)	0.297

Binary logistic regression (n=503, 14 schools)

* Odds of illicit drug use in last year vs. no illicit drug use in last year

[#] Procedure unable to estimate random effects, robust estimation of standard errors used

PERCEPTION OF HARM

Table A.220: Perception of harm* (low level use) by SDEP dose using ASSAD 2002 Year 12 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Socio-economic status	Lower	1		
		Medium	1.583	(0.701 ; 3.575)	0.269
		Higher	1.734	(0.621 ; 4.846)	0.294
	Area	Metro	1		
		Non-metro	2.017	(1.335 ; 3.048)	0.001
	SDEP dose		0.979	(0.956 ; 1.004)	0.094
Moderate vs. Higher danger	Socio-economic status	Lower	1		
		Medium	2.283	(1.508 ; 3.455)	0.000
		Higher	2.493	(1.373 ; 4.527)	0.003
	Area	Metro	1		
		Non-metro	1.563	(1.137 ; 2.147)	0.006
	SDEP dose		0.988	(0.971 ; 1.005)	0.174
Lower vs. Moderate danger	Socio-economic status	Lower	1		
		Medium	0.693	(0.408 ; 1.177)	0.175
		Higher	0.696	(0.406 ; 1.192)	0.186
	Area	Metro	1		
		Non-metro	1.291	(0.972 ; 1.716)	0.078
	SDEP dose		0.991	(0.979 ; 1.004)	0.180
Overall P value	Socio-economic status				0.000
	Area				0.003
	SDEP dose				0.243

Nominal logistic regression (n=495, 14 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Table A.221: Perception of harm* (regular use) by SDEP dose using ASSAD 2002 Year 12 student data

Outcome variable	Variable	Levels	Odds ratio	95% Confidence interval	P value
Lower vs. Higher danger	Socio-economic status	Lower	1		
		Medium	1.841	(1.342 ; 2.526)	0.000
		Higher	1.322	(0.867 ; 2.015)	0.195
	SDEP dose		0.998	(0.987 ; 1.009)	0.728
Moderate vs. Higher danger	Socio-economic status	Lower	1		
		Medium	1.557	(1.108 ; 2.188)	0.011
		Higher	1.540	(1.126 ; 2.106)	0.007
	SDEP dose		0.996	(0.985 ; 1.007)	0.438
Lower vs. Moderate danger	Socio-economic status	Lower	1		
		Medium	1.183	(0.698 ; 2.004)	0.533
		Higher	0.858	(0.619 ; 1.190)	0.359
	SDEP dose		1.002	(0.985 ; 1.020)	0.791
Overall P value	Socio-economic status				0.000
	SDEP dose				0.652

Nominal logistic regression (n=498, 14 schools)

Level of significance for group comparisons $\alpha=0.017$

* Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

SCYP 2002 Year 12

TOBACCO

Table A.222: Smoked in last 7 days by SDEP participation using SCYP 2002 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SCYP intervention	No	1		
	Yes	1.15	(0.86 ; 1.53)	0.350
Sex	Male	1		
	Female	1.21	(1.00 ; 1.46)	0.052
SDEP participation	No	1		
	Yes	1.25	(0.77 ; 2.05)	0.365
School-level variance (standard error)	0.254 (0.066)			
ICC (standard error)	0.019 (0.010)			0.000

Binary logistic regression (n=2648, 26 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.223: Smoking categories by SDEP participation using SCYP 2002 Year 12 student data

Outcome variable	Variable	Levels	Odds ratio*	95% Confidence interval	P value	
Smoked in past vs. Never smoked	School size	Smaller	1			
		Medium	1.04	(0.72 ; 1.49)	0.851	
		Larger	1.06	(0.81 ; 1.39)	0.669	
	Sex	Male	1			
		Female	1.45	(1.21 ; 1.73)	0.000	
	SCYP intervention	No	1			
		Yes	0.76	(0.58 ; 0.98)	0.038	
	SDEP participation	No	1			
Yes		1.00	(0.74 ; 1.36)	0.995		
Occasional use vs. Never smoked	School size	Smaller	1			
		Medium	1.24	(0.68 ; 2.25)	0.481	
		Larger	1.32	(0.83 ; 2.09)	0.244	
	Sex	Male	1			
		Female	1.27	(1.00 ; 1.61)	0.050	
	SCYP intervention	No	1			
		Yes	1.19	(0.74 ; 1.92)	0.472	
	SDEP participation	No	1			
Yes		1.15	(0.51 ; 2.61)	0.732		
Regular use vs. Never smoked	School size	Smaller	1			
		Medium	0.81	(0.50 ; 1.30)	0.381	
		Larger	0.53	(0.34 ; 0.84)	0.006	
	Sex	Male	1			
		Female	1.43	(1.04 ; 1.98)	0.027	
	SCYP intervention	No	1			
		Yes	0.92	(0.63 ; 1.36)	0.691	
	SDEP participation	No	1			
Yes		1.51	(0.92 ; 2.47)	0.104		
Occasional use vs. Smoked in past	School size	Smaller	1			
		Medium	1.20	(0.83 ; 1.73)	0.344	
		Larger	1.24	(0.91 ; 1.69)	0.169	
	Sex	Male	1			
		Female	0.88	(0.69 ; 1.12)	0.296	
	SCYP intervention	No	1			
		Yes	1.58	(1.20 ; 2.06)	0.001	
	SDEP participation	No	1			
Yes		1.15	(0.61 ; 2.18)	0.658		
Regular use vs. Smoked in past	School size	Smaller	1			
		Medium	0.78	(0.59 ; 1.02)	0.069	
		Larger	0.50	(0.38 ; 0.67)	0.000	
	Sex	Male	1			
		Female	0.99	(0.73 ; 1.34)	0.957	
	SCYP intervention	No	1			
		Yes	1.22	(0.98 ; 1.53)	0.080	
	SDEP participation	No	1			
Yes		1.51	(0.87 ; 2.63)	0.148		
Occasional vs. Regular use	School size	Smaller	1			
		Medium	0.65	(0.48 ; 0.87)	0.004	
		Larger	0.40	(0.33 ; 0.49)	0.000	
	Sex	Male	1			
		Female	1.13	(0.81 ; 1.57)	0.463	
	SCYP intervention	No	1			
		Yes	0.78	(0.60 ; 1.00)	0.053	
	SDEP participation	No	1			
Yes		1.31	(0.45 ; 3.76)	0.622		
Overall P value	School size				0.000	
	Sex				0.001	
	SCYP intervention				0.000	
	SDEP participation				0.194	

