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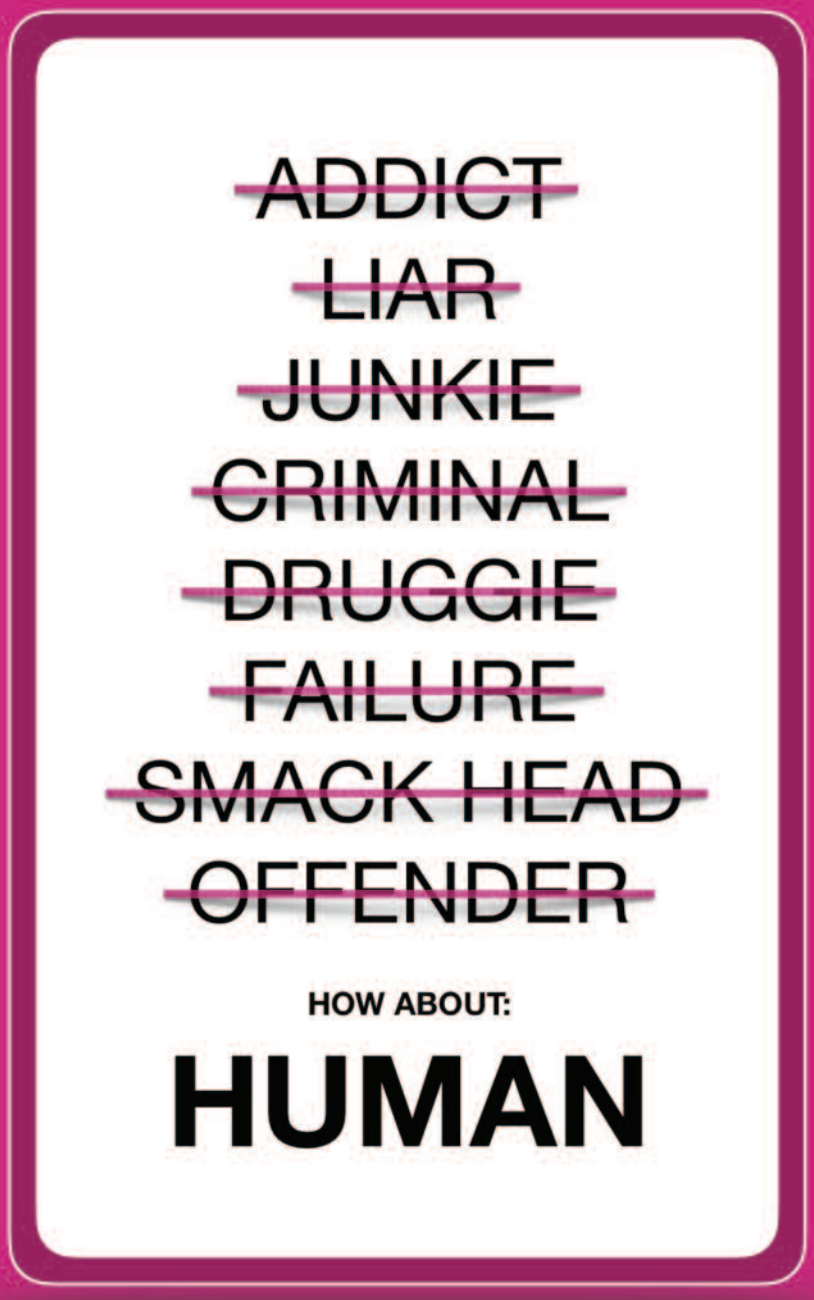

Special Edition

Recovery in Prison

Promoting Recovery in Prison

The Holme House Approach

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Background

In May 2016, Prime Minister David Cameron and the Secretary of State for Justice, Michael Gove, proudly announced the 'biggest shake up of prisons since Victorian times'. Six reform prisons were named to test new ways of working. HMP Holme House in the North East of England was one of the six prisons. The Governor was offered extended freedoms to manage the prison in order to focus on big social reforms that would extend life changes and opportunities for all. No longer would prisons be warehouses for criminals; they were to be places where lives are changed.[1]

Later that year an idea was proposed. By pooling resources from the Department of Health (now Department of Health and Social Care) and the Ministry of Justice could a programme of work be jointly commissioned that better tackled drug use in prison and utilised the new freedoms bestowed on reform prison Governors? NHS England and Her Majesty's Prison and Probation Service (HMPPS) accepted the challenge and identified Holme House to be a pathfinder site building on the good partnerships that existed between Public Health England, NHS England, HMPPS and the prison. So, in December 2016 the Drug Recovery Prison (DRP) programme was born. Its ambition to discover new learning and ways of working that could be used to improve ways to tackle drugs in prison.

