The transfer of harm-reduction strategies into prisons: needle exchange programmes in two German prisons

Jutta Jacob, Heino Stöver *

Carl von Ossietzky University, Faculty of Social Sciences, P.O. Box 2503, D-26111, Oldenburg, Germany

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Abstract

In Autumn 1995, the Minister of Justice of Lower Saxony (a northern state of Germany) gave the green light for the implementation of a 2-year pilot project. This project provided for the distribution of sterile injection equipment and provision of communicative methods of prevention to drug addicted inmates in a women’s prison with 170 inmates (Vechta) and a men’s prison with 230 inmates (Lingen). The decision to go ahead with the project was based on positive experiences in Swiss prisons and the supporting recommendations of a panel of experts. The pilot project in Vechta started on 15 April 1996, using five dispensing machines which allow a needle exchange to guarantee an anonymous access. The project in the men’s prison started on 15 July 1996. Here the staff of the drug counselling service and of the health care unit hand out sterile syringes to inmates. The social scientific evaluation was carried out by the Carl von Ossietzky University in Oldenburg. The study focused on the aim of the project which is to assess the feasibility, usefulness and efficacy of the measures undertaken. Of special interest was whether and how changes occurred in the prison system itself (i.e. acceptance of the measures by staff, medical service and management), and in the drug user’s behaviour and knowledge (i.e. development of needle sharing, change in drug use patterns). The study used a multi-methodological approach: documentation of the project practice, half standardized, longitudinal examination of inmates ($n=224$) and staff ($n=153$), qualitative examination of management, selected groups of prisoners, staff and external organisations (AIDS-Help-Groups; $n=75$) for at least two times. The evaluation intended to be dynamic, process accompanying, in order to communicate the empirical data and developments with the practice already during the pilot phase. Results of the final report of the study are presented here. Finally this paper discusses shortly what is known so far about the impact of needle exchange programmes in prisons in Germany and Switzerland. © 2000 Elsevier Science B.V. All rights reserved.

Keywords: Injecting drug user; Prisons; HIV; Hepatitis; Risk behaviours

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* Corresponding author. Tel.: + 49-441-7985143; fax: + 49-441-7985180.

E-mail address: infekt@psychologie.uni-oldenburg.de (H. Stöver).
1. Drug use and infectious diseases in prisons

In the past 30 years and particularly in the last decade the number of prisoners using illegal drugs has risen sharply in Germany, just like in all of Europe (particularly injecting drug use of heroin or cocaine has increased). Today drug users make up a major part of the prison population. International organizations (UNO, WHO) assume that approx. 30–50% of the 300 000 detainees in European prisons have experienced health-hazardous drug use.

For Germany, experts estimate the share of prisoners who have already used illegal drugs prior to incarceration, particularly injecting drug use, at approx. 20–30% of the total prison community. A considerable number of them continue to use drugs in prison.

It is particularly problematic that the drug users’ general state of health is poor which results from health-hazardous lifestyles prior to, during and after detention. Health risks mainly arise from continued use of various substances which have partly strongly been diluted by foreign substances; frequently drug users try to start a withdrawal by themselves and fail; in many cases drug consumers who have just been released from prison mistakenly take overdoses. Moreover the prevalence of infectious diseases like hepatitis B or C and HIV among drug users in prison is very high. Particularly the disregard of hygienic standards during drug injection is a great source of infection. Prisoners are exposed to considerable risks of infections because drugs are used secretly and injecting equipment is shared.

Drug consumption in prison and its implications are a major problem in the prison system. The problem is tackled by applying measures that are aimed at reducing the supply of drugs in prison (security and control measures) and the demand for drugs (through relief offers, especially by giving drug users access to drug-free in-patient therapies). In general it is not possible in prison to give drug users an individual treatment according to their drug history. Neither the personnel needed for this nor the material resources are available. Apart from this a prison is not a very suitable place for undergoing a treatment that looks into the causes of a person’s drug use.

Despite the well known risks involved, some drug users continue to inject drugs in prison. Contrary to the situation outside prison, until recently sterile needles were not supplied in prison. This preventive measure (against the spreading of infectious diseases) had proved effective outside prison. Not only the need to protect prisoners against the spreading of diseases but also the positive experience gained with this measure in two pilot projects in Switzerland induced decisionmakers in Germany to implement such measures in German prisons as well.

