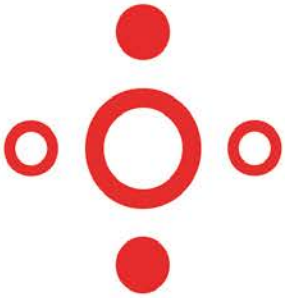
Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group



Initial clinical management of nicotine withdrawal in adults in secondary care

November 2024

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Contents

List of abbreviations

Abbreviation	Definition
Vapes	Electronic nicotine delivery system / electronic cigarettes / electronic nicotine delivery systems (ENDS)
GP	General practitioner
NCSCT	National Centre for Smoking Cessation and Training
NRT	Nicotine replacement therapy
PETS	Pharmacist enabling and therapeutic switch
PRN	When required
HMQ advisor	Help Me Quit (HMQ) advisor
SmPC	Summary of Product Characteristics
WNCR	Welsh Nursing Care Record

1.0 Policy statement

This document provides information and guidance on the initial clinical management of nicotine dependence using nicotine replacement therapy (NRT), in adults who are admitted for short-, medium- or long-term stays in secondary care. An adult is anyone over the age of 18 years.

Nicotine dependence can be defined as when somebody needs nicotine (for example, through cigarettes, vapes or e-cigarettes) and can't stop using it[1]. Symptoms of nicotine withdrawal can include unpleasant physical and mental changes such as cravings, irritability, anxiety, diarrhoea or constipation[1]. Nicotine dependence is assessed by reviewing a patient's medical history and asking questions such as how many cigarettes they smoke, or how much they use their vape (for example, number of cartridges per day), and how soon after waking they have their first cigarette or use their vape[2].

Note: All NRT is licensed for use in both adults and children over 12 years of age, at the same dosages, but additional consent procedures may be required for those aged under 18 years. Please refer to local policies around consent of adolescents.

Non-nicotine based oral pharmacotherapies should only be initiated following a full smoking cessation assessment, including assessment of nicotine dependency. For more information on how to assess nicotine dependence please refer to the All Wales Guide: Pharmacotherapy for smoking cessation[3].

Although the primary aim of this policy is to offer guidance for inpatients, it also covers visitors, outpatients and staff. The use of non-nicotine based oral pharmacotherapies for smoking cessation is not covered by this policy.

This guideline also aligns to the Help Me Quit (HMQ) in hospital programme, which is an end-to-end smoking cessation pathway for secondary care settings in Wales. The aim of the programme is to maximise the opportunity presented by a hospital admission, for healthcare professionals to support people who smoke to manage their nicotine withdrawal, abstain from smoking (to comply with smoke-free law on hospital grounds), and to motivate and support a quit attempt - with the help of the HMQ Smoking Cessation Services.

2.0 Introduction

From 1 March 2021 it is illegal to smoke on hospital grounds across Wales (with the exemption of mental health units)[4]. As part of local enforcement strategies, some health boards have also chosen to prohibit the use of vapes on hospital grounds. Therefore, it is important that adults with a nicotine dependence are provided with, or signposted to, pharmacotherapy and/or behavioural support to manage the symptoms of nicotine withdrawal.

This applies to people with a nicotine dependence, in the following categories:

- inpatient
- outpatient
- visitor
- staff.

3.0 Inpatients

All patients who are admitted to a ward should be asked about their smoking status (current smoker; ex-smoker; vaper or e-cigarette user; non-smoker [history unknown]; never smoked; or not stated). Help Me Quit advise, in their minimum service standards, that current smoking status is recorded in all patient records, where possible, with a minimum standard of 90%. This is the responsibility of all staff. The initial assessment of their smoking status needs to follow the steps below.

Note: for health boards using the Welsh Nursing Care Record (WNCR) the section about smoking status also allows the documentation of vaping.