Nominal logistic regression (n=2893, 26 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.224: Attitude to smoking by SDEP participation using SCYP 2002 Year 12 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		0.79	0.047	(0.70 ; 0.88)	0.000
SCYP intervention	Yes	0.004	0.030	(-0.05 ; 0.06)	0.904
Socio-economic status	Independent	-0.07	0.026	(-0.12 ; -0.02)	0.007
	Catholic	-0.06	0.030	(-0.12 ; -0.003)	0.039
SDEP participation	Yes	0.01	0.049	(-0.08 ; 0.11)	0.827
School-level variance (standard error)	0.055 (0.014)				
ICC (standard error)	0.017 (0.008)				0.000

Multiple regression (n=2603, 26 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Values of dependent variable have been log-transformed to achieve normality

Table A.225: Smoked in last 7 days by SDEP dose using SCYP 2002 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SCYP intervention	No	1		
	Yes	1.157	(0.849 ; 1.578)	0.356
Sex	Male	1		
	Female	1.213	(0.997 ; 1.476)	0.054
SDEP dose		0.996	(0.987 ; 1.006)	0.429
School-level variance (standard error)	0.266 (0.071)			
ICC (standard error)	0.021 (0.011)			0.000

Binary logistic regression (n=2439 23 schools)

* Odds of smoking vs. not smoking in last 7 days

Table A.226: Smoking categories by SDEP dose using SCYP 2002 Year 12 student data

Outcome variable	Variable	Levels	Odds ratio*	95% Confidence interval	P value	
Smoked in past vs. Never smoked	School size	Smaller	1			
		Medium	1.066	(0.762 ; 1.492)	0.707	
		Larger	1.092	(0.855 ; 1.393)	0.481	
	Sex	Male	1			
		Female	1.491	(1.276 ; 1.742)	0.000	
		SCYP intervention	No	1		
		Yes	0.723	(0.530 ; 0.987)	0.041	
	SDEP dose		0.997	(0.988 ; 1.006)	0.484	
Occasional use vs. Never smoked	School size	Smaller	1			
		Medium	1.279	(0.749 ; 2.182)	0.367	
		Larger	1.357	(0.877 ; 2.099)	0.170	
	Sex	Male	1			
		Female	1.334	(1.063 ; 1.673)	0.013	
		SCYP intervention	No	1		
		Yes	1.122	(0.660 ; 1.906)	0.671	
	SDEP dose		0.996	(0.982 ; 1.011)	0.628	
Regular use vs. Never smoked	School size	Smaller	1			
		Medium	0.845	(0.527 ; 1.354)	0.484	
		Larger	0.547	(0.347 ; 0.863)	0.009	
	Sex	Male	1			
		Female	1.469	(1.056 ; 2.042)	0.022	
		SCYP intervention	No	1		
		Yes	0.935	(0.615 ; 1.422)	0.753	
	SDEP dose		0.996	(0.985 ; 1.008)	0.531	
Occasional use vs. Smoked in past	School size	Smaller	1			
		Medium	1.199	(0.846 ; 1.699)	0.307	
		Larger	1.243	(0.912 ; 1.695)	0.168	
	Sex	Male	1			
		Female	0.894	(0.695 ; 1.151)	0.386	
		SCYP intervention	No	1		
		Yes	1.551	(1.160 ; 2.073)	0.003	
	SDEP dose		0.999	(0.990 ; 1.009)	0.913	
Regular use vs. Smoked in past	School size	Smaller	1			
		Medium	0.792	(0.595 ; 1.056)	0.112	
		Larger	0.501	(0.373 ; 0.674)	0.000	
	Sex	Male	1			
		Female	0.985	(0.718 ; 1.352)	0.925	
		SCYP intervention	No	1		
		Yes	1.293	(1.047 ; 1.596)	0.017	
	SDEP dose		1.000	(0.994 ; 1.005)	0.871	
Occasional vs. Regular use	School size	Smaller	1			
		Medium	0.661	(0.492 ; 0.887)	0.006	
		Larger	0.403	(0.323 ; 0.502)	0.000	
	Sex	Male	1			
		Female	1.101	(0.796 ; 1.524)	0.560	
		SCYP intervention	No	1		
		Yes	0.834	(0.654 ; 1.063)	0.143	
	SDEP dose		1.000	(0.991 ; 1.009)	0.991	
Overall P value	School size				0.000	
	Sex				0.000	
	SCYP intervention				0.000	
	SDEP dose				0.918	

Nominal logistic regression (n=2666, 23 schools)

Level of significance for group comparisons $\alpha=0.008$

Table A.227: Attitude to smoking by SDEP dose using SCYP 2002 Year 12 student data

Variable	Levels	Coefficient	Standard error	95% Confidence interval	P value
Constant		0.856	0.041	(0.777 ; 0.936)	0.000
SCYP intervention	Yes	-0.015	0.026	(-0.066 ; 0.036)	0.558
SDEP dose		-0.002	0.001	(-0.004 ; -0.0004)	0.013
School-level variance (standard error)	0.040 (0.012)				
ICC (standard error)	0.009 (0.005)				0.002

Multiple regression (n=2445, 23 schools)

Higher values for the dependent variable correspond to higher levels of acceptance.