2. Pilot project: ‘needle exchange programme in two prisons in Lower Saxony/Germany’

In Autumn 1995, the Minister of Justice of Lower Saxony (a northern state of Germany) gave the green light for the implementation of a 2-year pilot project. Under this project sterile injection needles were distributed among drug users and communicative methods of prevention were made available to drug addicted inmates in a women’s prison with a population of 170 prisoners (Vechta) and a men’s prison with a population of 230 prisoners (Lingen). The decision to go ahead with the project was based on positive experiences gained in two Swiss prisons and on the supporting recommendations of a panel of experts.
The pilot project in Vechta started on 15 April 1996. At five dispensing machines set up in places which allow anonymous access, drug users can exchange a used needle for a sterile one. The project in the men’s prison in Lingen started on 15 July 1996. Here the staff of the drug counselling service and of the health care unit hand out sterile syringes to inmates. The following Table 1 (synopsis) gives an overview over the practical issues:

3. Results of the scientific monitoring of the project

Social scientists of the Carl von Ossietzky University in Oldenburg monitored the project. This monitoring was aimed at assessing the feasibility, usefulness and efficacy of the measures undertaken by also taking the various interests of the persons and institutions involved into account.

It was of special interest to determine if and in which way changes occurred in the prison system itself. The focal points were:

- feasibility of the Needle Exchange Programme in a closed women’s and men’s prison;
- acceptance of the measures by prison officers, medical service staff, management and drug using inmates;
- changes in the drug use patterns of the drug using inmates
- promoting health-oriented attitudes among drug-users, improvement of knowledge on health and of health-oriented behaviour
- familiarizing drug-users with the significance of the preventive measures accompanying the project.

3.1. Feasibility of the needle exchange programme in a closed women’s and men’s prison

In view of the special features of the respective prison and the conditions prevailing in the two institutions during the project, the needle exchange project was-in principle-considered feasible.

In both prisons attacks on staff or fellow inmates by drug-users using needles as a weapon did not occur. It was not necessary to exclude participants from the needle exchange project because they did not observe the regulations agreed upon prior to the start of the project. In both prisons the number of used needles returned was high; the fear that drug users might not handle injection equipment adequately or that they might store it in unsuitable places was not confirmed. The only violations of the regulations that occurred during the project were that the syringes were not stored in the places that had been agreed upon and that prisoners participating in methadone programmes had syringes in their possession. During the project the controls of cells were not increased; the number of drug finds did not rise either so that the fear that the availability of clean needles resulted in an increased drug use was not confirmed.

The implementation of the needle exchange programme as part of the general health service for addicts in detention did not have a negative effect on the onward referral of drug users to follow-up treatments. On the contrary, it can be stated that after the project has started the number of drug users undergoing follow-up treatments has increased. As regards relaxations in detention, the participants in the needle exchange programme were not treated differently from other drug users in prison: controls of the cells of project participants were not increased.

The managements of the two prisons could decide for themselves which of the two modes of distribution – manually or dispensing machine – they wanted to implement. During the 2-year project disadvantages of both
### Table 1
Synopsis ‘prevention of infectious diseases in prisons in Lower Saxony/Germany’