HMPPS and NHS England identified programme leads and they set about developing a plan. This plan would act as a route map and allow people to see why things could be done differently (purpose), how the programme was going to work (process) and what would be done differently to make things happen (practice). It took three months to draft the plan which involved widespread consultation with key stakeholders.

In April 2017, the programme officially began. Funding delegation letters were issued by the Ministry of Justice and Department of Health, via HMPPS and NHS England. A total budget of up to three million pounds per year was identified, divided between HMPPS and NHS England. The life of the plan was separated into three phases: Year one, developing and initiating; year two, implementing and progressing; year three, consolidating and maintaining as well as exploring options to sustain practices beyond the final year of the programme. The programme plan is revised annually to maintain focus and make adjustments in light of discoveries made during the operational period.

During the first year, the plan was aligned to the HM Government Drug Strategy 2017. This national strategy aimed to 'reduce all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence.'[2] This strategy advocated an approach focusing on four key themes: restricting supply, reducing demand, building recovery and contributing towards global action. The DRP integrated these themes into its plan.

The Purpose—Why do things differently?

The purpose of the recovery programme at Holme House is to get everyone living and working in the prison to collaborate, to create better chances for people in recovery to change and feel hopeful and optimistic about their future. Our aim is to generate opportunities for people in recovery to flourish and achieve their full potential thereby making a better life for themselves and others.

Before we explore the purpose of the DRP we should first discuss the prevalent context within which drug use in prison is set.

A widespread belief permeates our culture. Johann Hari discusses this in his book, Chasing the Scream: The first and last days of the war on drugs[3] and TED Talk[4].

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf
2. HM Government Drug Strategy 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF
3. Hari, J (2015) Chasing the Scream: The first and last days of the war on drugs. London: Bloomsbury.
4. https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

He says the message, that has been promoted by Governments and the media extensively, is that drug users are criminals who need to be ashamed of what they do and controlled. Coercion is the way to stop people taking drugs; punishing and shaming drug users will make them stop. But, Hari says for many this does not work. What's more, it can make some people worse. Commentators argue this is indeed what we are seeing in prisons today.[5]

So, what if we viewed drug use in prison differently and see it instead as an adaptation, a coping response, to harsh and unstimulating environmental conditions?[6] What if prisoners have experienced adverse childhood experiences, sustain trauma and feel pain on a daily basis and cannot bear to be present with this reality? What if prisoners feel increasingly disconnected and isolated from the communities they live within?[7] What if feelings of being unsafe and insecure pervade everyday existence as a result of stigmatisation and being involved in the drug supply network?

If we understood drug use this way should we not try a different approach? To help people cope with the causes of addiction and develop different coping strategies so people no longer feel the need to seek relief and reward from drugs to ease life stresses. In doing so, reduce reoffending and improve health and wellbeing associated with ongoing drug use. Hari suggests, 'drugs are not what we think they are. Drug addiction is not what we have been told it is. The drug war is not what our politicians have sold it as for one hundred years and counting. And there is a very different story out there waiting for us when we are ready to hear it—one that should leave us thrumming with hope.'

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The DRP aimed to write that different story. The DRP story begins with existing helpful practices and develops new ways of working to get the best out of people and the opportunities we can generate for each other. In doing so, we aim to help people overcome their addictions, promote recovery and achieve their full potential.

Processes and Values—How the DRP programme is innovative?

The DRP builds on the strengths of existing guidance and core services specifications.[8 9 10] These practices, over the past decade, have contributed to opportunities for people to recover and achieve their full potential. For example, using medications in recovery[11] has transformed how drug use in prison is managed. Progressive leaps in consistent and standardised practice were made between 2000 and 2015 with the introduction of the Integrated Drug Treatment System (IDTS) in prisons in England.[12 13] This system established a consistent approach to opiate substitution treatment in prison and established psychosocial interventions as a core component of the clinical management of drug misuse.[14] This effectively built a standardised framework which:

- ❒ Improved the volume and quality of clinical interventions;
- ❒ Increased the use of opiate substitution maintenance prescribing and detoxication conducted over time periods determined collaboratively;
- ❒ Promoted a consistent approach to psychosocial interventions;
- ❒ Integrated drug treatment provision between pharmaceutical and psychosocial interventions; and
- ❒ Strengthened links to community services.