Values of dependent variable have been log-transformed to achieve normality

ALCOHOL

Table A.228: Alcohol in last 4 weeks by SDEP participation using SCYP 2002 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
SDEP participation	No	1		
	Yes	0.98	(0.56 ; 1.71)	0.945
School-level variance (standard error)	0.385 (0.068)			
ICC (standard error)	0.043 (0.015)			0.000

Binary logistic regression (n=2955, 26 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.229: Hazardous alcohol consumption¹ by SDEP participation using SCYP 2002 Year 12 student data

Variable	Levels	Odds ratio*	95% Confidence interval	P value
Sex	Male	1		
	Female	0.83	(0.71 ; 0.96)	0.015
SDEP participation	No	1		
	Yes	1.06	(0.63 ; 1.81)	0.817
School-level variance (standard error)	0.395 (0.053)			
ICC (standard error)	0.045 (0.012)			0.000

Binary logistic regression (n=2859, 26 schools)

¹ Five or more drinks at one time in last four weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Table A.230: Alcohol in last 4 weeks by SDEP dose using SCYP 2002 Year 12 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.006	(0.997 ; 1.017)	0.200
School-level variance (standard error)	0.414 (0.074)		
ICC (standard error)	0.050 (0.017)		0.000

Binary logistic regression (n=2722, 23 schools)

* Odds of drinking alcohol vs. not drinking alcohol in last 4 weeks

Table A.231: Hazardous alcohol consumption¹ by SDEP dose using SCYP 2002 Year 12 student data

Variable	Odds ratio*	95% Confidence interval	P value
SDEP dose	1.002	(0.994 ; 1.011)	0.617
School-level variance (standard error)	0.401 (0.055)		
ICC (standard error)	0.046 (0.012)		0.000

Binary logistic regression (n=2700, 23 schools)

¹ Five or more drinks at one time in last four weeks

* Odds of hazardous alcohol consumption vs. no hazardous alcohol consumption

Appendix 8: Descriptive statistics of student outcome measures by participation and level of training in the School Drug Education Project

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Note that tables are only presented for the year levels for each study in which analyses were appropriate, as outlined in Tables 4 to 7.

YEAR 8 STUDENTS

ASSAD 2002 Year 8

Table B.1: Tobacco outcomes by SDEP participation using ASSAD 2002 Year 8 student data

	SDEP participation		Total
	Yes	No	
Smoked in the last seven days	n(%) 6 (5)	n(%) 14 (4)	n(%) 20 (4)
<i>Total</i>	n=116	n=376	n=492
Smoking categories	n(%)	n(%)	n(%)
Never	79 (69)	260 (69)	339 (69)
Smoked in the past	30 (26)	91 (24)	121 (24)
Occasional	3 (3)	21 (6)	24 (5)
Regular	3 (3)	4 (1)	7 (1)
<i>Total</i>	n=115	n=376	n=491
Attitude to smoking*			
Mean	2.12	2.16	2.15
Standard Deviation	0.63	0.53	0.55
Median	1.89	2.11	2.11
Minimum	1.11	1.00	1.00
Maximum	5.00	4.22	5.00
<i>Total</i>	n=115	n=358	n=473

* Higher values correspond to higher levels of acceptance

Table B.2: Alcohol outcomes by SDEP participation using ASSAD 2002 Year 8 student data

	SDEP participation		Total
	Yes	No	
Consumed alcohol in last four weeks	n(%) 43 (38)	n(%) 121 (32)	n(%) 164 (34)
<i>Total</i>	n=112	n=373	n=485
Hazardous alcohol consumption ¹	n(%) 20 (17)	n(%) 56 (15)	n(%) 76 (15)
<i>Total</i>	n=116	n=377	n=493
Attitude to alcohol*			
Mean	2.50	2.45	2.46
Standard Deviation	0.73	0.75	0.75
Median	2.63	2.50	2.50
Minimum	1.00	1.00	1.00
Maximum	4.50	4.88	4.88
<i>Total</i>	n=112	n=350	n=462

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.3: Illicit substances outcomes by SDEP participation using ASSAD 2002 Year 8 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Used cannabis in last year	15 (14)	51 (14)	66 (14)
<i>Total</i>	n=111	n=368	n=479
Used cannabis in last four weeks	8 (7)	28 (8)	36 (8)
<i>Total</i>	n=112	n=368	n=480
Used illicit substance(s) in last year	23 (20)	91 (24)	114(23)
<i>Total</i>	n=115	n=374	n=489

Table B.4: Perception of harm by SDEP participation using ASSAD 2002 Year 8 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Perception of harm (low level use)*			
Lower danger	22 (20)	123 (34)	145 (31)
Moderate danger	29 (26)	88 (24)	117 (25)
Higher danger	62 (55)	152 (42)	214 (45)
<i>Total</i>	n=113	n=363	n=476
Perception of harm (regular use)#			
Lower danger	20 (18)	110 (30)	130 (27)
Moderate danger	32 (28)	77 (21)	109 (23)
Higher danger	61 (54)	177 (49)	238 (50)
<i>Total</i>	n=113	n=364	n=477

