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Building effective school-based substance abuse prevention programs

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Abstract

Substance abuse among children and adolescents has become an epidemic in our society. Therefore, it is important to be cognizant of the reasons for child and adolescent substance abuse as well as to recognize risk factors for use. Many prevention programs have not been research-based and are not appropriate for all populations. Several programs and approaches are reviewed as to whether they will reduce the use of substances. School counselors can improve efforts by combining approaches to create comprehensive and multifaceted programs, which will improve the probability of prevention. Creating school counseling programs will be fundamental in preventing early substance use and abuse.

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BUILDING EFFECTIVE SCHOOL-BASED SUBSTANCE ABUSE

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by

Stephanie M. Juhl

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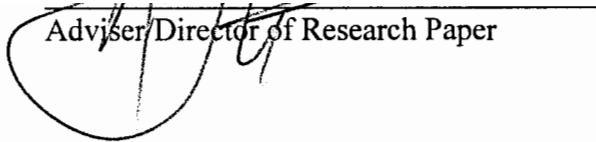Entitled: BUILDING EFFECTIVE SCHOOL-BASED SUBSTANCE ABUSE

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Abstract

Substance abuse among children and adolescents has become an epidemic in our society. Therefore, it is important to be cognizant of the reasons for child and adolescent substance abuse as well as to recognize risk factors for use. Many prevention programs have not been research-based and are not appropriate for all populations. Several programs and approaches are reviewed as to whether they will reduce the use of substances. School counselors can improve efforts by combining approaches to create comprehensive and multifaceted programs, which will improve the probability of prevention. Creating school counseling programs will be fundamental in preventing early substance use and abuse.

Building Effective School-Based Substance Abuse Prevention Programs

While some adolescents experiment with drugs and alcohol, substance abuse and dependence is a serious health issue for other adolescents (Rounds-Bryant, Kristiansen, & Hubbard, 1999). Thirty-three percent of ten-fifteen year-olds stated that drinking was already an occasional experience (Giannetti & Sagarese,1999). Eight percent of sixth-graders, twenty-three percent of seventh-graders, and thirty-three percent of eighth-graders interviewed had tried marijuana (Giannetti & Sagarese,1999). Additionally, 22% of 8th graders have experimented with inhalants (Giannetti & Sagarese,1999). Fisher and Harrison (2000) also recognized adolescent substance abuse as a growing problem. Between 1988 and 1996, the number of daily smokers under eighteen rose seventy-three percent (Giannetti & Sagarese,1999). While these issues remain prevalent in our society, research and practice to dissolve the issue have remained stagnant.

During the course of this paper the author will further define the growing problem of substance abuse among adolescents and propose several risk factors and protective/resilience factors that contribute to their decisions to abuse substances. Furthermore, the author will describe why past prevention programs have failed to meet their goals and why several have even been counterproductive. Additionally, the author will provide the reader with the necessary strategies in creating effective substance abuse prevention programs. Finally, multicultural aspects affecting effective prevention programs will be discussed.

Exploration of the Problem

A study conducted by Giannetti and Sagarese (1999) found that more than half of

eighth graders had tried alcohol in the last year. In addition, three-fourths of thirteen and

fourteen year-olds claimed that alcohol was easy to access and one-fourth of these same

adolescents admitted getting drunk (Giannetti & Sagarese,1999). This survey also

concluded that binge drinking was on the rise; in 1991, thirteen percent of eighth graders

had experience in downing five or more drinks in one sitting and this number increased to

sixteen percent in 1996. In a similar survey in conducted in 1999, Johnston, O'Malley,

and Bachman (2000) found that twenty-four percent of eighth grade students had reported

drinking alcohol in the past month and fifteen percent had engaged in binge drinking.

While it appears that smoking is not as prevalent as drinking, it still remains a

growing concern among adolescents. Johnston, O'Malley, and Bachman (2000) found

that eighteen percent of eighth grade students had smoked cigarettes in the past month

and eight percent of them reported smoking on a daily basis. Analysis of the survey

conducted by Giannetti and Sagarese (1999) showed that thirty-six percent of preteens

and older teens became smokers in 1998.