The Supply Reduction Good Practice Guide published in 2009[15] is also worth highlighting. This

5. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf
6. Alexander, B.K. (2008). The Globilization of Addiction: A study in poverty of the spirit. Oxford University Press (p195).
7. Mate, G (2008). In the Realm of Hungy Ghosts: Close encounters with addiction. Random House: Canada.
8. Department of Health (2017) Drug Misuse and Dependence: UK guidelines on clinical management. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
9. Integrated Substance Misuse Treatment (Prisons in England) Service Specification. https://www.england.nhs.uk/wp-content/uploads/2018/05/service-specification-integrated-substance-misuse-treatment-service-in-prisons.pdf
10. National Offender Management Services (2014) Security Management - Service Specification. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278927/2014-01-09_Security_Managemt_Specification_P2.2.pdf
11. https://webarchive.nationalarchives.gov.uk/20170807160631/http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf
12. Ministry of Justice (2010) Integrated Drug Treatment System: Prison Service Instruction 45/2010. www.justice.gov.uk/downloads/offenders/psi-so/psi-2010/psi_2010_45_IDTS.doc
13. http://natcent.ac.uk/our_research/research/independent-evaluation-of-the-integrated-drug-treatment-system-in-prisons/
14. http://www.dldocs.stir.ac.uk/documents/adultprisons.pdf
15. Supply Reduction Good Practice Guide (2009) https://www.whatdotheyknow.com/request/70601/response/180218/attach/4/Prison%20 Drug%20Supply%20Reduction%20 Practice%20Guide.pdf

consolidated good practice across the English prison estate and produced checklists of activities that would help stifle the availability of illicit items coming into and circulating within prisons. These practices served to reduce demand and stifle availability of drugs within prisons. They were helpful in creating opportunities for people to recover.

Building on this framework, and to bring the DRP plan to life, we introduced four strategic delivery commitments which incorporated new or revised processes designed to:

- ❒ Promote safety and security (restricting supply)
- ❒ Enhance care and wellbeing (reducing demand)
- ❒ Develop the prison environment, making it a more positive place (building recovery)
- ❒ Strengthen continuity of care post release by creating vibrant and sustainable links to communities (building recovery)

A central theme running throughout the plan is being responsive to both staff and prisoners, ensuring they understand why the programme has been introduced, how this is going to be done and what will be delivered. Clear communication and accessible information is critical to getting staff and prisoners involved and empowered.

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The processes within the plan are guided by five core values; things that are important, motivate and guide us.[16] These values help give meaning to our practices and are revealed via the choices we repeatedly and consistently make. Acting as our moral compass these are:

- ❒ Everything we do should contribute to safety and security for all
- ❒ Promote wellbeing through outstanding care and support
- ❒ Focus and fully utilise peoples strengths, talents Show compassion and kindness in all we do
- ❒ Build trust and belief in others through fairness and procedural justice

The practice and innovation we seek to develop should always contribute to and promote these values. Where this is the case, and resources permit, it will be supported.

Simon Sinek says 'our 'HOWs' give us a shared language to see one another's strengths, making it easier to collaborate and lean into our team mates to get things done. Bottom line is when we focus on our strengths and lean in to the strengths of others, we can make the impossible possible.'[17]

What will the DRP do?

Promoting Safety and Security

The Prison Service has a service specification for security management[18] which helps establish safety in prison. This evolved out of the Security Manual (Prison Service Order 1000) and its restricted electronic successor the National Security Framework. The principle is that 'Security is everyone's responsibility,' and rather than a discrete service, a small team should lead and guide prisons in the application of appropriate local security measures, based on a risk analysis of local physical security resources and the type of prisoners held, thereby creating a 'Local Security Strategy' for each prison.[19]

In 2008 David Blakey reviewed prison security exploring ways to disrupt the supply of illicit drug and other items into prisons. He concluded that illicit items get into prison 'over the wall', in mail and incoming goods, via Visitors (including contractors working in the prison), through corrupt staff and brought in by prisoners. He acknowledged that when disrupting one route, pressure will inevitably increase on others. The Blakey Report made recommendations to improve the effectiveness of prison security taking account of the prisons' operating environments. He suggested utilising good practice more, disrupting the use of mobile phones, increased use of searching, deployment of search dogs and better use of legislation.

