

Substance Use Prevention: Knowledge, Attitude and Practices among Secondary School Workers in Enugu State

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Abstract

The phase of adolescence holds significant importance as it marks a critical period for initiating habits that can have enduring effects. This is crucial in preventing avoidable illnesses and fatalities resulting from unfavorable health-related actions, like the use of substances. This current research was conducted to assess the understanding, perspectives, and actions of secondary school educators regarding the prevention of substance use among adolescents. This initiative seeks to identify factors that might impede the efficacy of substance use prevention programs within secondary educational institutions. Descriptive research design was carried out in three select secondary schools: Uwani Secondary School, Maryland Secondary School, and Federal Government College Enugu, in Enugu state. Ninety-two (92) participants were sampled using a multi-stage sampling technique. The self-administering questionnaire was used as a tool for data gathering. The filled questionnaires that met the criteria for analysis were coded into the computer using SPSS software and data were analyzed using descriptive statistics and presented in frequency and percentage. Knowledge of the attributes that increase the risk of adolescent substance use is poor at 88% of the respondents, while attitude and practice were fair. The knowledge of attitudes and practices of secondary school teachers in Enugu state on the preventive measures for substance use among adolescents is inadequate. Therefore, for effective intervention on substance use preventive strategies in adolescents, teachers and other workers in secondary schools should be equipped with adequate knowledge concerning substance use preventive practice.

Keywords: *Attitude; Enugu State; Knowledge; Practices; Substance use prevention; Secondary school workers.*

Introduction

Adolescence is an important critical developmental phase within which children transition to adults. It is marked by biological growth and development, an undefined status, increased decision-making, increased pressures, and the search for self. It is a critical phase of growth of the young ones where long-lasting habits and behaviors are initiated and nurtured. This includes the physical outlook, sexual inclinations, and cognitive, social, and emotional changes. These body changes inspire

curiosity and anxiety that makes adolescents vulnerable to any form of activities around them including substance use [1], which are frequently initiated [2-4]. Adolescents are particularly vulnerable to the effects of substance use because of the tendency to underestimate risks [5]; and their limited understanding of the possible consequences of their actions [6]. Although the use of substances has been a public health issue for many decades, there has been a recent rise in the use of legal and illegal substances among

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adolescents within the last decade. In the survey of 17 nations among participants within the ages of 15 and 21 years, by [7], results indicated that cocaine use expressed in percentages (%) was 16.2, 4.3, 4.1, 4.0 and 4.0 among participants from US, New Zealand, Spain, Mexico and Columbia; cannabis use was 42.4, 41.9, 19.8, 19.0 and 15.9 among participants from US, New Zealand, Netherlands, France and Spain; Tobacco use was 73.6, 67.4, 60.6, 60.2, and 58.0 among US, Lebanon, Ukraine, Mexico and Netherlands while alcohol use was 97.0, 95.3, 94.3, 94.0 and 93.3 among participants from Ukraine, Germany, Colombia, New Zealand and Netherlands respectively. In the same study, result also indicated that 0.1, 2.1, 16.8, and 57.4 of Nigerian adolescent had a lifetime use of cocaine, cannabis, tobacco, and alcohol respectively. A report by the United Nations Office for Drugs and Crime [8] equally show that the problem has remain persistent over the years, with 1 in 5 drug users, 1 in 3 cannabis users, 1 in 5 pharmaceutical opiod users, and 1 in 7 amphetamine users found to be within the dependent population group [8]. A confirmatory survey of high school students by the National Institute of Health (NIH) revealed that in 2019, 22.3% of high school students were current marijuana users; and about 43.7% of high school students reported having used marijuana one or more times in their life.

Specifically, for Nigeria, a nationwide study by [9], and the [10] revealed that the prevalence of ever cannabis use was 7.5%, and of ever drug use was 12.0%. Of increasing concern in the country is the high rate of association between substance use and crime rate. Recent studies suggest that young people are being indoctrinated and used under the influence of psychoactive substances to perpetrate various crimes including terrorism [11, 12], banditry, and kidnapping [13]. In addition, substance use has been linked to other social challenges like high school dropouts and weak parental background [9]. Despite the activities of

National Agency for Food and Drug Administration and Control (NAFDAC) and the National Drugs Law Enforcement Agency in the 90s, as well as 1985-2015 National Drug Policy in Nigeria targeted at putting in check the availability and consumption of psychoactive substances in the country, rate of substance use and the associated risk implications persist. This has therefore re-enforced the need for alternative approaches to substance use prevention. Although still at policy level, Nigeria in her current efforts adapted Unplugged package, a single level school-based substance use prevention curriculum. Till date the effort is still at policy stage. It is not certain the barriers to its implementation have been addressed.