While substance abuse appears to be a growing epidemic among the adolescent

population, one may wonder why the school system should take responsibility in working

to resolve the issue. The answer is that substance abuse does not remain isolated from the

school environment. In a nation-wide survey given to a representative sample of high

school students, twenty-six percent of students reported using a substance on school

property and thirty-two percent of students were offered, sold, or given illegal drugs at

school (Lowry, Cohen, Modzeleski, Kann, Collins, & Kolbe, 1999). Even if educators could ignore the unhealthy behaviors of their students, they would still remain responsible for physical safety of their students during school and for providing their students with an education. Furthermore, the schools have a duty to provide students with a safe place to grow intellectually, emotionally, and socially.

<div align="center">Analysis of the Substance Abuse Decision</div>

In the aforementioned study of Giannetti & Sagarese (1999) only seven percent of parents believed that their children had been offered drugs or alcohol. Parents and their children also have different explanations for why children use alcohol and other drugs. Parents' explanations of the decision often point outward to something or someone outside their children (Wilmes, 1998). They often push the responsibility of their children's actions onto others, such as the school, their children's peers, the media, law enforcement, and/or other role models. Children described the decision as an internal choice, such as an urge, curiosity or desire for thrills (Wilmes, 1998). Wilmes (1998) described that children often associate with peers who make the same choices about drug and alcohol use as their own. Therefore, children will make their personal choices by their own free will after determining the pros and cons of their situations. While these children are free to make their own choices, prolonged exposure to numerous risk factors or protective/resilience factors may contribute to children learning negative behaviors including substance abuse (Hanlon, Bateman, Simon, O'Grady, & Carswell, 2002).

Risk Factors

Risk factors are associated with problems or deficits within the individual, family,

peers, school, and/or community (Hanlon, Bateman, Simon, O'Grady, & Carswell, 2002; Johnson, Bryant, Collins, Noe, Strader, & Berbaum, 1998; Office of National Drug Control Policy, 2002). It is important to understand the various risk factors because when children exhibit more risk factors, the chances that they will use or abuse alcohol, tobacco, and/or other drugs are also increased (Botvin & Kantor, 2000). Additionally, addressing the risk and protective factors of a population is the foundation for building an effective school-based substance abuse prevention program (Office of National Drug Control Policy, 2002).

Individual risk factors. Although substance abuse is described as a learned behavior it is important to recognize that genetics may have some influence in an adolescents vulnerability to abuse substances. Genetics may play a key role in substance abuse because the code of genetics has contributed to each individual case (Weinberg, 2001). Therefore, if adolescents have a history of family substance abuse they may be more likely to also abuse substances.

Temperament may also contribute to substance abuse. Weinberg (2001) described several personality attributes that may attribute to risk factors. Impulsivity and aggression often predict substance abuse because they are characterized by poor behavioral choices (Office of National Drug Control Policy, 2002; Weinberg, 2001). Sensation-seeking individuals may also be at risk for substance abuse because they often enjoy the physiological responses elicited by substances (Weinberg, 2001). Finally, adolescents who are shy (Office of National Drug Control Policy, 2002), withdrawn and rigid with high activity levels are also more prone to substance abuse because they use them as a

means of escape (Weinberg, 2001).

Psychological and psychiatric factors have also proven to be important risk factors. Disorders, such as oppositional defiance disorder, conduct disorder, and attention deficit hyperactivity disorder often occur along with substance abuse (Weinberg, 2001). Botvin and Kantor (2000) described that the self-efficacy, or belief in abilities to accomplish goals, of adolescents may play a key role in the adolescents decisions regarding substance abuse. If adolescents believe that they are incapable then they will not see a reason for steering clear of dangerous substances. Additionally, other psychological factors, such as low self-esteem (Weinberg, 2001; Botvin & Kantor, 2000; Rounds-Bryant, Kristiansen, & Hubbard, 1999) and poor psychological well-being, are also associated with adolescent substance abuse (Botvin & Kantor, 2000).

The cognitive processes of adolescents can be recognized as risk factors. Adolescents who have "demonstrated impairments in capacities for abstraction, cognitive flexibility, attention, working memory, and goal persistence, which are consistent with deficits in executive cognitive functioning" are more likely to abuse substances (Weinberg, 2001, p. 347). Subsequently, there are also relationships between academic failure, learning problems and substance abuse (Weinberg, 2001). Moreover, the cognitive expectancies or attitudes and beliefs about the use of alcohol, tobacco, and other drugs that adolescents accept as true also may also be deemed as risk factors (Botvin & Kantor, 2000). Adolescents often believe that one drink will not kill them and then they begin to push the limits reinforcing what they already believe. This cycle may begin a downward spiral to substance abuse and dependency.

