



European Monitoring Centre for Drugs and Drug Addiction

Report ID: EDDRA 2008 ES 01

EDDRA Questionnaire

1. Project ID

1.1. Additional Information

1.1.1 Project ID

ES_01

1.1.2 METATOBEDELETED

1.1.3 METAREVIEWPRAISEWORTHY

3

1.1.4 METAREVIEWCOMPLETED

1.1.5 METAREVIEWUSER

1.1.6 METAREVIEWSTATUS

2. Executive summary

2.1. Executive summary

2.1.1 Executive Summary

This is a brief intervention that aims to influence the drinking behavior of non-alcoholics, especially in relation to driving in the hospital setting. The specific aims are to reduce alcohol consumption among traffic accident victims with a positive Blood Alcohol Concentration (BACs) but who are not dependent on alcohol within a one year period after the accident and to reduce the number of alcohol-related traffic accidents among victims who have received the intervention.

2.1.2 Brief Summary

Intervention in alcohol-related traffic casualties

3. Identification

3.1. Identification

3.1.1 Name of the intervention

Brief intervention in alcohol-related traffic casualties (BITA)

3.1.2 Starting date of the intervention

01/07/2001

3.1.3 Ending date of the intervention (if applicable)

30/04/2003

3.2. Type of organisation

3.2.1 Type of organization responsible for operating the project

Non-governmental organisation

Government organisation

International organisation

Private

Other

3.2.2 Responsible organisation

Institute for the Prevention and Care of Drug Dependencies. Public Health Agency of Barcelona

3.2.3 Name of the responsible organisation

Institute for the Prevention and Care of Drug Dependencies. Public Health Agency of Barcelona

3.2.4 Address of the responsible organisation

Plaza Lesseps, 1

3.2.5 Postal code of the responsible organisation

08023

3.2.6 City of the responsible organisation

Barcelona

3.2.7 Email of the responsible organisation

amartos@imsb.bcn.es

3.2.8 Country of responsible organisation

Spain

3.3. Contact

3.3.1 Name of contact person(s)

Alicia Rodriguez-Martos

3.3.2 Email(s) of contact person(s)

amartos@imsb.bcn.es

3.3.3 Phone number(s) of contact person(s)

+34 93 292 14 22

3.3.4 Fax number(s) of contact person(s)

+34 93 292 14 44

3.3.5 URL of contact person(s)

www.aspb.es

3.4. Additional organisations

3.4.1 Name of additional organisations involved (if applicable)

Hospital de Traumatologia y Rehabilitaci?n Vall d'Hebron

4. Background and objectives

4.1. Background & objectives

4.1.1 Type of intervention

Prevention X

Treatment

Social reintegration

Harm reduction

Interventions in the criminal justice system

Other (Please specify below)

4.1.2 Describe other type of intervention

It is estimated that approximately 50% of traffic fatalities and between 20% and 30% of non-fatal traffic injuries are alcohol related.

In Spain, 41.2% of drivers and 37.6% of pedestrians killed in traffic accidents (TAs) in the year 2000 had a blood alcohol content (BAC) of over 0.3 g/l. Of the casualties attended to by the police in the same period, 18.2% had a positive BAC reading, a percentage much lower than the one provided by the Barcelona municipal police (46.8% in 2001). While the latest estimates point to a lower prevalence of positive BACs among those involved in TAs, one-third of Spaniards still believe that having a couple mixed drinks does not represent a risk for driving.

The incidence of new alcohol-related TAs could be reduced by a third or more if people did not drive while intoxicated, and if emergency professionals had significant influence in raising awareness about the risk of getting behind the wheel when under the influence of alcohol. The aversive experience of a TA represents an appropriate “receptive moment” and the post-traumatic period is a “window of opportunity” for educational interventions. Trauma centres are in an excellent position to screen hazardous drinkers, and are an appropriate setting for brief, opportunistic interventions.

4.1.3 Prevention sub-areas

Environmental Strategy

Universal
Selective
Indicated X
Other (Please specify below) X

4.1.4 Describe other sub-area for prevention

In the criminal justice system, brief interventions (screening and advice) can be delivered to offenders. Hazardous drinkers can benefit from this intervention and dependent subjects can be referred to further specific treatment.