3.1 Initial assessment[5]

- **Ask** patients if they smoke. If they do not smoke no follow up is necessary; if they do smoke determine the type and amount consumed daily.
- **Assess** their pharmacotherapy needs based on the information provided (see Figure 2).
- **Advise** them on the health effects and benefits of stopping.
- **Act:** offer and consider prescribing patients nicotine replacement therapy to help the patient cope with nicotine withdrawal (for inpatients, prescribe for the duration of their stay and a minimum of 2 weeks on discharge if willing to make a quit attempt). Note: patients who request or are interested in trying an oral agent as part of a quit attempt should be referred to either a Help Me Quit (HMQ) advisor, doctor or prescribing pharmacist.

3.2 Managing smoking in patients

Patients who smoke and are admitted to hospital will have one of three options:

1. To use their admission as an opportunity to quit smoking using pharmacotherapy and referral for behavioural support for their quit attempt. These patients will receive pharmacotherapy whilst in hospital and for a minimum of 2 weeks on discharge from hospital.
2. To receive NRT to manage withdrawal symptoms while in hospital but to continue to smoke once discharged. These patients will not receive NRT on discharge from hospital.

3. Not to be provided with NRT while in hospital to manage their nicotine withdrawal symptoms or on discharge. This is a patient's choice.

Behavioural support will be through the on-site HMQ advisor whilst in hospital and continued upon discharge through outpatient appointments with the HMQ advisor in the community accessed through the online e-referral to Help Me Quit, depending on what is available locally.

Whether the patient is choosing to start a quit attempt or not, NRT should still be offered to manage the patient's nicotine withdrawal symptoms while they are in hospital. This is in line with the HMQ minimum service standards, whereby at least 80% of people who smoke should receive at least one offer of stop smoking support in a given period of engagement.

The fact that patients are unable to smoke whilst in hospital provides an opportunity for healthcare staff to provide brief interventions to encourage patients to consider stopping or reduce their smoking.

4.0 Roles and responsibilities

Please also refer to local Smoke-Free Environment Policies.

On admission to a health board, the smoking status of all patients should be obtained and **documented** in the relevant section of the patient's medical notes. For example, in the breathing section of the Welsh Nursing Care Record.

All staff should be encouraged to undertake brief intervention training to support local smoke-free environment policies. Training can be provided by the HMQ advisors on a rolling program, or locally through HMQ. Please refer to local guidance. There is also All Wales training available through ESR, and e-learning training from the National Centre for Smoking Cessation and Training (NCSCT) and the Specialist Pharmacy Service (SPS) resource: considering drug interactions with smoking.

The smoking status of the patient can be obtained by following the procedure outlined in Section 3.1: Initial assessment.

The following roles and responsibilities are illustrated in Figure 1.

4.1 Nursing staff

- Obtain a smoking history on admission (current smoker; ex-smoker; non-smoker [history unknown]; never smoked; not stated, or currently vaping). For an ex-smoker state how long.
- Inform patient that there is no smoking (or vaping, depending on the local hospital policy) on the hospital site.
- Refer patients who smoke to an HMQ advisor.
- Ensure that the patient receives NRT within 4 hours, if requested and appropriate, in order to manage their nicotine withdrawal symptoms.
- Ensure NRT medications are readily accessible 24 hours a day, seven days a week; i.e. not locked away in the patient's medication locker.

- Encourage people who smoke to consider a quit attempt and refer them to an HMQ advisor, where available, whilst in hospital or refer to Help Me Quit for follow up upon discharge in the community (http://www.helpmequit.wales/).
- Monitor people who smoke for withdrawal symptoms and refer all patients (with or without treatment with NRT) who are struggling with their nicotine withdrawal symptoms (listed in Section 8) to a prescriber, pharmacist or the HMQ advisor for further support.