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

YEAR 9 STUDENTS

ASSAD 1999 Year 9

Table B.5: Tobacco outcomes by level of training and SDEP participation using ASSAD 1999 Year 9 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
Smoked in the last seven days	n(%) 45 (19)	n(%) 14 (13)	n(%) 59 (17)	n(%) 61 (25)	n (%) 120 (21)
<i>Total</i>	n=234	n=111	n=345	n=240	n=585
Smoking categories	n(%)	n(%)	n(%)	n(%)	n (%)
Never	106 (46)	62 (56)	168 (49)	101 (42)	269 (46)
Smoked in the past	76 (33)	29 (26)	105 (31)	68 (28)	173 (30)
Occasional	29 (12)	13 (12)	42 (12)	34 (14)	76 (13)
Regular	21 (9)	7 (6)	28 (8)	36 (15)	64 (11)
<i>Total</i>	n=232	n=111	n=343	n=239	n=582
Attitude to smoking*					
Mean	2.36	2.22	2.32	2.25	2.29
Standard Deviation	0.55	0.49	0.54	0.50	0.52
Median	2.33	2.22	2.33	2.22	2.22
Minimum	1.00	1.11	1.00	1.11	1.00
Maximum	4.00	3.44	4.00	4.78	4.78
<i>Total</i>	n=223	n=107	n=330	n=228	n=558

* Higher values correspond to higher levels of acceptance

Table B.6: Alcohol outcomes by level of training and SDEP participation using ASSAD 1999 Year 9 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
Consumed alcohol in last four weeks	n(%) 116 (50)	n(%) 37 (34)	n(%) 153 (45)	n(%) 132 (55)	n(%) 285 (49)
<i>Total</i>	n=234	n=110	n=344	n=241	n=585
Hazardous alcohol consumption ¹	n(%) 48 (21)	n(%) 7 (6)	n(%) 55 (16)	n(%) 50 (21)	n(%) 105 (18)
<i>Total</i>	n=234	n=111	n=345	n=242	n=587
Attitude to alcohol*					
Mean	2.67	2.44	2.60	2.64	2.61
Standard Deviation	0.74	0.68	0.73	0.69	0.71
Median	2.75	2.50	2.63	2.75	2.63
Minimum	1.00	1.00	1.00	1.00	1.00
Maximum	5.00	4.50	5.00	4.50	5.00
<i>Total</i>	n=220	n=109	n=329	n=227	n=556

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.7: Illicit substances outcomes by level of training and SDEP participation using ASSAD 1999 Year 9 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
	n(%)	n(%)	n(%)	n(%)	n(%)
Used cannabis in last year	69 (30)	21 (20)	90 (27)	90 (39)	180 (32)
<i>Total</i>	n=227	n=106	n=333	n=233	n=566
Used cannabis in last four weeks	46 (20)	17 (16)	63 (19)	61 (26)	124 (22)
<i>Total</i>	n=227	n=106	n=333	n=233	n=566
Used illicit substance(s) in last year	75 (34)	26 (24)	101 (31)	87 (37)	188 (33)
<i>Total</i>	n=224	n=107	n=331	n=234	n=565

Table B.8: Perception of harm by level of training or SDEP participation using ASSAD 1999 Year 9 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
	n(%)	n(%)	n(%)	n(%)	n(%)
Perception of harm (low level use)*					
Lower danger	80 (36)	28 (26)	108 (33)	78 (34)	186 (34)
Moderate danger	74 (33)	35 (33)	109 (33)	84 (37)	193 (35)
Higher danger	68 (31)	43 (41)	111 (34)	65 (29)	176 (32)
<i>Total</i>	n=222	n=106	n=328	n=227	n=555
Perception of harm (regular use)#					
Lower danger	88 (40)	32 (31)	120 (37)	83 (37)	203 (37)
Moderate danger	61 (28)	19 (18)	80 (24)	61 (27)	141 (25)
Higher danger	72 (33)	54 (51)	126 (39)	82 (36)	208 (38)
<i>Total</i>	n=221	n=105	n=326	n=226	n=552

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

ASSAD 2002 Year 9

Table B.9: Tobacco outcomes by level of training and SDEP participation using ASSAD 2002 Year 9 student data

	Level of training			SDEP participation		Total
	Option B	Option A	Combination	Yes	No	
Smoked in the last seven days	n(%) 15 (11)	n(%) 14 (11)	n(%) 7 (9)	n(%) 36 (10)	n(%) 14 (10)	n(%) 50 (10)
<i>Total</i>	n=139	n=133	n=82	n=354	n=143	n=497
Smoking categories	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Never	84 (61)	72 (54)	44 (54)	200 (57)	89 (63)	289 (58)
Smoked in the past	36 (26)	43 (32)	25 (31)	104 (30)	35 (25)	139 (28)
Occasional	11 (8)	12 (9)	10 (12)	33 (9)	11 (8)	44 (9)
Regular	6 (4)	7 (5)	2 (3)	15 (4)	7 (5)	22 (5)
<i>Total</i>	n=137	n=134	n=81	n=352	n=142	n=494
Attitude to smoking*						
Mean	2.19	2.17	2.15	2.17	2.20	2.18
Standard Deviation	0.63	0.51	0.47	0.55	0.52	0.54
Median	2.00	2.11	2.00	2.11	2.22	2.11
Minimum	1.00	1.22	1.33	1.00	1.11	1.00
Maximum	5.00	4.22	3.11	5.00	3.89	5.00
<i>Total</i>	n=137	n=133	n=79	n=349	n=136	n=485

* Higher values correspond to higher levels of acceptance

Table B.10: Alcohol outcomes by level of training and SDEP participation using ASSAD 2002 Year 9 student data