The present study was undertaken to determine the knowledge of, attitude to, and practices of adolescent substance use prevention among secondary school teachers as part of the efforts to uncover factors that may be a barrier to effective substance use prevention programme in secondary schools.

Literature Review

Substance Use and Guardianship of Young Persons

The state of early youthful age, especially in adolescence is a time of both intensive and extensive transitions that affect individuals physically, psychologically, and socially [14] cited in [15]. During this period of transition, the vulnerability to emotional difficulties is high. This is because currently, youth seek comfort and emotional support either from parents or peers [16]. Thus, parents' attachment and peers' attachment play an important role during childhood and youth period especially during early adolescence [15].

There are many other factors contributing to youths' substance abuse and antisocial behaviour. These factors originate either from personal characteristics such as interests, attitude, and temperament. Other external factors include an individual's past experiences

and expectations which can influence their interpersonal relationships [15]. There is also a link found between environmental factors with antisocial behaviours. School also plays a major role in environmental factors. This is because young people spend considerable number of time in school and most of them reside on the school premises as boarding students. According to [17, 18], environmental factors over a long period have proved to be the main causes of antisocial behavior, especially substance abuse. Peer groups and schools is believed to be able to influence the wholesome development in the child, either in the aspects of physical, affective, social, and spiritual domain.

Evidently, most young people exhibit antisocial behaviours due to poor family background because of poor parental discipline and supervision, family conflict between parents or between parents and children, family history of problem behaviour, and Parental involvement/attitudes condoning problem behavior [19]. However, social and home environment can contribute to the development of antisocial behaviour. Thus, erratic, or inappropriate discipline and inadequate supervision have been linked to substance use amongst young persons. On the other hand, supervision is also underscored when antisocial behavior intensifies in a social setting where each child gets proportionately less attention [20].

Secondary School Workers and Substance Use Prevention

School workers can play a powerful role in the prevention of substance use among their students. Teachers and families can work to send strong and consistent messages to students about drug use. Teachers and school staff members work hard every day to prepare students for future success, however, drugs, such as marijuana or opioids, can undermine a child's academic success and other life goals. Substance misuse and substance use disorders

are associated with a variety of negative consequences, including deteriorating relationships, poor school performance, loss of employment, diminished mental health, and increases in sickness and death [21]. [22] noted that for several decades, drug prevention research has attempted to understand the causes and consequences of teachers' roles. Studies (for example, [23-25] have shown that a school which values teachers' roles and recognizes the importance of school environment stands to win in terms of students' morale and commitment to not use the drug. However, in many schools' teachers' pay scant regard to try to prevent the students from a drug [22]. The collaboration of school management and school workers are needed in drug prevention at school. The need for teachers to work together with parents to create a school climate of drug free environment cannot be overemphasized. A positive school environment brings satisfaction to the teachers to improve their roles in substance use prevention at school [22].

Although countries such as Australia, Brazil, India, Indonesia, Iran, United States, United Kingdom, Suriname, Venezuela, and Russia have been incorporating teachers' roles in substance use prevention for a very long time [22], this seem far-fetched in schools in sub-Saharan Africa, specifically Nigeria, as schools are grossly understaffed.

Theoretical Framework

Containment theory assumes that strong inner and reinforcing outer containment constitutes insulation against normative deviance. The model which Reckless posits in his theoretical underpinning hinged deviant practices on social control mechanisms which ensured that antisocial behaviors by young persons are well captured. The buffer to the tempo and prevalence of antisocial behavior makes connectivity to substance abuse easily amenable. Reckless thought of social disorganization was not only about the stress related to social and economic pressures

directly. Instead, he believed that where social disorganization played a causal role in delinquency was when social disorganization led specifically to a breakdown in social controls. Important to his line of reasoning was Reckless's prior observations of religious sects. Reckless's observations of these closed and highly controlled groups also contributed to and solidified his beliefs that the community served the express function of external social control.