4.2 Prescribers

- Reinforce the smoke-free policy for people who smoke on hospital grounds and advise them where they can access support.
- Prescribe initial NRT. Guidelines for prescribing NRT are given in Figure 2.
- Refer patients for behavioural support through an HMQ advisor, if available, or to Help Me Quit for follow-up upon discharge.
- If NRT has been initiated then the inpatient medication administration record should be endorsed in the special instructions box with either **Quit Attempt**, for those patients who are trying to give up smoking long term, or **Withdrawal Management**, for those patients who only wish to have NRT support while they are inpatients.
- For patients who are smoking more than 10 cigarettes a day, “additional when required” NRT will also be needed (see Figure 2) and the patient should have a supply of the “when required” medicine at all times.
- Patients who express an interest in using a non-nicotine based oral pharmacotherapy that is not nicotine-based must be referred to an HMQ advisor (where available) or through the Help Me Quit professional referral form (online) indicating that access to a service that can prescribe these medications is required.
- Ensure smoking cessation medications are added to the patient’s discharge summary with a minimum of 2 weeks’ supply.

4.3 Pharmacy staff

- Reinforce the smoke-free policy for people who smoke on hospital grounds and advise them where they can access support.
- Ensure NRT is available.
- Support patients, by counselling on correct use and compliance with NRT, monitoring of side effects and checking for signs of nicotine withdrawal.
- Add or amend NRT treatment(s) to the inpatient medication administration record, based on the patient’s needs and preference in accordance with the *All Wales Pharmacist Enabling and Therapeutic Switch (PETS) Policy* (pharmacists only).
- Refer people who smoke, and wish to make a quit attempt, to an HMQ advisor whilst an inpatient.
- Ensure patients receive an adequate supply of smoking cessation medication at discharge (minimum of 2 weeks’ supply) to cover until a follow-up appointment in accordance with their chosen treatment plan.
- Ensure patients have follow-up support as necessary by referring them to an HMQ advisor or the community stop smoking services through the Help Me Quit professional referral form (online). This can also include Discharge Medication Reviews (DMRs) and community pharmacy services. Check with the patient or nurse whether this has been done.
- Document follow-up arrangement following discharge.

4.4 Help Me Quit (HMQ) advisors

HMQ advisors are available on specific days and times at different hospitals (please refer to local hospital guidance).

- Reinforce the smoke-free policy for people who smoke on hospital grounds and advise them where they can access support.
- Receive referrals for supporting people wishing to quit smoking.
- Provide one-to-one support or group therapy when appropriate, in line with HMQ minimal service standards.
- Deliver intensive behavioural support counselling alongside pharmacotherapy provided by pharmacists (through *All Wales PETS Policy*), doctors and independent prescribers.
- Assess patient and review pharmacotherapy options.
- Advise prescriber or pharmacist if changes in pharmacotherapy are needed.
- Discuss follow-on options post-discharge to ensure a seamless transfer of care between hospital and community for people who smoke. Make sure they have a supply of NRT and a referral to HMQ where appropriate.
- Collect and record data to measure effectiveness of service.
- Establish a good working relationship with ward staff and provide support when requested as appropriate.