4.1.5 Treatment sub-areas

Drug free treatment
Pharmacologically assisted treatment
Withdrawal treatment
Other (Please specify below)

4.1.6 Describe other sub-area for treatment

4.1.7 Social reintegration sub-areas

Education
Employment
Housing
Other (Please specify below)

4.1.8 Describe other sub-area for social reintegration

4.1.9 Harm reduction sub-areas

Reduction of overdoses
Prevention of infectious diseases (e.g Needle Syringe Programmes)
Drug consumption rooms
Other (Please specify below)

4.1.10 Describe other sub-area for harm reduction

4.1.11 Interventions in the criminal justice system sub-areas

Assistance to drug users in prison
Alternatives to prison
Other (Please specify below)

4.1.12 Describe other sub-area for interventions in the criminal justice system

4.1.13 Other. Describe sub-area for any other type of intervention

4.1.14 Type of approaches (if applicable)

Offenders (criminal justice system) X

Ethnic
Family/first childhood
Gender
Telephone help-line X
Mass media campaign
Peer
Community involvement (bottom up)
Training for professionals X
Networking
Self help
Other (Please specify below)

4.1.15 Describe any other type of approach

4.1.16 Needs assessment /initial situation. What is the problem that is being addressed? Describe the situation before the intervention was implemented in order to clarify why it is needed. For example, information on the population, socio-economic and demographic data. This can include data sources, social perceptions and public discussion.

In Spain, almost 40% of injured motorcyclists had BAC>0.5 and 30% of injured car drivers had BAC>0.8 (Par?s et al., 1988; Cherpitel). Around 60% (50-77%) of drivers dead in traffic crashes were under alcohol (?lvarez et al., 1997; Bermejo et al, 1992). Those figures are not surprising taking into account that the majority of drivers (70%) are regular drinkers (survey to 12,000 drivers by ?lvarez et al., 1995), 51% of them recognise to have driven after drinking in the past year, 7.3% drive always, no matter if they've drunk, and 14.3% has done it in a "drunken state". Although more than 1/3 of Spaniards would accept de BAC 0 for driving, another 10% would like a more permissive policy and 30% don?t see the risk of driving after having a couple of liquor-mixed drinks (DGT 2000,10). According to the Spanish General Directorate of Traffic (1999), 650.000 Spaniards could be driving under the effects of alcohol in a given moment, meaning about 2 million drivers on a single day. Altogether Spanish yearly rate of alcohol-related crashes is around 12,000 (?lvarez et al., 1997), with some lower figures in the last years. In the year 2000, a positive BAC (>0.3 g/l) was found in 41.2% of the fatal casualties among drivers and in 37.6% of dead pedestrians (Instituto de Toxicolog?a, Memoria An?lisis Toxicol?gico en Muertes en Accidentes de Tr?fico, A?o 2000). Non-fatal injured drivers had a positive alcohol test in 18.2% of cases in 2001 (DGT, 2001). Also for the year 2001, the Barcelona Urban Police reported 46.8% positive BAC among drivers involved in crashes. In the criminal justice system, brief interventions (screening and advice) can be delivered to offenders. Hazardous drinkers can benefit from this intervention and dependent subjects can be referred to further specific treatment. There are already successful experiences of brief interventions delievd by telephone. Professionals, mainly general practitioners, but also health workers working at emergency and trauma services, should be familiar with this methodology and deserve more information and training.

4.1.17 Overall objective (impact evaluation). What is the main purpose of the intervention? How will it modify or change the stated problem?

Take advantage of the opportunity presented by the traffic accident to influence the drinking behaviour of non-alcoholics, especially in relation to driving, through a brief counselling intervention right at the hospital.

Please specify the specific objectives which should always relate to changes in the target groups. The specific objectives do not necessarily have to relate to drug use but each of them, if achieved, should lead plausibly to fulfilment of the general objective.

4.1.18 Specific objective 1 (outcome evaluation)

Reduce alcohol consumption among traffic accident victims with positive BACs but no alcohol dependence, in the one-year period after the accident.

4.1.19 Specific objective 2 (outcome evaluation)

Reduce the number of alcohol-related traffic accidents among accident victims who have received preventive interventions, in the one-year period after the accident.