<table>
<thead>
<tr>
<th></th>
<th>Women’s prison Vechta</th>
<th>Men’s prison Lingen I Dept. Groß-Hesepe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forms of sentences</strong></td>
<td>All forms of sentences: juvenile/adult delinquency/custody/remand pending, deportation</td>
<td>Only adult sentences</td>
</tr>
<tr>
<td><strong>Percentage of (former) drug users</strong></td>
<td>About 50%</td>
<td>About 50%</td>
</tr>
<tr>
<td><strong>Start of project:</strong></td>
<td>15.04.96</td>
<td>15.07.96</td>
</tr>
<tr>
<td><strong>End</strong></td>
<td>14.04.98</td>
<td>14.07.98</td>
</tr>
<tr>
<td><strong>Mode of distribution of sterile syringes and needles</strong></td>
<td>Five needle – exchange slot machines decentrally located in different wards</td>
<td>Hand to hand distribution by the internal drug counselling service</td>
</tr>
<tr>
<td><strong>Goals</strong></td>
<td>Prevention of the spread of infectious diseases</td>
<td>Prevention of the spread of infectious diseases</td>
</tr>
<tr>
<td></td>
<td>Health Promotion</td>
<td>Health Promotion</td>
</tr>
<tr>
<td></td>
<td>Easy, anonymous accessibility in order to abolish the status of syringes as goods</td>
<td>Easy, anonymous accessibility in order to abolish the status of syringes as goods</td>
</tr>
<tr>
<td></td>
<td>Protection of the personnel</td>
<td>Protection of the personnel</td>
</tr>
<tr>
<td><strong>Access to the programme</strong></td>
<td>By declaration of drug addiction to the doctor/given out a dummy</td>
<td>By declaration of drug addiction to the doctor/drug counselling service/given out a syringe</td>
</tr>
<tr>
<td><strong>Exclusion</strong></td>
<td>Registration once</td>
<td>Drug users being in methadone treatment (about 20)</td>
</tr>
<tr>
<td></td>
<td>Drug users being in methadone treatment (about 40), prisoners in the entrance department</td>
<td>Drug users being in methadone treatment (about 20)</td>
</tr>
<tr>
<td><strong>Practice</strong></td>
<td>Access to one or more of the five automates</td>
<td>Access to the rooms of the Drug counselling service and contact café</td>
</tr>
<tr>
<td></td>
<td>Registration of needle exchange and the frequency of exchange</td>
<td>Registration of needle exchange and the frequency of exchange</td>
</tr>
<tr>
<td><strong>Storage of the syringe/needle</strong></td>
<td>Visible in a plastic container on the washbasin console</td>
<td>In the cupboard in a special holder</td>
</tr>
<tr>
<td><strong>Number of participants in the pilot project ever</strong></td>
<td>169</td>
<td>83</td>
</tr>
<tr>
<td><strong>Number of exchanged needles</strong></td>
<td>16 390</td>
<td>4517</td>
</tr>
<tr>
<td><strong>Daily</strong></td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td><strong>Percentage of returned syringes</strong></td>
<td>98.9%</td>
<td>98.3%</td>
</tr>
<tr>
<td></td>
<td>167* missing *(16.08.96–14.04.98)</td>
<td>76 missing</td>
</tr>
<tr>
<td><strong>Additional preventive information/education units</strong></td>
<td>By JES (Junkies, Ex-User, Substituees) and local AIDS-Self-Help group for inmates</td>
<td>By local AIDS-Self-Help group</td>
</tr>
<tr>
<td></td>
<td>By project staff to colleagues</td>
<td></td>
</tr>
</tbody>
</table>
modes of distribution became apparent. For the manual distribution, the presence of a staff member was required at specific times so that a detailed planning of working hours and resources was necessary. The dispensing machine set up in Vechta was subject to technical failures or manipulation by inmates. The goal to be achieved by the provision of sterile injection equipment, i.e. the prevention of the spreading of infectious diseases, was more difficult to achieve through manual distribution (in Lingen). Because of the personal contact involved in the manual distribution of sterile equipment which identified prisoners as drug users, prisoners were more reluctant to supply themselves with sterile equipment. The fact that the staff of the internal drug counselling service in prison has been integrated into the medical confidentiality, didn’t change this situation.

In the course of the project it became clear that the needle exchange programme helped to reduce the risks involved in drug use in prison. As regards the organizational incorporation of the project into the everyday prison routine it must be pointed out that prison staff took over key functions as organizers and helped to implement the project by promoting the cooperation between different institutional levels and groups within the prisons. In each prison a working group had been set up in which members of all groups of personnel were represented.

The project can be considered a success, because no negative side effects occurred, except for some minor technical failures and particularly because it pretty fast became something natural, a part of everyday life; it was nothing special any more (member of the prison staff; Interim Report, p. 238)

3.2. Acceptance of the measures by prison staff, medical unit staff, management and drug-using inmates

The level of acceptance of the project differed in the two prisons. Considering the frequent use of the dispensing machine in Vechta and the positive statements the project participants made in this prison, it can be concluded that the acceptance of the needle exchange programme was much bigger in the women’s prison than in Lingen. Here – perhaps owing to the different mode of distribution – the drug users took a much more reserved stance towards the project. Many drug users were very reluctant to formally declare their participation in the project and some tried to participate in the project secretly by asking others to supply them with sterile needles provided under the project.