	Level of training			SDEP participation		Total
	Option B	Option A	Combination	Yes	No	
Consumed alcohol in last four weeks	n(%) 68 (50)	n(%) 67 (51)	n(%) 33 (41)	n(%) 168 (48)	n(%) 52 (36)	n(%) 220 (45)
<i>Total</i>	n=137	n=132	n=81	n=350	n=143	n=493
Hazardous alcohol consumption ¹	n(%) 39 (28)	n(%) 40 (30)	n(%) 14 (17)	n(%) 93 (26)	n(%) 25 (18)	n(%) 118 (24)
<i>Total</i>	n=139	n=134	n=82	n=355	n=143	n=498
Attitude to alcohol*						
Mean	2.58	2.67	2.56	2.61	2.49	2.58
Standard Deviation	0.75	0.64	0.76	0.71	0.81	0.74
Median	2.75	2.75	2.63	2.75	2.50	2.63
Minimum	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	5.00	4.50	4.50	5.00	4.75	5.00
<i>Total</i>	n=134	n=130	n=79	n=343	n=137	n=480

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.11: Illicit substances outcomes by level of training and SDEP participation using ASSAD 2002 Year 9 student data

	Level of training			SDEP participation		Total
	Option B n(%)	Option A n(%)	Comb n(%)	Yes n(%)	No n(%)	
Used cannabis in last year	32 (24)	35 (27)	18 (23)	85 (25)	31 (22)	116 (24)
<i>Total</i>	n=136	n=132	n=78	n=346	n=139	n=485
Used cannabis in last four weeks	24 (18)	23 (18)	9 (12)	56 (16)	21 (15)	77 (16)
<i>Total</i>	n=136	n=130	n=76	n=342	n=138	n=480
Used illicit substance(s) in last year	40 (29)	34 (26)	15 (19)	89 (26)	40 (29)	129 (26)
<i>Total</i>	n=137	n=132	n=80	n=349	n=140	n=489

Table B.12: Perception of harm by level of training and SDEP participation using ASSAD 2002 Year 9 student data

	Level of training			SDEP participation		Total
	Option B n(%)	Option A n(%)	Comb n(%)	Yes n(%)	No n(%)	
Perception of harm (low level use)*						
Lower danger	50 (37)	40 (30)	23 (30)	113 (33)	50 (38)	163 (34)
Moderate danger	32 (23)	49 (37)	25 (32)	106 (30)	35 (26)	141 (29)
Higher danger	55 (40)	43 (33)	30 (38)	128 (37)	48 (36)	176 (37)
<i>Total</i>	n=137	n=132	n=78	n=347	n=133	n=480
Perception of harm (regular use)#						
Lower danger	47 (34)	38 (29)	27 (34)	112 (32)	49 (36)	161 (33)
Moderate danger	31 (23)	44 (33)	13 (16)	88 (25)	35 (26)	123 (25)
Higher danger	59 (43)	51 (38)	40 (50)	150 (43)	51 (38)	201 (41)
<i>Total</i>	n=137	n=133	n=80	n=350	n=135	n=485

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

SCYP 1999 Year 9

Table B.13: Tobacco outcomes by SDEP participation using SCYP 1999 Year 9 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Smoked in last seven days	452 (17)	294 (21)	746 (18)
<i>Total</i>	n=2677	n=1415	n=4092
Smoking categories	n(%)	n(%)	n(%)
Never	1299 (49)	618 (44)	1917 (47)
Smoked in the past	818 (31)	464 (33)	1282 (32)
Occasional	317 (12)	170 (12)	487 (12)
Regular	217 (8)	159 (11)	376 (9)
<i>Total</i>	n=2651	n=1411	n=4062
Attitude to smoking*			
Mean	2.33	2.52	2.39
Standard Deviation	1.00	1.05	1.02
Median	2.17	2.33	2.17
Minimum	1.00	1.00	1.00
Maximum	5.00	5.00	5.00
<i>Total</i>	n=2716	n=1451	n=4167

* Higher values correspond to higher levels of acceptance

Table B.14: Alcohol outcomes by SDEP participation using SCYP 1999 Year 9 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Consumed alcohol in last four weeks	1309 (49)	721 (52)	2030 (50)
<i>Total</i>	n=2655	n=1383	n=4038
Hazardous alcohol consumption ¹	712 (28)	434 (33)	1146 (29)
<i>Total</i>	n=2591	n=1332	n=3923

¹ Five or more drinks at one time in last four weeks

SHAHRP 1998 Year 9

Table B.15: Alcohol related harm by SDEP participation using SHAHRP 1998 Year 9 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Never	328 (50)	392 (41)	720 (45)
One to three times	99 (15)	168 (18)	267 (17)
More than three times	227 (35)	399 (42)	626 (39)
<i>Total</i>	n=654	n=959	n=1613

YEAR 10 STUDENTS

ASSAD 1999 Year 10

Table B.16: Tobacco outcomes by level of training and SDEP participation using ASSAD 1999 Year 10 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
Smoked in the last seven days	n(%) 46(20)	n(%) 24 (22)	n(%) 70 (21)	n(%) 60 (24)	n (%) 130 (22)
<i>Total</i>	n=230	n=108	n=338	n=250	n=588
Smoking categories	n(%)	n(%)	n(%)	n(%)	n (%)
Never	79 (35)	37 (34)	116 (34)	90 (36)	206 (35)
Smoked in the past	90 (39)	41 (38)	131 (39)	86 (35)	217 (38)
Occasional	29 (13)	14 (13)	43 (13)	29 (12)	72 (12)
Regular	31 (14)	16 (15)	47 (14)	43 (17)	90 (15)
<i>Total</i>	n=229	n=108	n=337	n=248	n=585
Attitude to smoking*					
Mean	2.24	2.22	2.24	2.25	2.24
Standard Deviation	0.50	0.48	0.49	0.47	0.48
Median	2.22	2.11	2.22	2.22	2.22
Minimum	1.00	1.11	1.00	1.11	1.00
Maximum	3.67	4.11	4.11	3.67	4.11
<i>Total</i>	n=222	n=108	n=330	n=242	n=572