4.5 Clinical Leads

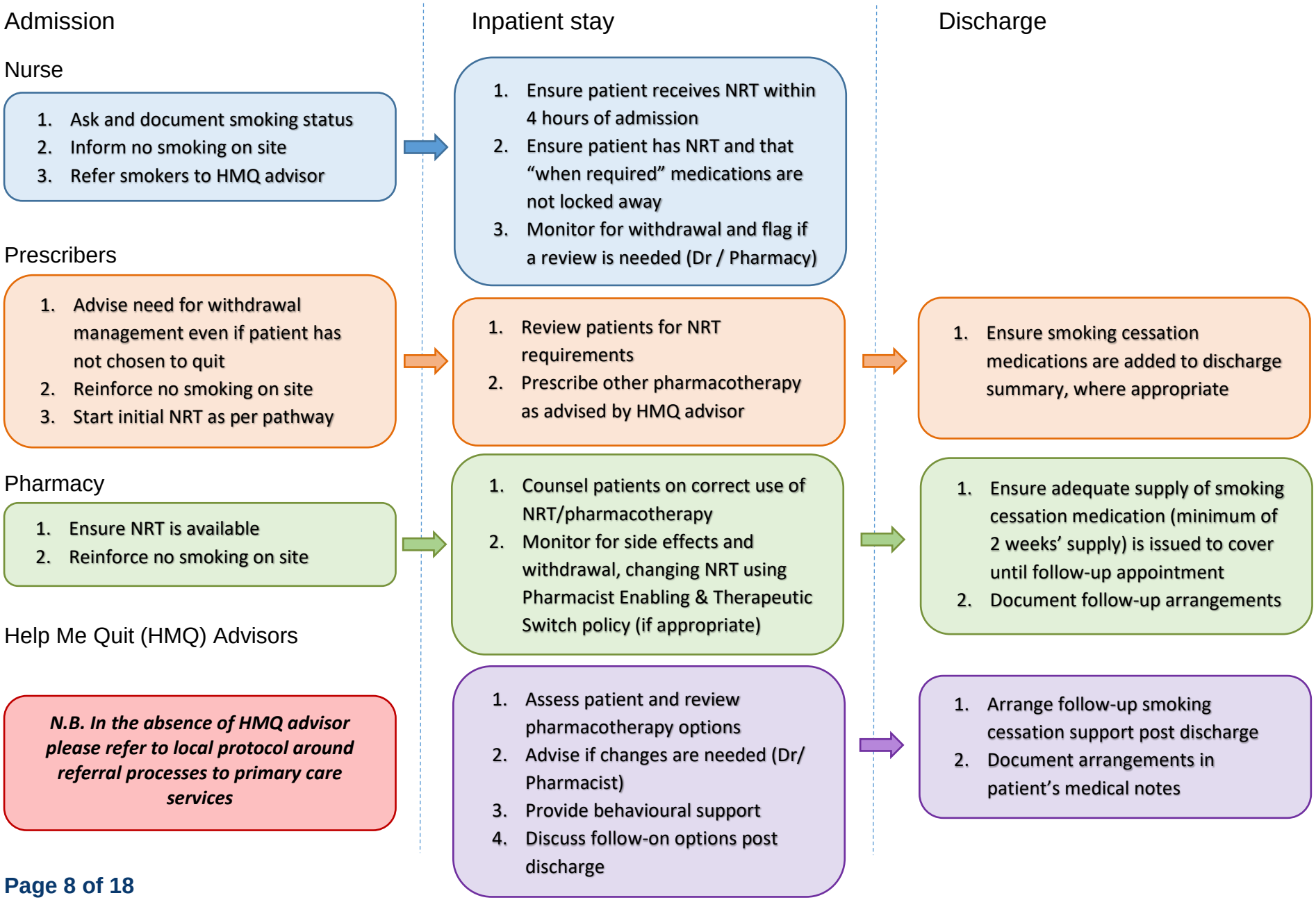
A Clinical Lead is usually a Consultant with the health board, with specialist knowledge of smoking cessation, who supports the secondary care service from a clinical perspective.

- Reinforce the smoke-free policy for people who smoke on hospital grounds and advise them where they can access support.
- To support prescribers and HMQ advisors with advice on adverse effects of NRT and potential cautions for its use in given clinical situations (for example, acute unstable cardiac conditions)[6].
- Collect and record data to measure effectiveness of service.
- Establish a good working relationship with HMQ advisors and provide support when requested as appropriate.

4.6 Managers and Executives

- Reinforce the smoke-free policy for people who smoke on hospital grounds and advise them where they can access support.