Containment theory was credited to Walter Reckless in [26]. The theory contends that a series of external social forces and internal qualities effectively insulate certain individuals from involvement in deviant activities even when ecological variables induce others to engage. [26] posit that people are pushed or pulled into deviance. The determinants of deviant behaviour are inner and outer containment that buffer the relationship between the pull and pushes. Pushes or social pressure consists of poverty, unemployment, economic insecurity, group conflicts, minority group status, lack of opportunities and inequalities [26]. Pulls, on the other hand, draw a person away from their original way of life and accepted form of living. They consist of bad companions, delinquency of criminal subculture, deviant groups, mass media, and propaganda [26].

About this study, adherents of the Containment theory tend to approach substance use amongst secondary students as emanating from an individual inability to discipline self through inner containment; this results from the pushes and pulls of life which tend to overwhelm such individuals. In Reckless perspective, inner containment indicates when individuals exhibit self-control and can discipline themselves and thereby not give to deviance [26]. However, when people fail to discipline themselves through inner containment (as is the case with substance abusers and violators of approved social behaviours), society comes in through outer containment (that is, social control). Therefore,

people can be socialized internally through the family or school to imbibe societal norms. But where this fails, society through its agencies like the police (outer containment) regulates the individual.

Critics of Reckless containment theory stated that the idea of self-concept cannot solely be considered when explaining why some are more likely to engage in deviant activities and ignores other social and genetic factors. Reckless himself stresses that his containment theory is more sufficient for minor types of delinquency such as theft and that the containment theory is not able to explain extreme levels of crime.

Nevertheless, to refute this, it is claimed that there has not been any other previous research testing the assumption that the containment theory cannot explain major delinquencies. [27] applied Walter Reckless containment theory in a study which he entitled "Losing Control: A Test of Containment Theory and Ethical Decision Making". In the study, Reckless theory of containment was applied to the problem of unethical business decision-making. As suggested, what needs to be understood is not why certain individuals engage in deviant acts, but rather what factors bring conformity to an inherently motivated population of potential offenders when those offenders are given opportunities to offend [27].

Methodology

Study Design/Setting

This study adopted a descriptive research design. This design allows for the description and documentation of situations as they exist in their natural setting, without manipulation of variables [28].

Study Area

This study was conducted in three secondary schools in Enugu, Enugu state. The state is comprised of 17 Local Government Areas (LGAs) with an estimated total population of 3,267,837 [29]. Enugu state is a mainland state in south-eastern Nigeria, its capital is Enugu.

The state is located within the geographic coordinates 6°30'N 7° 30'E and shares borders with Abia State and Imo State to the south, Ebonyi State to the east, Benue State to the northeast, Kogi State to the northwest and Anambra State to the west. Enugu State has a total land area of 7,161 km² and had a population of 3,267,837 people at the Census held in 2006 (National population commission, 2006). The population of the study is domiciled within the area of the study. The population of this study therefore includes all the 1696 Secondary Schools in Enugu State. This consists of 314 public and 1382 private Secondary Schools.

Target Population

The target population comprised all secondary school staff in Enugu state.

Sampling Techniques

A multi-stage sampling approach was used to recruit the participants into the study. As a multi-stage approach, a simple ballot method was used to select three schools (Uwani Secondary School, Maryland Secondary School and Federal Government College Enugu). Secondly, accidental sampling was used to select the required number of participants. The essence of using accidental sampling is that all the staff in the school are qualified to be administered with questionnaire. Hence, the focus was on teachers who were willing to fill out the self-administered questionnaire.

Sample Size Determination

The staff strength of each school was taken into consideration in the sample size. The estimated staff strength was 300 per school therefore ten percent (10%) of the population was drawn from each school. Hence the sample size selected was 31 each with a total of ninety-three (93) secondary school workers (teachers, administrators) from the three selected schools.

Instrument for the Study

The instrument for data collection was developed based on the set objectives and guided by literature review. The content of the questionnaire was designed in simple English language. It consists of sections A, B, C and D. Section A consists of demographic data, while section B, C and C consists of research objectives.