* Higher values correspond to higher levels of acceptance

Table B.17: Alcohol outcomes by level of training and SDEP participation using ASSAD 1999 Year 10 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
Consumed alcohol in last four weeks	n(%) 134 (58)	n(%) 66 (61)	n(%) 200 (59)	n(%) 154 (62)	n(%) 354 (60)
<i>Total</i>	n=231	n=109	n=340	n=249	n=589
Hazardous alcohol consumption ¹	n(%) 57 (25)	n(%) 28 (26)	n(%) 85 (25)	n(%) 73 (29)	n(%) 158 (27)
<i>Total</i>	n=231	n=109	n=340	n=250	n=590
Attitude to alcohol*					
Mean	2.68	2.58	2.64	2.81	2.72
Standard Deviation	0.69	0.70	0.69	0.68	0.69
Median	2.75	2.63	2.69	2.88	2.75
Minimum	1.00	1.00	1.00	1.00	1.00
Maximum	4.50	4.25	4.50	4.63	4.63
<i>Total</i>	n=217	n=109	n=326	n=246	n=572

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.18: Illicit substances outcomes by level of training and SDEP participation using ASSAD 1999 Year 10 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
	n(%)	n(%)	n(%)	n(%)	n(%)
Used cannabis in last year	103 (45)	43 (40)	146 (44)	110 (45)	256 (44)
<i>Total</i>	n=227	n=108	n=335	n=243	n=578
Used cannabis in last four weeks	63 (28)	24 (22)	87 (26)	72 (30)	159 (28)
<i>Total</i>	n=226	n=107	n=333	n=240	n=573
Used illicit substance(s) in last year	75 (33)	44 (41)	119 (36)	85 (35)	204 (35)
<i>Total</i>	n=227	n=108	n=334	n=244	n=578

Table B.19: Perception of harm by level of training and SDEP participation using ASSAD 1999 Year 10 student data

	Level of training		SDEP participation		Total
	Option B	Option A or combination	Yes	No	
	n(%)	n(%)	n(%)	n(%)	n(%)
Perception of harm (low level use)*					
Lower danger	72 (32)	31 (29)	103 (31)	88 (36)	191(33)
Moderate danger	101 (45)	37 (34)	138 (42)	102 (41)	240 (42)
Higher danger	50 (22)	40 (37)	90 (27)	57 (23)	147 (25)
<i>Total</i>	n=223	n=108	n=331	n=247	n=578
Perception of harm (regular use)#					
Lower danger	90 (41)	28 (26)	118 (36)	87 (35)	205 (36)
Moderate danger	74 (34)	41 (38)	115 (35)	85 (35)	200 (35)
Higher danger	56 (25)	39 (36)	95 (29)	74 (30)	169 (29)
<i>Total</i>	n=220	n=108	n=328	n=246	n=574

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

ASSAD 2002 Year 10

Table B.20: Tobacco outcomes by level of training and SDEP participation using ASSAD 2002 Year 10 student data

	Level of training			SDEP participation		Total
	Option B	Option A	Combination	Yes	No	
Smoked in the last seven days	n(%) 29 (22)	n(%) 18 (13)	n(%) 10 (15)	n(%) 57 (17)	n(%) 13 (9)	n(%) 70 (14)
<i>Total</i>	n=130	n=139	n=68	n=337	n=152	n=489
Smoking categories	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Never	49 (38)	76 (55)	31 (46)	156 (46)	82 (54)	238 (49)
Smoked in the past	45 (35)	37 (26)	25 (37)	107 (32)	52 (34)	159 (32)
Occasional	18 (14)	16 (12)	7 (10)	41 (12)	7 (5)	48 (10)
Regular	17 (13)	10 (7)	5 (7)	32 (10)	11 (7)	43 (9)
<i>Total</i>	n=129	n=139	n=68	n=336	n=152	n=488
Attitude to smoking*						
Mean	2.20	2.11	2.08	2.14	2.10	2.13
Standard Deviation	0.53	0.48	0.43	0.49	0.49	0.49
Median	2.12	2.00	2.00	2.11	2.11	2.11
Minimum	1.00	1.33	1.22	1.00	1.00	1.00
Maximum	3.44	4.00	3.00	4.00	3.56	4.00
<i>Total</i>	n=122	n=139	n=66	n=327	n=151	n=478

* Higher values correspond to higher levels of acceptance

Table B.21: Alcohol outcomes by level of training and SDEP participation using ASSAD 2002 Year 10 student data

	Level of training			SDEP participation		Total
	Option B	Option A	Combination	Yes	No	
Consumed alcohol in last four weeks	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
	91 (70)	83 (60)	42 (62)	216 (64)	82 (54)	298 (61)
<i>Total</i>	n=130	n=139	n=68	n=337	n=151	n=488
Hazardous alcohol consumption ¹	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
	62 (47)	48 (35)	30 (44)	140 (41)	40 (26)	180 (37)
<i>Total</i>	n=131	n=139	n=68	n=338	n=152	n=490
Attitude to alcohol*						
Mean	2.80	2.65	2.78	2.74	2.56	2.68
Standard Deviation	0.71	0.64	0.74	0.69	0.81	0.73
Median	2.88	2.75	2.88	2.88	2.50	2.75
Minimum	1.00	1.13	1.13	1.00	1.00	1.00
Maximum	4.50	4.13	4.25	4.50	4.50	4.50
<i>Total</i>	n=121	n=136	n=67	n=324	n=149	n=473

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.22: Illicit substances by level of training and SDEP participation using ASSAD 2002 Year 10 student data