Adolescents' personal and social skills may also increase their susceptibility towards abusing substances. Decision-making skills are very crucial in this category because ultimately adolescents have to make their own choices (Botvin & Kantor, 2000). This means that adolescents need to build the skills necessary to determine the consequences of their actions so they can make better, more informed decisions about the use of alcohol, tobacco, and other drugs. When adolescents lack appropriate anxiety and anger management skills they are also more apt to abuse substances (Botvin & Kantor, 2000). These individuals will often turn to alcohol, tobacco, and other drugs as a way to deal with these emotions instead of dealing with the problem itself. Poor communication skills are another risk factor because adolescents need to feel accepted by peers (Weinberg, 2001; Botvin & Kantor, 2000; Rounds-Bryant, Kristiansen, & Hubbard, 1999). If adolescents are unable to communicate with peers they are more likely to try to gain acceptance by other means, including the use of alcohol, tobacco, and other drugs. The final personal and social skill that adolescents may lack creating a risk factor is assertiveness (Botvin & Kantor, 2000). Adolescents need to be able to stand up for themselves in saying no to substances, but they must be able to do this in a way that will not demean the person who is offering the substance to them.

The final risk factor for adolescents is their developmental level. During adolescence, individuals often see themselves as invulnerable and have a desire to experiment and push their limits (Vernon, 1999). This is tricky because even though they may understand that there are consequences, they do not see that the rules apply to them because bad things only happen to other people. This thought process coupled with the

fact that peers and being accepted are extremely important at this stage of development

(Vernon, 1999), create the risk for experimenting with dangerous substances.

Family risk factors. Family and the environment created by the family can also

produce risk factors. One factor is even created before birth. Prenatal exposure to

alcohol, tobacco, and/or other drugs is a substantial risk factor (Weinberg, 2001). In such

scenarios, babies are often already addicted to substances before birth and are more likely

to use and/or abuse these same substances in the future.

Parental use of drugs and alcohol is another risk factor that is important to

consider (Botvin & Kantor, 2000; Weinberg, 2001;Office of National Drug Control

Policy, 2002). When parents use and/or abuse alcohol, tobacco, and/or other drugs they

may be sending their children a message that this is typical behavior. The truth is that

children often look up to their parents and when their parents model inappropriate

behavior the children see the behavior as socially acceptable as well.

Other significant issues within the family system may also cause adolescents to be

exposed to a certain amount of risk. Adolescents from families where marital discord or

high levels of conflict are present are also more prone to steer toward substances to deal

with their situations (Hanlon, Bateman, Simon, O'Grady, & Carswell, 2002; Weinberg,

2001, Botvin & Kantor, 2000). Rounds-Bryant, Kristiansen, and Hubbard (1999) also

described disturbed families as being a characteristic of adolescents who abuse substances

and who have become dependent.

Poor parenting skills are also a very important consideration when determining

risk factors. Adolescents whose parents do not monitor their activities are more likely to

abuse substances because they feel that their parents do not care about their actions

(Office of National Drug Control Policy, 2002; Weinberg, 2001; Botvin & Kantor, 2000).

Furthermore, inappropriate discipline practices can also create risk because children may

either feel demeaned if the discipline is harsh or neglected if the parents disregard their

acting out (Weinberg, 2001; Botvin & Kantor 2000).

Peer risk factors. Adolescents want to be accepted by their peers, however they

often choose the types of peers who are most like them including decisions about drugs

(Wilmes, 1998). However, further research by Botvin and Kantor (2000) indicated that

when adolescents believed that use of alcohol, tobacco, and other drugs was the norm and

expected behavior of adolescents that they were more likely to engage in such activities.

Furthermore, associations with peers who abuse substances have been cited as a risk

factor for adolescents to adopt similar behaviors (Weinberg, 2001).