The DRP builds upon the local security measures and reduces supply routes into prison by improving activities to deter, detect and disrupt illicit items entering the prison by enhancing physical, procedural and interpersonal security.

Physical security measures are being strengthened by the introduction of a new staff searching facility,

16. Williams, A. & has Payne, S. (2016). My31 Practices: Release the power of your values for authentic happiness. London: LID Publishing Ltd (p65).
17. Sinek, S, Mead, D & Docker P (2017) Find Your Why. Penguin Random House, UK.
18. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278927/2014-01 09_Security _Managemt_Specification_P2.2.pdf
19. Blakey, David (2008). Disrupting the illicit supply of drugs into prisons. http://drugslibrary.wordpress.stir.ac.uk/files/2017/07/blakey-report-disrupting.pdf

developing an incoming goods search area including vehicles for goods storage / transportation and x-ray machine, introducing a full body x-ray facility in Reception, millimetre-wave security scanners in the visitor entry area and visits hall to detect illicit items carried on the body or in clothing, a Magnetic Resonance spectrometer to analyse seized substances or items found within the prison grounds, a mobile phone interrogation device, new mobile phone detectors, an Automatic Number Plate Recognition Camera, metal window opening restriction apparatus, toilet waste examination equipment and a new security building.

A dedicated discrete team called the Drugs Crime Reduction Unit (DCRU) was created to improve procedural security within Holme House. This team comprise of an Operational Lead, 2 Custody Managers, 12 Band 3 Prison Officers, 10 Band 2 Operational Support Grades and 1 Administrator. Procedural security controls delivered by the DCRU mitigate identified risks by working in both reactive and proactive ways to maintain safety and security. This involves developing and following policies and procedures, making necessary checks and maintaining physical security features, collecting analysing and reporting intelligence gained, screening people and goods coming into the prison, searching and applying techniques for the de-escalation of aggression and violence. Importantly, the DCRU operate according to the principles of procedural justice (see Dr Ruth Mann's paper in this issue). The DRP also implemented a Safety Integration Meeting. This is a multidisciplinary effort to better support people demonstrating persistent disruptive and challenging behaviours in order to promote change and the development of positive behaviours thereby making living in the general prison community possible.

Interpersonal relationships between prisoners, staff, partner providers, visitors and outside agencies are essential to good security. This is the foundation upon which high quality care can be delivered and wellbeing promoted. Our ambition is to have people who are both motivated and trained, willing to work in a multidisciplinary way and engaged in a collaborative system where everyone works closely together. This helps create an orderly, stable and acceptable prison environment based on legitimacy and procedural fairness, which enhances all forms of security. Opportunities for information sharing and clear communication are critical success factors.

Enhancing Care and Wellbeing

There are many pathways to recovery from drug dependence. One pathway is Medication Assisted Recovery (MAR) where medicines are prescribed and monitored by an appropriately qualified practitioner. Medicines play a significant role in helping people begin and sustain recovery, as stated previously. Medicine prescribing is an important intervention to help prevent unpleasant withdrawal symptoms, detoxify someone, reduce the frequency and intensity of cravings and help control symptoms of a condition which if left untreated could lead to a relapse. The Integrated Drug Treatment Service, particularly opiate substitution therapies, have dominated service provision for many years for good reasons. In order to further develop treatment pathways, particularly where it was felt that the focus of services had become 'stuck in a rut of harm minimisation and crime reduction rather than supporting redeeming and regenerating lives', a focus on recovery and promoting wellbeing at the heart of the care agenda emerged.[20] The DRP intended to exploit this opportunity and so move from a medicine dominated prison regime to a system orientated around promoting wellbeing for all. This does not mean, however, that medication assisted recovery is not part of the DRP approach. On the contrary, it is as are psychosocial interventions.

One pathway is Medication assisted recovery where medicines are prescribed and monitored by an appropriately qualified practitioner.

To augment medication assisted recovery, we identified six other clinical objectives. To deliver these sixth objectives healthcare provider contracts were varied by NHE England to facilitate the enhancements. (see table).

These enhancements will help improve health and care outcomes, support safer communities, reduce stigmatisation and promote social cohesion. This is done via person centered care within a seamless integrated structured clinical and psychosocial arrangement supported by effective continuity of care after release.

20. Putting Full Recovery First (2010) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98010/recovery-roadmap.pdf

The following table describes the issues and the contract enhancements put in place.