...but there will be no such thing as total anonymity. But that’s got nothing to do with the implementation of the project; that’s got to do with transparency within prisons, that many things are known (a prisoner, Interim Report, p. 270)

Although drug users in both prisons fear that their anonymity might not be maintained during the project, this fear does not prevent drug users in Vechta from participating in the project. In contrast to this drug addicted inmates in Lingen give this loss of anonymity as a reason for refusing to participate in the programme. This seems to be a direct result of the person-related mode of distribution in Lingen.

The high rate of needles exchanged in both prisons (see Fig. 1 and Fig. 2) reveals most clearly that drug users in both prisons are aware of the risks involved in drug use and have developed a health-oriented behaviour. In this way they indirectly support
the overall goal of the project, i.e. the prevention of the spreading of infectious diseases in prison.

It can be stated that in both prisons acceptance of the project among prison staff was high. The supply of sterile injection equipment became part of everyday routine. In Lingen, however, where prisoners contacted the staff of the drug counselling service to obtain sterile needles, the supply of sterile injecting equipment went off more inconspicuously so that the staff was not confronted with it every day, whereas in Vechta the staff was much more often concerned with the issue because they had to unlock doors for prisoners who wanted to use the distributing machine; they noticed the noise caused by the use of the machines or they had to arrange for a repair of machines that had broken down.

The attitude of the prison staff in the two prisons prior to the start of the project differed widely: While in the men's prison the staff had many concerns about the project and only expected little of it, the staff in the women's prison had great expectations about the programme and only was a little concerned about its outcome. In the course of the project the two different positions came closer to each other. Those who had had many reservations about the project began to see its positive effects and assumed a more positive stance in the course of the programme and those who had been very enthusiastic were brought down to earth again when they experienced the implementation of the project in everyday life.
At the beginning I was vexed and dissatisfied because I was afraid I might be attacked or that I might touch on an sterile needle during a cell control; but now it goes off well; basically 80–90% (of the staff) accept the project. It has become part of the prison regime (a staff member, Interim Report, p. 200).

3.3. Drug users in prison develop new drug use patterns

Only very few drug users stop their drug use when entering prison. The majority continues with injectable drug use, although the drug use patterns change: interruptions may occur because the prisoners only can use reduced quantities and/or have fewer opportunities to use drugs than outside prison, or the qualities differ substantially.

At the beginning drug consumption is of course reduced, because less drugs are available in prison, but I always used whatever I could get (a prisoner, Final Report, p. 302)

Although the use of sedated drugs is continued after incarceration, drug users frequently involuntarily have to reduce their daily dosage because of the reduced availability of drugs. Alternative ways of consuming drugs (sniffing, inhaling) are replaced with injecting drug use. Owing to the shortage of

![Fig. 2. Correlation between the number of participants in Lingen and the needle exchange rate (per month; time span: 15 July 1997–14 July 1998).](image)
sterile injecting equipment in prison prior to the start of the exchange project, the drug use behaviour was very health-hazardous and involved a great risk of infection. Moreover, the methods applied by many drug users to disinfect injection equipment—rinsing the needles with water or pressing air through the needle—were rather ineffective.

Since the beginning of the exchange programme the high-risk behaviour of sharing used needles could be drastically reduced. Before the project was started, 54 inmates—when asked about their last injection—stated that they had used an already used needle. After the start of the project none of the prisoners in Vechta stated that she had used an insterile needle and in Lingen only four participants of the project stated that they had used an insterile needle for their last injection. Another major result achieved through the project was that the number of drug users who had to undergo treatment because they had taken overdoses was much lower during the project, particularly in Lingen. While as many as 19.4% of drug users in Vechta and 31% of drug users in Lingen had taken overdoses before their participation in the project, this figure was reduced to 0 in Vechta and to one case in Lingen in the course of the project.

3.4. Health-oriented attitudes and behavioural patterns; knowledge on health

The medical evaluation of the project in Vechta revealed that the health status of the project participants had improved significantly, their weight and other laboratory values were better, just like their general mood and there were fewer cases of psychological disorders that had to be treated.