Validation and Reliability of the Instrument

The questionnaire was first presented to two specialists in psychiatry for face validation. It was later given to the project supervisor for further face and content validation. Their inputs and corrections were effected, after which the questionnaire was finally adopted for use. The instrument was pre-tested in a similar and nearby community. The pilot group answered the questions satisfactorily and few corrections were made before it was presented to the study group.

Method of Data Collection

The collection of data was facilitated by two research assistants trained for the study on data collection and management. All the workers were gathered, and the research aim was discussed with them. Only those who consented to the study were given the questionnaire to fill in. For the three schools visited, a total of 95 questionnaires were distributed out of which 93 were retrieved (98% return rate). However, one questionnaire was wrongly filled hence unfit for analysis.

Method of Data Analysis

Ninety-two responses were analyzed. A serial number was assigned to each questionnaire for easy identification and correct data entry. Data entry and analysis was performed using SPSS v 26. Data analysis involved descriptive statistics, which show the mean scores, frequency, and percentage of the respondents.

Ethical Considerations

Ethical approval was sorted and obtained from the Research and Ethical Committee of Enugu State University of Science and Technology. Permission to conduct the study was obtained from Enugu State Ministry of Education. Also, the consent of the principals and the staff of all the selected schools was sorted based on the Declaration of Helsinki 1964.

Results

Findings

Data presented in Table 1 shows poor knowledge across all the listed attributes with regards to knowledge of attributes that increase the risk to adolescent substance use. The poor knowledge of adolescent substance use prevention increased significantly as follows; 88% of the respondents had poor knowledge on

“clear limits and consistent discipline” as against 12% of the respondents who had good knowledge, 96.7% of the respondents had poor knowledge on “supportive parenting that meets child’s needs” as against 3.3% of the respondents who had good knowledge. Other significant differences in knowledge of adolescent substance use among the respondents are 92.4% poor knowledge of “parental involvement in a child’s life” as against 7.6% good knowledge, 95.7% poor knowledge of “strong bond between children and families” as against 4.3% good knowledge, and 93.5% poor knowledge on “Community-wide campaign against drug” as against 6.5% good knowledge. Impliedly, poor knowledge of attributes that increase the risk of adolescent substance use varies with a wider knowledge gap on attributes about micro attributes relating upbringing of the adolescent than macro societal attributes.

Table 1. Knowledge of Attributes that Increase the Risk to Adolescence Substance Use

Knowledge of Attributes that Increase the Risk to Adolescence Substance Use	Good knowledge (%)	Poor knowledge (%)
Inappropriate behavior	41 (44.6)	51 (55.4)
Academic failure	20 (21.7)	72 (78.3)
High performance in exams	24 (26.1)	68 (73.9)
Poor social coping skills	36 (39.1)	56 (60.9)
Association with peers with problem behavior	40 (43.5)	52 (56.5)
Acceptance of drug-abusing behaviors	41 (44.6)	51 (55.4)
Use of wide range of substances in community	39 (42.4)	53 (57.6)
Community wide campaign against drug	6 (6.5)	86 (93.5)
High rate of out of school children	19 (20.7)	73 (79.3)
Presence of dominant substance use	38 (41.3)	54 (58.7)
Easy access to drugs in community	44 (47.8)	48 (52.2)
Widespread poverty	42 (45.7)	50 (54.3)
Indiscriminate dispensing of prescription drugs	43 (46.7)	49 (53.3)
Easy availability of liquor/ tobacco	44 (47.8)	48 (52.2)
Few basic amenities	21 (22.8)	71 (77.2)
Non-attention to use of drugs	40 (43.5)	52 (56.5)
High rate of unemployed youth	43 (46.7)	49 (53.3)
Ineffective parenting	44 (47.8)	48 (52.2)
Disorganized home environment	41 (44.6)	51 (55.4)
Lack of relationship with a caring adult	43 (46.7)	49 (53.3)

Strong bond between children and families	4 (4.3)	88 (95.7)
Parental involvement in a child's life	7 (7.6)	85 (92.4)
Supportive parenting that meets child's needs	3 (3.3)	89 (96.7)
Clear limits and consistent discipline	11 (12.0)	81 (88.0)
Total	734(33%)	1474(66%)

Source: Researcher's Field Survey, 2022

The result in Table 2 shows attitudinal statements of respondents towards knowledge of substance use prevention using likert scale. The items of attitude were accessed using the weighted mean response where an item with weighted mean more than 2.50 were accepted. All the items were accepted, the items with high acceptance include, "Substance use prevention is mostly the responsibility of the parents" (mean score = 3.32), "I can put in more time to my work to promote negative substance use behavior among students" (mean score = 3.05),

and "The school system is a very good setting to foster substance use prevention attitudes" (mean score = 4.37).