4.1.20 Specific objective 3 (outcome evaluation)

4.1.21 Operational objectives (process evaluation). The operational objectives are the outputs or products of the intervention, for instance training sessions held, manuals published and distributed, teachers trained, schools involved, peers recruited, but also the demands for repetition of the intervention and the degree of acceptance. These are technical, intermediate aims in order to achieve the changes in the target group you have previously defined as specific objectives.

To identify individuals among eligible patients in the hospital setting and to recruit them for the study. To guarantee knowledge and fidelity in the implementation of those who are in charge of the programme.

4.1.22 Basic assumptions/theory Is there an explicit theory explaining your intervention and predicting its expected results running through your programme? If so can you identify and describe this theory? This theory will need to have a basis in the scientific literature such as medical, psychological, sociological etc. Alternatively: Is your intervention based on an implicit set of assumptions regarding how your intervention will work and what results it may provide? If so can you identify and describe these assumptions? Such assumptions may be developed through community learning or other grounded theory approaches.

The effectiveness of brief interventions on hazardous drinkers who go to primary health care facilities has been proven in Spain through several studies, reviewed in two recent meta-analyses. In the area of traffic casualties, this is the first time that systematic intervention has been proposed and assessed. To train selected nurses (8, 2 of each shift). They were trained for 8 hours. Leaflet for the patients. A special leaflet to promote self-change was produced and delivered to the patients during the intervention. Eligible patients (18 years or older admitted because of a traffic crash in the previous 6 hours) Eligible patients recruited : 971, out of 1,106 (87.8%). Acceptance of the saliva analysis by the patient: 948 out of 971 (98%). Acceptance of screening and advice by the patients with inclusion criteria: 19 out of 126 (85%). Follow-up rate at 12 months: 67%

5. Main characteristics

5.1. Main characteristics

5.1.1 Target group (Universal) Please indicate the final target group of the intervention

General population
Children/young people
Adults X
Family/Parents
Other (Please specify below)

5.1.2 Please describe age group for Children/Young people (Min/Max)

5.1.3 Describe any other target group (universal)

5.1.4 Target group (Specific). Please indicate the target group in relation to drug use

Non-drug users
Experimental drug users
Drug users
Drug addicts
Problem drug users
Former drug users
Other (Please specify below) X

5.1.5 Describe any other target group (specific)

Traffic casualties with positive BAC

5.1.6 Staff. How many people are involved in the intervention? Please specify, if possible, according to full-time staff, part-time staff and voluntary staff.

From 1 to 5 weekly part-time staff workers (Health professionals, social workers, psychologists and educators).

5.1.7 Staff. What is the status (profession) of staff working on the intervention e.g. psychologist, nurse etc?

Health professionals, social workers, psychologists and educators.

5.1.8 Coverage. How many people in each target group (universal) are reached by this intervention on an annual basis?

126

5.1.9 Coverage. How many people in each target group (specific) are reached by this intervention on an annual basis?

85

5.1.10 Substances addressed by the intervention:

Alcohol X

Tobacco
Cannabis
Cocaine and derivatives
Opiates
Amphetamines
Ecstasy
Methamphetamines
Inhalants/solvents
Other (Please specify below)

5.1.11 Describe any other substance addressed by the intervention

5.1.12 Main substance addressed by the intervention:

Alcohol X
Tobacco
Cannabis
Cocaine and derivatives
Opiates
Amphetamines
Ecstasy
Methamphetamines
Inhalants/solvents
Other (Please specify below)

5.1.13 Describe any other main substance addressed by the intervention

Setting of intervention. Please note that the setting needs to match the type of intervention (1.2.1)

5.1.14 Setting of prevention intervention

School
Community (including i.e.user scene)
Party scene
Family
Workplace

5.1.15 Setting of treatment intervention

Inpatient
Outpatient
GP

5.1.16 Setting of social reintegration intervention

Residential
Community

5.1.17 Setting of harm reduction intervention

Low threshold service
Needle/syringe provision
Outreach/drug scene

5.1.18 Setting of interventions in the criminal justice system intervention

Prison

Community

5.1.19 Describe the setting of the intervention (if necessary)

5.1.20 Any other setting of intervention

Yes X

No

No Information

5.1.21 Other. Describe any other setting of any other type of intervention

Can be performed in hospitals (general, emergency departments, Accidents & emergency hospitals, and any ambulant care : primary care, medical check-up, in gynecology, labor medical service, in minors who abuse drugs, in jail...