School risk factors. The school is a very influential environment in the lives of

children and adolescents because these individuals spend so much time in the educational

setting. Therefore, when there is availability of substances on or near school grounds is a

risk factor (Office of National Drug Control Policy, 2002). The individuals become more

susceptible to gain access and choose to experiment with these substances when they are

so prevalent. Additionally, this further increases the assumption that use of alcohol,

tobacco, and other drugs is the norm (Office of National Drug Control Policy, 2002).

Botvin & Kantor (2000) also discussed the issue of school bonding as a risk

factor. When students are disengaged with the school environment they have one less

asset to keep them free from substance abuse. Similarly, when students have problematic

school experiences they are more at risk to make poor decisions regarding substances (Hanlon, Bateman, Simon, O'Grady, & Carswell, 2002).

Community risk factors. Communities may also pose some risks regarding substance abuse. The Office of National Drug Control Policy (2002) indicated that communities that lack positive programming regarding academics and recreation pose a risk to children and adolescents. This constituted a risk because the individuals needed some form of programming during the hours that they were not in school. Additionally, inadequate law enforcement can also present a great amount of risk because individuals understand that the laws will not be carried out if substance abuse prevention is not a priority in the community (Office of National Drug Control Policy, 2002).

Ineffective Substance Abuse Prevention Programs

Several strategies have been employed to reduce the increasing numbers of children and adolescents who use/abuse alcohol, tobacco, and other drugs. In the past prevention programs primarily consisted of knowledge-only models and affective only models. Ultimately, these programs have been found to be highly ineffective (Ellickson, 1999). Rosenbaum (1998) stated that analysis of school-base drug prevention found most programs to be most ineffective in achieving their objectives. Furthermore, many prevention programs often produce counterproductive results, meaning that children and adolescents are pushed towards alcohol, tobacco, and other drugs after participating in such programs (Rosenbaum, 1998).

Knowledge-Only Programs

Knowledge based prevention programs are rooted in the assumption that

educating students about the dangerous effects of substances, the students will have a cognitive understanding of their choices and refuse to try these substances out of fear. A study conducted by Wyrick, Wyrick, Bibeau, and Fearnow-Kenney (2001) found that an increase of student knowledge about drugs and consequences did not produce any change in attitudes about drugs or in their related behavior. The information is used as a scare-tactic which is overblown and unrealistic because students know that they are not going to die from trying one cigarette or taking one drink (Sager, 2000). Sager (2000) also stated that the unbalanced, dire warnings given to children and adolescents are often started too late and that adults fail to recognize that most children and adolescents will experiment.

Affective-Only Programs

Affective based prevention programs utilize the attitudes, beliefs, values, and decision-making to steer students away from substances. Such models are often unsound in explanation and prediction of substance use (Werch & Owen, 2002). These programs often fail to meet their objectives because they are not matched with users and nonusers of alcohol, tobacco, and other drugs (Werch & Owen, 2002). Furthermore, these programs consist of resistance skills training, which is only effective for those whose beliefs about acceptability and prevalence of use were conservative (Werch & Owen, 2002).

Research of Ineffective Programs

While the research has indicated that many past programs have failed to achieve their objectives, it still remains essential that research of prevention programs is

conducted. Much of current research is vague and inconsistent. DARE (Drug Abuse

Resistance Education) is one such program that researchers have construed as being

mostly ineffective but somewhat effective in certain urban settings (Rosenbaum, 1998).

Rosenbaum (1998) also determined that the effects of DARE, which combines

psychological inoculation, resistance skills, and personal and social skills, only last short

term. DARE is a program that was employed in seventy percent of all schools in 1996,

yet it offers no consistent preventative effects (Rosenbaum, 1998). Rosenbaum (1998)

determined that many people often confuse the program's popularity with its

effectiveness. Additionally, Ellickson (1999) found that many popular programs have

inadequate information creating problems in determining their effectiveness, these

programs included QUEST: Skills for living, Project CHARLIE, Here's Looking at You,

2000, Project Adventure, B.A.B.E.S., OMBUDSMAN, and Children are People.

Components Needed to Build Effective School-Based Substance Abuse Prevention

Programs

"Multifaceted interventions which included community and school components

affected potential control groups within the community or school" more so than other

interventions (Valentine, De Jong, & Kennedy, 1998, p. 4). Rounds-Bryant, Kristiansen,

and Hubbard (1999) also found that multiple levels of prevention are necessary in order

to decrease student substance use. Therefore, in depth comprehensive programs must be

developed in order to successfully deal with the issue of substance use and abuse among

children and adolescents.