Figure 1: Roles and responsibilities flow chart



5.0 Nicotine replacement therapy (NRT) prescribing

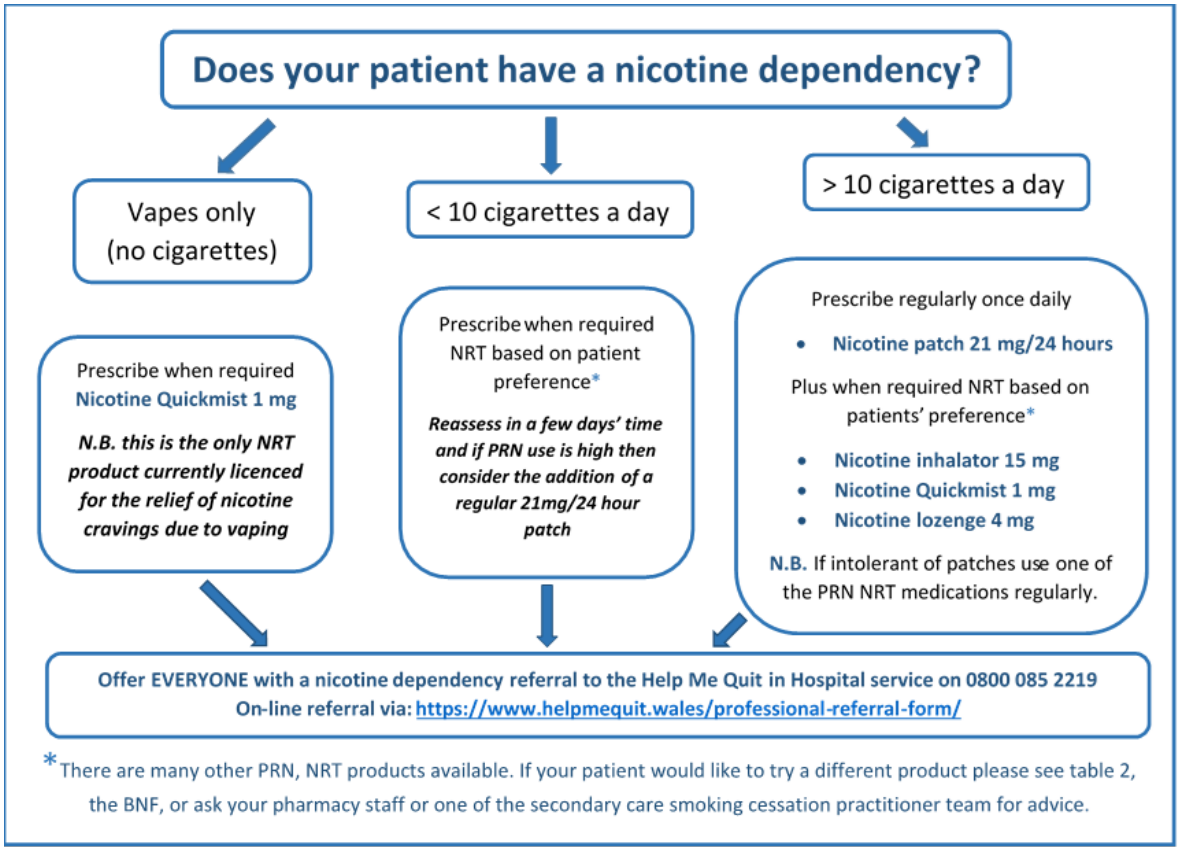
5.1 Initial prescribing of NRT

Note: This document is intended for patients who are admitted and are not already using pharmacotherapy for smoking cessation, are vaping and cannot do so while in hospital, or who are not optimised or require more help with their quit attempt. All pre-admission medications should be prescribed as part of the patient's regular medications.

All patients require a complete assessment and a treatment plan, which should be based on withdrawal symptoms and dependency. However, at the point of admission to hospital this is not always possible, and the patient needs medication urgently to prevent withdrawal. The flowchart in Figure 2 can be followed but doesn't replace the need for a complete assessment. This applies whether they are starting a quit attempt or not.

When NRT is to be administered, the inpatient medication administration record must be endorsed with either **Quit Attempt** or **Withdrawal Management**.

Figure 2: Initial prescribing of NRT



For patients who vape and smoke concurrently, use the number of cigarettes as a starting point in the flow chart and monitor for withdrawal symptoms.

N.B. If the patient is experiencing sleep disturbance or nightmares, 24-hour patches can be placed on in the morning and removed at night.

5.2 Calculating number of cigarettes a day

Not all patients who smoke will smoke cigarettes; some will smoke cigars, pipes or rolling tobacco. Before prescribing NRT the equivalent number of cigarettes a day that the patient is smoking must first be established and documented. Table 1 can be used to convert the amount of tobacco product the patient smokes into an equivalent number of cigarettes a day.