It was observed that during the project the occurrence of abscesses decreased which can be attributed to inmates being more careful in terms of hygiene (e.g. they used sterile needles) when injecting drugs. It was particularly striking that with none of the permanent project participants in Lingen a sero-conversion of HIV or a form of hepatitis occurred. However, an analysis of sero-conversions that occurred with drug-users who had been entitled to relaxations in prison or who had escaped and been recaptured, showed that young prisoners took more health risks than older inmates. A random sample taken in Lingen revealed that no sero-conversion had occurred in this prison either.

I have not seen that again, that two people who have taken drugs jointly, have had to share a needle (a prisoner, Final Report, p. 130)

During the project the prison staff’s knowledge on the nature of diseases/infections, on HIV, AIDS, hepatitis, routes of transmission, symptoms, preventive measures, testing etc. increased considerably in Vechta, whereas in Lingen the knowledge of the prison staff on these issues decreased. This was the result of interviews conducted prior to the project in which the staff answered many questions on these issues correctly whereas 16 months after the conclusion of the project more questions were answered incorrectly. This reduced knowledge on infectious diseases was accompanied by a reduced interest in information meetings and educational programmes in the men’s prison in Lingen.

A minor goal to be achieved by the project, i.e. to improve the knowledge on health-conscious behaviour of all people involved, could not be achieved among the prison staff in Lingen. It remains unclear whether this negative effect of the project must be attributed to the fact that the project remained relatively ‘invisible’ so that the staff could not really concern themselves with the issue ‘Drug Con-

sumption and Risks of Infection in Prisons’. The aim to sensitize prison staff in Lingen to this issue could not be achieved. However, it can be stated that more prison staff volunteered to be vaccinated against hepatitis A and B.

The different developments among the prison staff in Vechta and in Lingen are paralleled by the prisoners’ knowledge on health care and infections: While the average time prisoners in Vechta spent on concerning themselves with infectious diseases increased between the first and the second series of interviews, this time decreased with prisoners in Lingen. Considering that prisoners mainly discuss drug-related health issues with their fellow inmates it becomes clear that a peer-support approach is important to achieve the goals of the project.

As regards the general knowledge on HIV- and AIDS-related issues it can be stated that the prisoners in both prisons know about as much as the prison staff. However, the inmates’ knowledge on ways of transmission and symptoms of hepatitis is definitely greater than that of the staff of both prisons although there are still wide gaps in this knowledge.

The statements which the inmates of both prisons made regarding private sexual contacts and prostitution in the pursuit of drug acquisition revealed that they are ready to take great risks of infections. To combat this high-risk behaviour, preventive measures informing the prisoners on ‘safer sex’ and ‘safer work’ techniques must be implemented.

It seems that those prisoners in Lingen who refused to participate in the needle exchange project are very careless about the infection risks involved in injecting drug use. They only have a restricted knowledge of the risks involved and apply inadequate techniques. The drug user’s decision whether or not to accept an already used needle from another prisoner, i.e. whether or not this prisoner is HIV or hepatitis infected, is solely made on the basis of the fellow inmate’s outward appearance and the information he provides. Moreover, the sterilization techniques applied are mostly insufficient and ineffective.

3.5. Significance of accompanying preventive measures

In the course of the project it became clear that-as regards drug consumption and the spreading of infectious diseases-accompanying preventive measures are important to promote health-oriented behavioral patterns and to help inmates and staff to identify with the goals of the project.

The prison staff in Lingen judged the information meetings less positively than the staff in Vechta. The number of attendees in these meetings and the readiness to participate in further educational programmes were also lower in Lingen. Acceptance by the prison staff depended on whether they considered the accompanying preventive measures and educational programmes to be realistic and feasible. This is reflected in the demand for concrete information on ‘how to handle drugs and how to react in drug-related cases of emergency’. If staff members have gained a negative experience in educational programmes, this has a negative effect on their motivation. The organizational constraints to which the prison staff is exposed in their routine work are another problem: frequently it is difficult for them to find the time for attending the educational programmes offered. The staff’s level of information can be kept up-to-date if the educational programmes are repeated at regular intervals.