5.1.22 Action. Describe the main activities of the intervention and the type of service that is offered to the client. Kindly keep in mind that the description of the activities is of high relevance for the better understanding of the project.

Trained health professionals (doctors, nurses, etc.) deliver a brief intervention to hazardous drinkers after screening for alcohol problems. The clients are approached in an empathic, motivational style, without any judgment. Facts and risks are explained to the patients (feedback of their situation) and they are invited to balance the pros and cons of his behaviour, in order to facilitate their awareness and decision towards change. The possible link between alcohol and injuries is a main motivating factor for the patient to change.

6. Evaluation

6.1. Evaluation

6.1.1 Evaluation status

Evaluation has been carried out X

Evaluation is currently running

Evaluation is carried out repeatedly

6.1.2 Please indicate the month and year when the most recent evaluation was carried out (corresponding to the option you chose above (Evaluation status) (mm/yyyy)

10/2003

6.1.3 Type of evaluation

Evaluation of intervention planning (needs assessment) X

Process evaluation (how far are the operational objectives achieved) X

Outcome evaluation (how far are the specific objectives achieved) X

Impact evaluation (how far is the general objective achieved) X

Other (Please specify below)

6.1.4 Describe other type of evaluation

Evaluation indicators. What indicators are used in order to monitor changes relating to the objectives?

6.1.5 Outcome indicator 1 (relating to the specific objectives)

Reduction in alcohol consumption compared to the baseline in the 12-month period after the accident: percentage of patients who reduce consumption, magnitude of the reduction and reduction of binge drinking.

6.1.6 Outcome indicator 2 (relating to the specific objectives)

Reduction in the no. of accidents and fines in the year following the intervention, compared to the year prior to the intervention.

6.1.7 Outcome indicator 3 (relating to the specific objectives)

6.1.8 Process indicator 1

Identified individuals among eligible patients. The detected cases represented less than 10% (8.1%) of the adult traffic casualties entering the trauma emergency service the study period.

6.1.9 Process indicator 2

Progress of the study over the foreseen time (12 months). Patients? recruitment started in July 1st 2001 and had to be interrupted early in March because of the mandatory removal of the saliva screening-reagent due to some detected defects. In July 2002, the study could be restarted.

6.1.10 Process indicator 3

Knowledge and fidelity to the programme by those in charge of the intervention.

Evaluation design

Outcome evaluation

6.1.11 Evaluation design:

Follow-up assessment

Pre-post design, no comparison group - naturalistic

Pre-post design AND comparison group - quasi-experimental

Pre-post design AND comparison group AND randomisation - RCT X

Other (Please specify below)

6.1.12 Describe other type of evaluation design

Results were analysed by protocol and by intention to treat.

6.1.13 Quantitative data collection instruments, tools and measures used:

Recognised (standard) instruments X

Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specific needs)

Program specific instruments used (e.g. self-constructed collection instrument) X

6.1.14 Specify name of instrument(s) if you used a standardised instrument(s) for outcome evaluation:

Measuring instruments: The Spanish version of the AUDIT (cut-offs 6 for females and 8 for males) and the AUDIT-C questionnaire (cut offs of 4 for females and 5 for males); the Attribution of Injury Scale and the Readiness-to-Change Ruler. An adhoc questionnaire for screening risky behaviours, knowledge and attitudes was also delivered.

6.1.15 Specify name of instrument(s) if you used a modified standard instrument for outcome evaluation:

6.1.16 Please specify type of any qualitative data collection instruments (specify which type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used:

Ad hoc questionnaire. All data were collected by interview.
Process evaluation

6.1.17 Quantitative data collection instruments, tools and measures used in process evaluation:

Recognised (standard) instruments
Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specific needs)
Program specific instruments used (e.g. self-constructed collection instrument)

6.1.18 Specify name of instrument(s) if you used a standardised instrument(s) for process evaluation:

6.1.19 Specify name of instrument(s) if you used a modified standard instrument for process evaluation:

6.1.20 Qualitative data collection instruments. Please specify type of any qualitative data collection instruments (specify which type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used.

6.1.21 Type of Evaluator and references

Internal evaluator X
External evaluator
Both internal and external

6.1.22 Please specify the name of the external institution/s:

Public Health Agency of Barcelona (Service of Prevention and Care of Drugdependencies). (Former Institute for the prevention and care of drug dependencies).