Enhance Protective Factors to Create Resilience

Coker (2001) determined four factors necessary to prevent substance abuse. Students who have a positive and supportive relationship with parents, positive perception of their school climate, relationships with positively influencing peers, and who are involved in the community are less likely to use alcohol and other drugs. Weinberg (2001) claimed that increasing intelligence, enhancing problem-solving and communication skills, creating positive self-esteem, strengthening family relationships, building community connections, observing positive role models, and working on affect regulation also reduces substance abuse. Furthermore, adolescents who have adequate knowledge about alcohol, tobacco, and other drugs and who have discussed beliefs and values related to these behaviors have been proven less likely to abuse substances (Johnson, Bryant, Collins, Noe, Strader, & Berbaum, 1998). Creating resilience by bonding as a family, supporting parents model nonuse, and promoting family involvement in the community have also proven to be effective protective factors (Johnson, Bryant, Collins, Noe, Strader, & Berbaum, 1998). By creating a program that emphasizes building these factors will promote the nonuse of alcohol, tobacco, and other drugs.

Building Comprehensive School Counseling Programs

Classroom guidance. School counselors are essential in creating substance-abuse prevention programs in the schools. Coker (2001) created a program that allowed students to talk about attitudes and beliefs about alcohol and drug use with their teachers, parents, and members of the community. Proactive programs provide students with a

solid foundation, which make their decision not to use drugs much easier. When these programs are implemented across grade levels, they become even more effective. The qualitative evaluation of the students indicated that they found this program to be very beneficial. Students enjoyed generating ideas on making their school a better place, and having safe, private discussions about drugs and alcohol. Students also found it easier to talk to their parents about important issues, and liked creating a family drug use policy. Furthermore, quantitative research also indicated that students had built better relationships with their parents, school, and community.

The goal of classroom guidance in a preventative model is to assist students in formulating healthy ways to deal with issues that they will inevitably face. Therefore, students need to be given opportunities to build life and social skills, including decision-making, peer resistance, coping, problem solving, and communication (Office of National Drug Control Policy, 2002). Furthermore, using interactive techniques that focus on critical thinking can promote life skills and substance refusal skills (Office of National Drug Control Policy, 2002). Other preventative strategies that were found to be collectively effective included discussing normative beliefs, lifestyle incongruence, commitment to live drug free, consequence beliefs, resistance skills, goal setting, decision making, self-esteem building, stress management, and social skills (Wyrick, Wyrick, Bibeau, and Fearnow-Kenney, 2001). Perkins (2003) also found the social norms model to be promising; when students receive information about the actual norms of their peers they will be less likely to use substances. Mayer (2000) also determined that cooperative learning allows students to take responsibility for managing their own behaviors.

Johnson, Bryant, Collins, Noe, Strader, and Berbaum (1998) also supported affective education because it provides growth through self-awareness, self-esteem, self-disclosure, sharing feelings, and interpersonal communication.

Parent programs. Parent programs can be set up in the community to deal with issues such as substance abuse. Wilmes (1998) discussed how parents need to teach their children life skills in order to prepare them to deal with the real world; these included feeling processing skills, decision-making skills, skills for establishing positive behavior, mood-maintenance skills, communication skills, and refusal skills. They can teach these life skills by modeling, using reinforcement, exercising consistency, practicing, allowing for mistakes, and being patient. Children need to know how to use feeling processing skills by being able to identify, own, and express their feelings. They also need to know how to weigh the pros and cons of their choices in order to make decisions. Additionally, children must be able to maintain positive attitudes so they can choose appropriate behaviors. Next, they need to recognize that their mood is related to the feelings, decisions, and behaviors that they choose. Diet, sleep, exercise, and relaxation can also maintain moods. Communication skills are important for youngsters so they can build healthy interpersonal relationships and steer clear of drugs and alcohol. Communication should be active and facilitative so they can better understand others by observing their feelings and body language. Finally, children need to learn how to use refusal skills by being assertive. Confidence and assertiveness in refusing drugs and alcohol lets others know they are serious without alienating them. Parents also need to prepare their children for dealing with the real world by meeting their needs of self-esteem, self-reliance, self-

respect, and satisfying relationships with others (Wilmes, 1998).