The preventive programmes provided by community based agencies (AIDS support groups, user groups, community based drug
counselling services) met with wide acceptance among prisoners. This opportunity to establish contacts and have confidential talks with members of these external agencies was frequently used in the contact room in Lingen. The inclusion of external agencies in the preventive measures implemented in prison is important because prisoners are more likely to confide in outsiders than in prison staff members who have a control function within the institution. In this way more information on the prisoners, their preferences, concerns and behavioural patterns can be gained.

I also realized that the contact room is particularly important because usually there is no place in prison where drug-using people can speak openly about their problems; we as external service providers [have an advantage]; they have more confidence in us than in internal staff members... (a member of an AIDS support group, Final Report, p. 440)

The staff of community based agencies who come to the prisons to inform prisoners on drug-related risks and health-oriented behaviour are frequently confronted with a variety of problems and issues which the drug-using inmates want to discuss with outsiders. This makes it difficult for the external service providers to stick to a fixed curriculum and provide drug users with knowledge on risks of infection and preventive measures.

4. Conclusion

Generally it can be stated that there is no official set of modalities regulating needle exchange programmes: Usually the projects launched are institution-specific. Not in every prison a dispensing machine for exchanging insterile needles for sterile ones must be set up, but in every prison a discussion on the risks involved in drug-use must take place.

A look at the short history of needle exchange projects shows that so far informal projects, i.e. launched by the medical department of the respective prison as well as formal programmes initiated by state and federal agencies have been implemented.

The practical experiences gained from the projects in Germany (Vechta, Lingen) and Switzerland (Hindelbank, Oberschöngrün) and the scientific monitoring of the projects yielded the following results (Nelles et al., 1995; Meyenberg et al., 1999):

- Feasibility, needle exchange projects are feasible, i.e. organizationally they can be incorporated into everyday routine work in prison without causing major disruptions. The project may cause changes in the social structure within the prison: At least initially the relationships between prison staff, non-drug-users and drug-using inmates are affected by such projects.
- Needle exchange projects bring to light discrepancies in the handling of drug-users because drug-use—although officially prohibited—is accepted as a fact; hence the contrast between a prison’s control function and the need to provide health-oriented help becomes clear.
- The level of acceptance among prisoners largely depends on whether anonymity is maintained during needle exchange.
- The level of acceptance among prison staff depends on whether staff members could identify with the goals of the project, whether they could actively participate in planning and decision making processes and whether they were involved in setting the implementation modalities.
- Needle sharing is not of ritual importance to drug-addicted inmates. It is rather a spontaneous response to the non-availability of sterile injecting equipment.
Accompanying preventive measures and educational programmes for prison staff and information meetings for prisoners are very important and help to achieve the overall goal of the project: the prevention of infectious diseases. All educational offers should be target-group-oriented and feasible. Services provided by community based agencies play a major role because in general they achieve a greater credibility among prisoners and can develop a greater understanding for the target-group.

Threats: In none of the prisons where needle exchange facilities were set up—some of which yielded high exchange rates—were inmates or prison staff threatened with insterile needles.

An increase in drug consumption was not observed, neither in Hindelbank nor in Vechta or Lingen.

Improved state of health, the evaluation of the project in Hindelbank revealed that during the project no abscesses as side-effects of injecting drug use and no new HIV or hepatitis infections occurred. In Vechta a significant decrease in the number of abscesses was even noticed.

Health related knowledge, in all prisons in which needle exchange projects were implemented the knowledge of prisoners (and prison staff) on hepatitis infection and its prevention was very limited whereas their knowledge on HIV and AIDS was sufficient.

Educational programmes on hepatitis infections were also aimed at raising the prisoners’ and staff’s awareness of health-conscious behavioural patterns (‘safer use’, ‘safer sex’).

Apart from ‘safer sex’ trainings/seminars, ‘safer use’ seminars are particularly important to prisoners because drug users learn which damages can be avoided in injecting drug use and get to know alternative ways of consuming drugs.

In these trainings taboos are broken, e.g. issues like the risks involved in drug use immediately after discharge into the community are addressed. Frequently released prisoners cannot assess the risks involved in consuming unknown substances any more and consume lethal quantities.

Effective measures to prevent the spreading of infectious diseases should certainly also extend to other areas of a prisoner’s life: housing, food, physical exercise, spare time activities, visiting and leave regulations as well as medical care.

References