Generally, with weighted mean response of 2.91 and standard deviation of 0.89 more than 2.50 mean criterion we accept the measures of attitudinal statements of respondents towards knowledge of substance. This implies that the secondary school staff have more positive attitudinal statements towards knowledge of substance abuse.

Table 2. Attitudinal Statements

Attitudinal Statements	SD (%)	D (%)	A (%)	SA (%)	Mean±Std
Substance use prevention education as an effective tool for health promotion	12 (13.0)	20 (21.7)	47 (51.1)	13 (14.1)	2.66±0.88
I am willing to learn and improve on my ability to guide adolescents' substance behavior	22 (23.9)	19 (20.7)	32 (34.8)	19 (20.7)	2.52±1.07
With or without substance use prevention education, a child will become who s/he is destined to be	3 (3.3)	23 (25.0)	60 (65.2)	6 (6.5)	2.75±0.62
Substance use prevention is mostly the responsibility of the parents	6 (6.5)	16 (17.4)	13 (14.1)	57 (62.0)	3.32±0.98
The school system is a very good setting to foster substance use prevention attitudes	16 (17.4)	14 (15.2)	21 (22.8)	41 (44.6)	2.95±1.14
Substance use prevention services in school will take up time for more useful activities	2 (2.2)	25 (27.2)	51 (55.4)	14 (15.2)	2.84±0.70
I will not be committed to substance use prevention services without extra pay	1 (1.1)	21 (22.8)	31 (33.7)	39 (42.4)	3.17±0.82
I can put in more time to my work to promote negative substance use behavior among students	9 (9.8)	9 (9.8)	42 (45.7)	32 (34.8)	3.05±0.91
Global Attitude					2.91±0.89
Global Attitude in Percentage					72.75%

Source: Researcher's Field Survey, 2022, Note: SA = Strongly Agreed; A = Agreed; D = Disagreed; SD = Strongly Disagreed; Cut off point > 2.50

Data presented in Table 3 shows that the measurement of practice statement using likert scale indicated that all the respondents agreed to all statement entries. The items of attitude were accessed using the weighted mean response where an item with weighted mean

more than 2.50 were accepted. However, all the items were rejected by the secondary school staff. This indicates that the secondary school staff were not in agreement with the underlisted practices.

Table 3. Practice Statements

Practice statements	SA (%)	A (%)	D (%)	SA (%)	Mean±Std.
Plan health education capable of building negative adolescent substance use behavior	5 (5.4)	1 (1.1)	47 (51.1)	39 (42.4)	1.70±0.75
Monitor at risk students for substance use for additional help	2 (2.2)	2 (2.2)	32 (34.8)	56 (60.9)	1.46±0.65
Develop content or curriculum for adolescent substance prevention	3 (3.3)	4 (4.3)	60 (65.2)	25 (27.2)	1.84±0.65
Implement substance use prevention services	9 (9.8)	2 (2.2)	13 (14.1)	68 (73.9)	1.48±0.94
Refer students with aggressive and disruptive behaviour for adequate care	5 (5.4)	8 (8.7)	21 (22.8)	58 (63.0)	1.57±0.86
Follow up students with suspicious and or undesirable behavior	7 (7.6)	8 (8.7)	51 (55.4)	26 (28.3)	1.96±0.82
Support school activities that reduce untoward stress on students	11 (12.0)	12 (13.0)	31 (33.7)	38 (41.3)	1.96±1.01
Encourage teachers to integrate and foster adaptive/ life skills in compatible subjects	14 (15.2)	22 (23.9)	42 (45.7)	14 (15.2)	2.39±0.92
Work with parents towards adolescent substance prevention	16 (17.4)	8 (8.7)	43 (46.7)	25 (27.2)	2.16±1.18
Work with community group, instrument, or representative towards adolescent substance prevention	4 (4.3)	16 (17.4)	44 (47.8)	28 (30.4)	1.96±0.81
Refer students with substance use problems to specialty treatment	1 (1.1)	2 (2.2)	45 (48.9)	44 (47.8)	1.57±0.71
Assess students' readiness to change their risky substance use	3 (3.3)	3 (3.3)	46 (50.0)	40 (43.5)	1.66±1.01
Global Practice					1.81±0.86