	Level of training			SDEP participation		Total
	Option B	Option A	Combination	Yes	No	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Used cannabis in last year	60 (47)	44 (33)	23 (35)	127 (39)	42 (28)	169 (35)
<i>Total</i>	n=129	n=134	n=65	n=328	n=150	n=478
Used cannabis in last four weeks	34 (27)	30 (22)	16 (26)	80 (25)	23 (15)	103 (22)
<i>Total</i>	n=128	n=136	n=62	n=326	n=150	n=476
Used illicit substance(s) in last year	45 (34)	43 (31)	14 (21)	102 (30)	40 (27)	142 (29)
<i>Total</i>	n=131	n=138	n=67	n=336	n=151	n=487

Table B.23: Perception of harm by level of training and SDEP participation using ASSAD 2002 Year 10 student data

	Level of training			SDEP participation		Total n(%)
	Option B n(%)	Option A n(%)	Combination n(%)	Yes n(%)	No n(%)	
Perception of harm (low level use)*						
Lower danger	46 (37)	41 (30)	20 (31)	107 (33)	36 (24)	143 (30)
Moderate danger	46 (37)	56 (41)	22 (34)	124 (38)	56 (37)	180 (38)
Higher danger	33 (26)	39 (29)	23 (35)	95 (29)	59 (39)	154 (32)
<i>Total</i>	n=125	n=136	n=65	n=326	n=151	n=477
Perception of harm (regular use)#						
Lower danger	51 (41)	48 (35)	21 (31)	120 (37)	38 (25)	158 (33)
Moderate danger	38 (31)	43 (31)	27 (40)	108 (33)	40 (27)	148 (31)
Higher danger	35 (28)	47 (34)	19 (28)	101 (31)	73 (48)	174 (36)
<i>Total</i>	n=124	n=138	n=67	n=329	n=151	n=480

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

SCYP 2000 Year 10

Table B.24: Tobacco outcomes by SDEP participation using SCYP 2000 Year 10 student data

	SDEP participation		Total
	Yes	No	
Smoked in last seven days	n(%) 742 (22)	n(%) 189 (25)	n(%) 931 (22)
<i>Total</i>	n=3381	n=771	n=4152
Smoking categories	n(%)	n(%)	n(%)
Never	1329 (40)	262 (34)	1591 (39)
Smoked in the past	1159 (35)	296 (38)	1455 (36)
Occasional	397 (12)	86 (11)	483 (12)
Regular	450 (14)	126 (16)	576 (14)
<i>Total</i>	n=3335	n= 770	n=4105
Attitude to smoking*			
Mean	2.45	2.70	2.50
Standard Deviation	1.02	1.07	1.03
Median	2.33	2.67	2.33
Minimum	1.00	1.00	1.00
Maximum	5.00	5.00	5.00
<i>Total</i>	n=3429	n=783	n=4212

* Higher values correspond to higher levels of acceptance

Table B.25: Alcohol outcomes by SDEP participation using SCYP 2000 Year 10 student data

	SDEP participation		Total
	Yes	No	
Consumed alcohol in last four weeks	n(%) 2047 (61)	n(%) 469 (62)	n(%) 2516 (61)
<i>Total</i>	n=3332	n=763	n=4095
Hazardous alcohol consumption ¹	1375 (42)	337 (45)	1712 (43)
<i>Total</i>	n=3280	n=744	n=4024

¹ Five or more drinks at one time in last four weeks

SHAHRP 1999 Year 10

Table B.26: Alcohol related harm by SDEP participation using SHAHRP 1999 Year 10 student data

	SDEP participation		Total
	Yes	No	
Never	n(%) 462 (37)	n(%) 254 (31)	n(%) 716 (35)
One to three times	175 (14)	123 (15)	298 (14)
More than three times	617 (49)	440 (54)	1057 (51)
<i>Total</i>	n=1254	n=817	n=2071

YEAR 11 STUDENTS

ASSAD 1999 Year 11

Table B.27: Tobacco outcomes by SDEP participation using ASSAD 1999 Year 11 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Smoked in the last seven days	90 (26)	60 (21)	150 (24)
<i>Total</i>	n=352	n=283	n=635
Smoking categories	n(%)	n(%)	n(%)
Never	102 (29)	109 (39)	211 (33)
Smoked in the past	138 (40)	96 (34)	234 (37)
Occasional	61 (17)	32 (11)	93 (15)
Regular	49 (14)	45 (16)	94 (15)
<i>Total</i>	n=350	n=282	n=632
Attitude to smoking*			
Mean	2.20	2.17	2.19
Standard Deviation	0.49	0.46	0.48
Median	2.11	2.11	2.11
Minimum	1.11	1.11	1.11
Maximum	4.56	3.67	4.56
<i>Total</i>	n=349	n=279	n=628

* Higher values correspond to higher levels of acceptance

Table B.28: Alcohol outcomes by SDEP participation using ASSAD 1999 Year 11 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Consumed alcohol in last four weeks	270 (76)	177 (62)	447 (70)
<i>Total</i>	n=354	n=285	n=639
Hazardous alcohol consumption ¹	n(%)	n(%)	n(%)
<i>Total</i>	96 (34)	154 (44)	250 (39)
	n=285	n=354	n=639
Attitude to alcohol*			
Mean	2.93	2.71	2.84
Standard Deviation	0.69	0.70	0.70
Median	3.00	2.75	2.88
Minimum	1.00	1.00	1.00
Maximum	4.63	4.50	4.63
<i>Total</i>	n=349	n=274	n=623

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.29: Illicit substances outcomes by SDEP participation using ASSAD 1999 Year 11 student data