5.2.1 Rolling tobacco

If a person can't tell you how many roll-ups they smoke per day, the following may help. Each 25 g (1 oz) of tobacco is approximately equivalent to 50 cigarettes. Ask the person how many ounces of tobacco they smoke per day or per week, then calculate the cigarette equivalents.

5.2.2 Cigars

One small size cigar is equivalent to approximately: **1.5 cigarettes**, a medium size cigar to **2 cigarettes** and a large cigar is equivalent to **4 cigarettes.**

5.2.3 Pipes

One bowl of tobacco is roughly equivalent to 2.5 cigarettes. Take the total number of bowls of tobacco smoked per day and multiply by 2.5 for example, 4 bowls of tobacco is equivalent to 10 cigarettes.

5.2.4 Vapes

Because of variation in concentration and the varying size and volumes of cartridges of vaping liquids, an equivalent cannot be made for vapes[7].

Table 1: Guide to work out cigarette equivalents of tobacco smoked[8]

Amount of tobacco smoked	Equivalent number of cigarettes smoked
25 g (1oz) of rolling tobacco	**=** approx. **7 cigarettes** a day **=** approx. **50 cigarettes** a week
1 small size cigar	**= 1.5 cigarettes**
1 medium size cigar	**= 2 cigarettes**
1 large size cigar	**= 4 cigarettes**
Pipes: One bowl of tobacco	**= 2.5 cigarettes**

For patients who have reduced the number of cigarettes smoked per day in the days before their admission to hospital (due to being unwell), the initial NRT should be calculated using the current number of cigarettes smoked per day. With a note that these patients may require up-titration of their NRT depending on individual patient response, to cover the number of cigarettes they were previously smoking per day.

Patients not showing nicotine dependence may choose not to have NRT; this should always be the patient's choice.

5.3 Additional when required (PRN) prescribing of NRT

For patients who are prescribed regular NRT (either for a quit attempt or for withdrawal management) an assessment should also be made to establish what additional, when required (PRN) NRT is needed to deal with cravings and withdrawal symptoms. It is well established that patients are more successful when given regular and PRN NRT together[9]. See Table 2.

5.4 Pre-quit nicotine products

Most NRT products currently available are now also licensed as pre-quit NRT. The following standard statement is contained within their Summary of Product Characteristics (SmPC):

> "Indicated to aid smokers wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them."

The exceptions to this are the nasal spray and a few of the low-dose oral products. In general, patients requiring the lower dose products do not smoke large numbers of cigarettes per day and so a pre-quit approach is not usually appropriate.

5.5. NRT for patients using vapes

Nicorette QuickMist 1 mg oral spray is the only product licensed for: "relief and/or prevention of craving and nicotine withdrawal symptoms in nicotine dependence, such as those arising from the use of tobacco or electronic cigarettes[10]."

Table 2: Guidance for prescribing additional when required NRT

Product	Preparations	Dosing regimen	How does it work?	Benefits	Cautions	Side effects
Chewing gum	2 mg, 4 mg Available in a variety of fruit and mint flavours	***<20 cigarettes per day*** 2 mg gum when urge to smoke ***>20 cigarettes per day*** 4 mg gum when urge to smoke	Nicotine is absorbed through lining of mouth when gum rested between cheek and gum	People who smoke are concerned about gaining weight and want something to do instead of smoking (Not suitable for use with dentures)	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth Unpleasant taste Excessive salivation May stick to dentures
Lozenge	1 mg, 2 mg, 4 mg Available in mint flavours only	***<20 cigarettes per day*** 1 mg/2 mg lozenge every 1–2 h when urge to smoke ***>20 cigarettes per day*** 4 mg lozenge every 1–2 h when urge to smoke	Nicotine is absorbed through lining of mouth when gum rested between cheek and gum and dissolved.	People who smoke are concerned about gaining weight and want something to do instead of smoking	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth Unpleasant taste Excessive salivation
Mini Lozenge	2 mg available in mint and fruit flavours, and 4 mg available in mint flavour only	***<20 cigarettes per day*** 2 mg lozenge every 1–2 h when urge to smoke ***>20 cigarettes per day*** 4 mg lozenge every 1–2 h when urge to smoke	Nicotine is absorbed through lining of mouth or tongue	People who smoke looking for discreet and fast craving relief	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth

Product	Preparations	Dosing regimen	How does it work?	Benefits	Cautions	Side effects
Sublingual tablet	2 mg tablet	***<20 cigarettes per day*** 1 tablet per hour (increase to 2 per hour if necessary) ***>20 cigarettes per day*** 2 tablets per hour	Nicotine is absorbed through lining of mouth or tongue	People who smoke looking for discreet and fast craving relief N.B. microtabs are original flavour	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth Unpleasant taste (if using microtabs)
Inhalator	15 mg cartridge	When the urge to smoke occurs or to prevent cravings	Nicotine vapour is absorbed directly through lining of mouth (lasts 40 minutes)	People who smoke looking for a substitute for the hand-to-mouth action of smoking	Take care with obstructive lung disease or chronic throat disease	Sore throat Dry mouth
Nasal spray	500 micrograms spray	1 spray in each nostril when urge to smoke Up to 2 sprays per nostril per hour	Nicotine is absorbed through lining of nose	People who smoke unable to use oral products or have experienced side effects with oral products	Can aggravate asthma in some patients	Nasal irritation (usually temporary) Cough Sneeze Eye irritation
Oral spray	1 mg metered dose Available in cool mint or cool berry flavours	1–2 sprays in mouth when urge to smoke/vape or to prevent cravings[10]	Nicotine is absorbed through lining of mouth (quick acting – 60 seconds)	People who smoke looking for discreet and fast craving relief. Nicorette QuickMist is the only product licensed to relieve or prevent craving and nicotine withdrawal symptoms in nicotine dependence from vapes or e-cigarettes.	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Sore throat and hiccups if sprays at back of throat Excessive salivation Watery eyes

6.0 Behavioural support and advice

Advice should be provided to all patients prescribed NRT on the signs and symptoms of nicotine withdrawal.

Nicotine withdrawal signs and symptoms include:

- urges
- anxiety or depression
- aggression
- increase in appetite
- inability to concentrate
- sleepiness or sleeplessness
- mouth ulcers
- constipation.

The signs and symptoms of nicotine withdrawal can sometimes be viewed as a side effect of NRT products. Therefore, it is important that the patient is counselled on the withdrawal signs and symptoms of nicotine, in order to prevent non-compliance with NRT products.

Patients should be advised that most warnings for NRT also apply to continued smoking, but the risk of continued smoking outweighs any risks of using NRT. This advice should be given at the point of prescribing, but can be reiterated by the prescriber, HMQ advisor, nurse or the pharmacist responsible for the patient.

7.0 Additional prescriber support for complex patients

For patients who are smoking greater than 20 cigarettes or equivalent a day (or are experiencing difficulties), please refer to one of the HMQ advisors or a healthcare professional with a specialist interest in smoking cessation.

8.0 Discharge process

Patients making a quit attempt should receive at least 14 days' supply of smoking cessation pharmacotherapy or enough to last until the first follow-up appointment with a smoking cessation service. The quit attempt and medication prescribed in hospital should be documented on the patient's discharge medication report along with any follow-up arrangements. The patient should be advised that smoking cessation services are provided through Help Me Quit (including referral to Community Pharmacy services) and that contact should be made to these services through Help Me Quit (see Section 9) rather than contacting GP surgeries.

For patients who have decided not to start a quit attempt and have been treated with NRT for nicotine withdrawal only (during their inpatient stay), no supply of NRT shall be provided on discharge.