Wilmes (1998) also determined that setting limits for children is a very important component in the job description for parents. The process of setting limits has been neglected in recent years, but it is important because limits ultimately protect children. These limits must be clear; posting the limits may be necessary. The limits must also depend on the level of trust children have earned, the age of the children, and they must not infringe on the basic needs of the children including, privacy, socialization, work, independence, and the opportunity to take reasonable risks. These limits will be tested, therefore parents must be ready to enforce the limits with effective consequences. These consequences should be related to the limit that was broken. They should be reasonable, timely, consistent, and enforced calmly without anger.

Wilmes (1998) also found that building a family spirit by creating structure is also invaluable for children. This creates a supportive and loving atmosphere where children can grow and learn to make appropriate choices. Children need to be able to define themselves as part of a family in order to gain a sense of belonging. One way of showing family support is to implement the use of a family calendar. He described a calendar that includes each family member's schedule, so that everyone knows who will be home when. Family activities and events of each individual and what the family will be doing together should also be included. Additionally, special family events should be planned. This schedule will improve communication while allowing all members to feel as if they are an important part of the family.

Hanlon, Bateman, Simon, O'Grady, and Carswell (2002) also agreed that

engaging parents to become a part of the school could work to decrease substance abuse among children and adolescents. Additionally, they found that family counseling initiatives have also proven effective.

Peer helpers. Myric, Highland, and Sabella (1995) discussed a lot of early skepticism about the effectiveness of peer helpers, however research has now indicated that peer helpers are very useful. Researchers also determined that peer helpers were related to an increase in student academic achievement. Additionally, efficient study skills, self-concept, and school attitudes were affected positively. Finally, classroom behavior became more desirable due to less aggressive behavior in the classroom. Many of these effects are related to protective and resilient factors causing peer helpers to be an useful tool in prevention programs. Additionally, Black, Tobler, and Sciacca (1998) also found interactive programs like peer helping to be effective in reducing drug use.

Community Initiatives

In order to combat the problem of adolescent substance abuse from all arenas the community must also send a clear message that it is not acceptable for adolescents to use alcohol, tobacco, and other drugs. Hanlon, Bateman, Simon, O'Grady, and Carswell (2002) describe one such initiative as being mentoring programs. These programs offer youth and adolescent positive role-models at the early stages of their development. Children and adolescents often feel comfortable talking with their mentor about such issues. The program's director also offers the mentors group topics so they have a blueprint for how to spend time with the children and adolescents.

The Office of National Drug Control Policy (2002) also offered some suggestions

for involving the community. Adolescents who have bonded with pro-social institutions are less likely to abuse substances. Therefore involving churches, businesses, and other organizations would also prove beneficial. The message that substance abuse is intolerable needs to involve everyone. Therefore, police, parents, businesses, organizations, and other community members need to reinforce this belief through modeling and using other media to exemplify this message.

Current Effective Substance Abuse Prevention Programs that are Appropriate for All

Populations

The author recognizes that building an effective school-based prevention program is a difficult task and that there is often not enough time. In creating a program, one must be cognizant of the available research of whether the program is appropriate for all populations. Several programs have been researched as effective to offer a sound starting point in building a prevention program. Life Skills Training (Manisses Communications Group, 2003; Botvin & Kantor, 2000; Ellickson, 1999), Project ALERT (Manisses Communications Group, 2003; Ellickson, 1999), and Strengthening Families Program (Manisses Communications Group, 2003).

Implications

It is apparent that the problem of youth substance abuse is not going to go away. There are no simple answers to such a complex problem. While it is clear that more research need to be conducted in this area, counselors cannot wait for answers. In order to make any gains in trying to combat this problem, counselors must develop multifaceted programs and follow up with evaluations of their effectiveness.

These programs should start by trying to reach younger populations. Additionally they should, integrate several models to create multidimensional and comprehensive programs to increase the probability for effectiveness. The school needs to work with the community and the parents in order to establish a holistic anti-drug message. Furthermore, initiatives in the school need to include resistance and life skills, social norms, realistic advice on drugs, affective education, and active learning.

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