	SDEP participation		Total n(%)
	Yes n(%)	No n(%)	
Used cannabis in last year	181 (52)	121 (44)	302 (49)
<i>Total</i>	n=346	n=276	n=622
Used cannabis in last four weeks	101 (29)	72 (27)	173 (28)
<i>Total</i>	n=347	n=271	n=618
Used illicit substance(s) in last year	113 (32)	85 (30)	198 (31)
<i>Total</i>	n=349	n=282	n=631

Table B.30: Perception of harm by SDEP participation using ASSAD 1999 Year 11 student data

	SDEP participation		Total n(%)
	Yes n(%)	No n(%)	
Perception of harm (low level use)*			
Lower danger	112 (32)	96 (35)	208 (33)
Moderate danger	181 (52)	110 (40)	291 (47)
Higher danger	55 (16)	69 (25)	124 (20)
<i>Total</i>	n=348	n=275	n=623
Perception of harm (regular use)#			
Lower danger	111 (32)	98 (36)	209 (34)
Moderate danger	147 (42)	97 (35)	244 (39)
Higher danger	90 (26)	80 (29)	170 (27)
<i>Total</i>	n=348	n=275	n=623

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly

YEAR 12 STUDENTS

ASSAD 1999 Year 12

Table B.31: Tobacco outcomes by SDEP participation using ASSAD 1999 Year 12 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Smoked in the last seven days	67 (22)	54 (18)	121 (20)
<i>Total</i>	n=311	n=303	n=614
Smoking categories	n(%)	n(%)	n(%)
Never	101 (33)	110 (36)	211 (34)
Smoked in the past	123 (40)	129 (42)	252 (41)
Occasional	44 (14)	25 (8)	69 (11)
Regular	41 (13)	40 (13)	81 (13)
<i>Total</i>	n=309	n=304	n=613
Attitude to smoking*			
Mean	2.11	2.05	2.08
Standard Deviation	0.47	0.44	0.45
Median	2.11	2.00	2.00
Minimum	1.14	1.00	1.00
Maximum	5.00	4.44	5.00
<i>Total</i>	n=307	n=303	n=610

* Higher values correspond to higher levels of acceptance

Table B.32: Alcohol outcomes by SDEP participation using ASSAD 1999 Year 12 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Consumed alcohol in last four weeks	238 (77)	226 (74)	464 (76)
<i>Total</i>	n=310	n=304	n=614
Hazardous alcohol consumption ¹	n(%)	n(%)	n(%)
<i>Total</i>	138 (44)	119 (39)	257 (42)
	n=311	n=305	n=616
Attitude to alcohol*			
Mean	2.82	2.79	2.80
Standard Deviation	0.68	0.71	0.69
Median	2.88	2.88	2.88
Minimum	1.00	1.00	1.00
Maximum	5.00	4.88	5.00
<i>Total</i>	n=302	n=300	n=602

¹ Five or more drinks at one time in last two weeks

* Higher values correspond to higher levels of acceptance

Table B.33: Illicit substances outcomes by SDEP participation using ASSAD 1999 Year 12 student data

	SDEP participation		Total n(%)
	Yes n(%)	No n(%)	
Used cannabis in last year	161 (54)	147 (50)	308 (52)
<i>Total</i>	n=301	n=296	n=597
Used cannabis in last four weeks	97 (32)	76 (26)	173 (29)
<i>Total</i>	n=299	n=296	n=595
Used illicit substance(s) in last year	106 (35)	107 (36)	213 (35)
<i>Total</i>	n=307	n=301	n=608

Table B.34: Perception of harm by SDEP participation using ASSAD 1999 Year 12 student data

	SDEP participation		Total n(%)
	Yes n(%)	No n(%)	
Perception of harm (low level use)*			
Lower danger	111 (37)	113(38)	224 (37)
Moderate danger	145 (48)	129 (43)	274 (46)
Higher danger	45 (15)	58 (19)	103 (17)
<i>Total</i>	n=301	n=300	n=601
Perception of harm (regular use) #			
Lower danger	96 (32)	78 (26)	174 (29)
Moderate danger	127 (42)	117 (39)	244 (40)
Higher danger	79 (26)	105 (35)	184 (31)
<i>Total</i>	n=302	n=300	n=602

* Perception of danger to self of getting very drunk on alcohol or trying illicit drugs once or twice

Perception of danger to self of getting very drunk on alcohol or smoking more than ten cigarettes every day or using illicit drugs regularly



SCYP 2002 Year 12

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Table B.35: Tobacco outcomes by SDEP participation using SCYP 2002 Year 12 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Smoked in last seven days	536 (21)	38 (18)	574 (21)
<i>Total</i>	n=2503	n=215	n=2718
Smoking categories	n(%)	n(%)	n(%)
Never	1041 (38)	93 (40)	1134 (38)
Smoked in the past	1064 (39)	95 (41)	1159 (39)
Occasional	300 (11)	19 (8)	319 (11)
Regular	327 (12)	26 (11)	353 (12)
<i>Total</i>	n=2732	n=233	n=2965
Attitude to tobacco*			
Mean	2.33	2.39	2.33
Standard Deviation	0.95	0.97	0.96
Median	2.17	2.33	2.17
Minimum	1.00	1.00	1.00
Maximum	5.00	4.83	5.00
<i>Total</i>	n=2445	n=179	n=2624

* Higher values correspond to higher levels of acceptance

Table B.36: Alcohol outcomes by SDEP participation using SCYP 2002 Year 12 student data

	SDEP participation		Total
	Yes	No	
	n(%)	n(%)	n(%)
Consumed alcohol in last four weeks	1928 (71)	163 (70)	2091 (71)
<i>Total</i>	n=2722	n=233	n=2955
Hazardous alcohol consumption ¹	1536 (57)	122 (54)	1658 (57)
<i>Total</i>	n=2700	n=228	n=2928

¹ Five or more drinks at one time in last four weeks