9.0 Additional patient support on discharge

For patients who are attempting to stop smoking long-term and have started their quit attempt during their hospital stay, it is important that supply of medication and behavioural support is available seamlessly upon discharge. This can be either by follow-up outpatient appointments with the HMQ advisor or by referral to the Help Me Quit service by a healthcare professional through the website: https://www.helpmequit.wales/professional-referral-form/

"*Passport to smoke free*", the patient's quit manual, can also be provided from ward level before discharge. If referring through the Help Me Quit professional referral form, you must indicate if the patient has started a quit attempt during their hospital stay, because not all services can accept someone that has already started a quit attempt.

10.0 Outpatients

When attending outpatient appointments all patients should be asked if they smoke and offered brief intervention advice. Where the appointment is at a pre-admission clinic, information should be provided about the smoke-free status of the hospital in preparation for their admission.

Should they wish to start a quit attempt a referral can then be made to an HMQ advisor through the website: https://www.helpmequit.wales/professional-referral-form/.

When a patient has already been seen as an inpatient by an HMQ advisor, every effort should be made to combine outpatient follow-up appointments with smoking cessation appointments.

For patients who have been referred to an HMQ advisor, following the assessment (where appropriate), an initial supply of NRT should be provided by the HMQ advisor. This is to ensure continuity of supply until a primary care supply is available.

11.0 Visitors

When a visitor to the hospital site (inpatient setting or outpatient setting) expresses an interest in starting a quit attempt, any member of hospital staff can signpost to local services, such as Help Me Quit.

If the visitor is with a patient during their smoking cessation assessment (such as a family member) then advice may also be provided to the visitor at the same time.

12.0 Staff

With a change to the status of smoking on hospital sites, consideration should be given to staff who smoke, on how to manage nicotine dependency and withdrawal during shifts. Nicotine dependence is a recognised chronic disease and staff should not be expected to abstain during working hours without support of some kind.

Trade unions do not support discretionary breaks being used for “smoking breaks”. Discretionary breaks should be taken on site. The All Wales Uniform policy makes reference to providing a professional image to promote public confidence[11]. This has been expanded on in local health board policies to indicate that staff should not smoke while in uniform. If staff are changing out of their uniforms to leave the hospital site during a shift to smoke, then this should be done during an unpaid break. Consideration for a mechanism to support staff should take place locally. One possible consideration could be to provide NRT for the duration of the shift, but this is a decision that should be discussed and agreed at a health board level.

The cost of provision of NRT during a shift is outweighed by the working time lost in allowing staff to change and then leave the hospital grounds, in order to smoke.

13.0 Training

13.1 All staff

Recommended UK-accredited smoking cessation training is provided by the National Centre for Smoking Cessation and Training (NCSCT). The NCSCT Online Smoking Cessation Training is open for all professional staff[5]. This includes nursing, pharmacy staff and prescribers. The training includes Very Brief Advice, Brief Intervention, Level 2 and Stop Smoking Medication Training for anyone providing stop smoking support and can be accessed through: http://elearning.ncsct.co.uk/wales.

Please note the HMQ advisors are also available to provide departmental training in addition to the HMQ training available through ESR.

13.2 Prescribers

During induction all new prescribers to a health board must be made aware of the following:

- **Smoke Free Environment Policy for their health board**
- **All Wales Guide: Pharmacotherapy for smoking cessation[3]**

13.3 Help Me Quit (HMQ) advisor training

HMQ advisors are specifically trained and come under the requirements of the service manual and Minimum Service Standards.

An additional guidance document will be given to all HMQ advisors for the assessment of cautions, medication and disease interactions with the use of NRT, in people who smoke and have co-morbidities and those under 17 years of age.

Each health board should have a designated clinical lead as a point of escalation for complex smokers where additional clinical advice is required.

14.0 Access to NRT within the secondary care setting

To ensure timely and consistent treatment with NRT, all settings where people who smoke are seen and assessed should have a basic stock of pharmacotherapy to aid smoking withdrawal symptoms.

Each health board should have an allocated person within the pharmacy department, who is responsible for ensuring there is adequate stock, and that product lists and stock lists are updated in line with All Wales contract changes and product changes.

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