Source: Researcher's Field Survey, 2022

Discussion of Findings

Although substance abuse is widespread and affects all social categories, youths are the most affected [1]. This is often propagated by the susceptible factors which characterize youthful period such as stress associated with physiological and physical change, peer-

acceptance and belongingness in school and life in general [16].

Findings from this study shows poor knowledge (33%) of attributes that increase the risk of substance use. Knowledge in the study refers to the features that are capable of predisposing individuals to substance use. These attributes range from behaviour, socio-

economic factors, community setting and academic performance. The poor knowledge recorded in this study could be because of lack of or extinction of programmes that propagate substance use prevention and drug-free campaigns in secondary schools in the study area over a long period of time. The finding of this study was higher than a study conducted by [30] which reported 19%. The difference might be due to variation in sample size and socio-demographic characteristics of the respondents. On the other hand, the result of this study was lower than the studies conducted in Malaysia 77.4% and Iraq 95% [31, 32]. The possible reason for this variation might be due to differences in a school setup, sociodemographic characteristics of the respondents, and variation in the measurement. Although, the previous studies were conducted among elementary school teachers whereas the current study was conducted among both secondary school teachers.

Another finding in this study was that although substance use prevention program exists in the subconscious of the school management in Enugu by the virtue of the inscriptions seen on the school walls reading “say no to drug abuse”, “Substance abuse kills your future”, etc, there is no global strategy to implement substance use prevention in secondary schools in Enugu, Nigeria. none of the teachers indicated knowing about UN Plugged, and indication that global awareness on substance use prevention strategy is still oblivion amongst secondary school workers in the study area. This finding emanates from the inability of the respective guidance counselors in the schools visited to have ever heard of “UN Plugged”. Notwithstanding, UN Plugged has mainly been deployed on a nationwide survey on substance use [10]. Therefore, findings from this study also uphold the tenets of containment theory on the need to strengthen inner containment mechanisms to address illicit substance use amongst secondary school students (see: [26]).

On attitude of the teachers towards substance use prevention, the overall attitude measured was good (72.75%). This finding was in consonant with a study conducted in Debre tabor, Ethiopia (75%) [33], Addis Ababa, Ethiopia (75%) [34], Jatinangor (71.5%) [35], Saud Arabia (67%) [36] and Riyadh (68.4%) [37]. This might be due to the similarities of teachers in academic activities in the school.

This study revealed a total lack of practice of substance use prevention among the teachers. This could be because of cultural diffusion and modernization. Although experience could be a factor as it was reported in a study conducted by [38] that teachers on higher grade levels were more skilled and more effective compared to those on lower levels. It could also be since lower-level teachers easily get overwhelmed with and could not make out time to practice this preventive measures. Although the likelihood of practicing substance use prevention was not taking into consideration in this study, but a study conducted by [39] documented that higher education and married teachers had a good knowledge of preventive practice compared to the those with low educational qualification and unmarried teachers. Higher education and married teachers are about 4 times (OR 3.45; 95% CI 1.71-6.97) and 3 times (OR 2.64; 95% CI 1.37-5.07) respectively odds of having good practicing prevention of substance use.

Conclusion

School workers play a vital role towards substance use prevention in secondary schools because they spend much of their time with students in the school. Teachers are directly involved, school counselors, top management, school health workers and form teachers play special role. Overall, secondary school teachers are part of adolescents’ everyday life and can play an important role in protecting school adolescents from the problem of substance use if they have the necessary skills needed. However, knowledge, attitude and practice

towards substance use prevention is insufficient among a higher proportion of secondary school teachers in Enugu State. Owing to this, gaps have been identified in the knowledge, attitude, and practice of secondary school teachers in Enugu state. Consequently, a need for intervention on preventive measures of substance use is appropriate for secondary school teachers so that they can be able to step down the knowledge to the students and to lead by example.

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