6.1.23 Give full reference for the evaluation report (when available):

Rodríguez-Martos A, Santamariña E, Escayola M, Martí J. Brief intervention in alcohol-positive traffic casualties: is it worth the effort? *Alcohol & Alcoholism* 2006; 41: 76- 83.

7. Evaluation results

7.1. Results of evaluation

Present the results, to date, according to the specific and operational objectives

7.1.1 Results of outcome evaluation 1

Alcohol-related traffic accident casualties reduce their consumption (frequency and amount) of this substance after the intervention according to the follow-up monitoring that is performed, especially after 3 months, although this reduction is maintained until the one-year mark, especially in hazardous drinkers. There are no significant differences between the decrease in consumption obtained with the Brief Intervention compared to the Minimum Intervention, although a trend has been observed, at the limit of statistical significance but backed by the effect size of 0.5, towards reduction in a higher percentage of casualties in the Brief (Motivational) Intervention group. Patients with higher scores on the AUDIT have a greater reduction in consumption, and this is statistically significant. In other words, those who most need to reduce their consumption show a greater reduction, and in the most important type, binge drinking, which is more associated with injuries.

7.1.2 Results of outcome evaluation 2

After one year, the prevalence of traffic accidents, with or without casualties, reported for the last 12 months by intervention participants had decreased by 60.3% compared to those reported for the previous year during the initial evaluation. None of them had been fined for a BAC over the legal limit in the 12 months following the intervention, and 5.6% had been fined for another reason.

7.1.3 Results of outcome evaluation 3

7.1.4 Results of process evaluation

The detected cases represented less than 10% (8.1%) of the adult traffic casualties entering the trauma emergency service the study period.

Patients' recruitment started in July 1st 2001 and had to be interrupted early in March because of the mandatory removal of the saliva screening-reagent due to some detected defects. In July 2002, the study could be restarted.

Knowledge of the participating nurses and their fidelity to the protocol were checked by regular supervision. There was no other instrument to measure this, than the review of the filled files within the regular interviews with the collaborating nurses. Their performance was mostly satisfactory.

8. Budget

8.1. Budget

8.1.1 Annual budget

Up to 100 000 X
Over 100 000 to 500 000
Over 500 000
Annual budget is not available

8.1.2 Specify total budget:

50.000-100.000 ?

8.1.3 Sources of funding

Local authorities
International organisations (operates in more than one country)
Regional authorities X
Community authorities
National government X
European commission
Non-governmental organisation
Private funds X
Other

8.1.4 Percentage of funding from each source % of funding

Local authorities
International organisations (operates in more than one country)
Regional authorities 33%
Community authorities
National government 33%
European commission
Non-governmental organisation
Private funds 33%
Other

9. Abstract

9.1. Abstract

9.1.1 Give a short summary of the intervention.

The incidence of alcohol-related traffic accidents (TAs) could be reduced by a third or more if emergency professionals had significant influence in raising awareness about the risk of getting behind the wheel when under the influence of alcohol. The aversive experience of a TA represents an appropriate 'receptive moment' and the post-traumatic period is a 'window of opportunity' for educational interventions. Trauma centres are in an excellent position to screen hazardous drinkers, and are an appropriate setting for brief, opportunistic interventions. The effectiveness of brief interventions on hazardous drinkers who go to primary health care facilities has been proven in Spain through several studies, reviewed in two recent meta-analyses. In the area of traffic casualties, there is no evidence as yet, as this is the first time that systematic intervention has been proposed and assessed. General Aim: Take advantage of the opportunity presented by the TA to influence the drinking behaviour of non-alcoholics, especially in relation to driving, through a brief intervention right at the hospital. Specific Aims: 1) Reduce alcohol consumption among traffic accident victims with

positive BACs but no alcohol dependence, in the one-year period after the TA. 2) Reduce the number of alcohol-related traffic accidents among accident victims who have received interventions, in the one-year period after the TA. Method: In a preparatory stage, nursing staff and social workers are trained (10 hours) and their possibilities are assessed. TA casualties who go to emergency trauma centres are selected by means of a saliva alcohol test and assigned to one of two intervention modes: brief (BI) or minimum (MI). Blind telephone follow-up is conducted 3, 6 and 12 months after the intervention ends. The MI consists of simple advice lasting 10 minutes, and information materials are also given to the patient. The BI consists of a motivational intervention lasting around 20 minutes, and information and self-help materials are also given to the patient. Both interventions are in accordance with established guidelines. Evaluation: Comparison of the brief intervention and the minimum intervention or simple advice (control group), for the indicator: reduction in alcohol consumption and alcohol-related accidents. Quasi-experimental design with screening via a saliva alcohol test of persons over the age of 18 arriving at emergency trauma centres because of TAs, and random distribution of those who show positive results (0.2 g/l of blood alcohol content) and accept the proposal of counselling. Results: 1) Intervention participants reduce their consumption (frequency and amount) after the intervention, especially after 3 months, although this reduction is maintained until the one-year mark, especially in hazardous drinkers. There are no significant differences between the decrease in consumption obtained with the BI compared to the MI, although a trend has been observed, at the limit of statistical significance but backed by the effect size of 0.5, towards reduction in a higher percentage of casualties in the BI (motivational) group. Participants with higher scores on the AUDIT have greater reductions in consumption, and this is statistically significant. In other words, those who most need to reduce their consumption show a greater reduction, and in the most important type, binge drinking, which is more associated with injuries. 2) After one year, the prevalence of traffic accidents, with or without casualties, reported for the last 12 months by intervention participants had decreased by 60.3% compared to those reported for the previous year during the initial evaluation. None of them had been fined for a BAC over the legal limit in the 12 months following the intervention, and 5.6% had been fined for another reason.

10. Output

10.1. Outputs

10.1.1 List any interesting references, links, and literature relating to the intervention.

Rodríguez-Martos A, Torralba L, Confluencia de estrategias en la prevención de accidentes de tráfico relacionados con el alcohol. *Adicciones* 1999; 11 (2): 91-106.

Rodríguez- Martos A, Plasencia A, Escayola,M, Martí J, Torralba, Ll: Intervención breve en accidentados con alcoholemia positiva desde un centro de traumatología. *Adicciones* 2001; 13 (4): 371-383.

Rodríguez-Martos A, Martínez X, Santamariña E, Escayola M, Martí J, Torralba L, Plasencia A. Feasibility and preliminary results of brief intervention in alcohol-related traffic casualties. Abstract Booklet, (pág 14) 9th International Conference on

Emergency Medicine. Workshop: Identification of alcohol problems and brief intervention; A transatlantic exchange. Edinburgh (RU) 17-21 Junio 2002.

Rodríguez- Martos A, Santamariña E, Torralba L , Escayola M, Martí J , Plasencia A: Identificación precoz e intervención breve en lesionados de tráfico con presencia de alcohol: resultados preliminares. Adicciones 2003; 15 (3): 191-202.

Martinez X, Plasencia A, Rodriguez-Martos A, Santamariña E, Marti J, Torralba Ll. Características de lesionados por accidente de trafico con alcoholemias positivas. Gaceta Sanitaria 2004;18 (5):387-90.

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Rodríguez-Martos A, Santamariña E, Torralba L, Escayola M, Martí J, Plasencia A. Efectividad a corto plazo de las intervenciones breves realizadas en pacientes lesionados por accidente de tráfico con alcoholemia positiva. Gaceta Sanitaria 2005; 19(1):45-9

Rodríguez-Martos A, Torralba L, Escayola M, Plasencia A. Viabilidad de la identificación e intervención sobre lesionados de tráfico admitidos en urgencias con alcoholemia positiva: ¿una utopía? Emergencias 2005; 17 (1): 3-9.

Rodríguez-Martos A, Santamariña E, Escayola M, Martí J. Brief intervention in alcohol-positive traffic casualties: is it worth the effort? Alcohol & Alcoholism 2006; 41: 76- 83.

Rodriguez-Martos A, Castellano Y, Salmeron JM, Domingo G. Simple Advice for Injured Hazardous Drinkers: An Implementation Study Alcohol and Alcoholism 2007; Alcohol Alcohol 2007;42 (5): 430-435.

11. Additional remarks

11.1. Special remarks

11.1.1 Use this space to add explanatory notes and highlight any specific features of the programme that are not well represented in other items of the questionnaire.

Report Comments:

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