Objective	Enhancement
Improve assessment and development of personalised care plan that can help evaluate programme outcomes and impact	Introduce Rec-Cap assessment, recovery planning and evaluation tool in partnership with the Recovery Outcomes Institute (www.recoveryoutcomes.org)
Strengthening clinical leadership and the development of a community of practice to transform service delivery	Appoint a Nurse Consultant with responsibility to address this issue by utilising the specialist skills of all available healthcare professionals
Introduce a Trauma Focused and Pain Informed approach to care and wellbeing	Appoint an Applied Psychology team to develop a new range of evidence based interventions that promote health and understanding
Better communication and improved understanding of information (more accessible)	Appoint a Speech and Language Therapist
Offer wing based community care where life inside resembles life outside as much as possible	Appoint Healthcare support workers and Pharmacy Technicians to enable and facilitate wing based community care alongside existing staff teams
Emergency medical responses are improved increasing staff confidence to deal with challenging situations requiring urgent care	Appoint a Paramedic who will respond to accidents and emergencies requiring urgent care as well as develop a Community First Responder Scheme

Strengthening Continuity of Care provision

In October 2017 a report evaluating drug recovery wings in several prisons was published and warned that drug recovery work in prison was largely futile unless suitable support was offered to people after release.[21] The researchers found that many prisoners experienced a 'cliff edge' receiving little or no professional support in the weeks preceding or following release. They concluded that without adequate support on release, people were more likely to relapse and reoffend no matter how good the support received in prison was.

This finding was replicated in several DRP focus groups with prisoners in early 2018. Men described a reluctance to engage with treatment services in the prison because benefits would not be maintained after release so 'what was the point'? They needed better support after release to sustain new behaviours and the developed of a more beneficial lifestyle.

As a result of this finding, resources were allocated to develop a team that would strengthen continuity of care provision and work alongside existing statutory and non-statutory services to better support people before and after release. This team included a team leader, five Connecting Community Co-ordinations, a Family Worker, a Building Recovery in Communities Worker and a generic support worker. This Connecting Communities team would strengthen continuity of care by supporting people as they leave the prison and return to the community by linking people to community assets and resources to support their ongoing recovery. The Connecting Communities team work very closely with the appointed Community Rehabilitation Company to ensure services are complimentary and not unnecessarily replicated.

Community Rehabilitation Companies (CRC) have a statutory responsibility to support continuity of care and promote rehabilitation after release from prison, this mandatory requirement has recently been enhanced with a revised service specification.[22] They aim to do this by deploying evidenced led resettlement services designed to improve rehabilitative outcomes and make sure people are clear about who is providing these services. Mandated resettlement pathways include accommodation, employment/training/education, finance/benefits/debt, personal/relationships/community and extra support for specific groups of people some of who may have complex needs. There is a much needed area for development with the DRP at Holme House.

The DRP working closely with the CRC covering Holme House will test out a new Recovery Management Check-Up process which demonstrated great promise in reductions in reoffending in other

21. The Evaluation of Drug Recovery Wing Pilots (2017) https://www.york.ac.uk/media/healthsciences/documents/research/mentalhealthresearch/DRWsFinalPublishedReport.pdf
22. HMPPS, 2018. Agency Instruction 05/2018 - Through the Gate Instructions and Guidance on Schedule 7.

jurisdictions. This process trains CRC Responsible Officers to follow a structured procedure and navigate people into recovery resources where required in order to maintain wellbeing and reduce the risk of reoffending.

Prison as a more positive place

A prison becomes a more positive place through a complex interaction of environmental, organisational and personal factors. A prison is both a workplace for staff and a temporary home for prisoners and therefore has to be committed to supporting health and wellbeing for everyone through its systems and structures in order to be effective. Staff and prisoner participation in prison community activities is critical to build recovery capital. Initiatives to promote health for staff should be encouraged both for staff's own wellbeing and in recognition that a healthy and motivated workforce is more able to promote health in prisoners. This whole prison approach to creating a healthy setting is likely to be complex, multifactorial and involve activities across numerous domains. We believe this can be done.

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A health promoting prison is one that is safe, secure and reforming and is underpinned by a commitment to participation, equity, partnership, respect and decency. A whole system focus means aligning and integrating a number of change programmes and initiatives happening within prison. Programmes such as Offender Management in Custody, Rehabilitative Culture, Reducing Reoffending, Organisational Development and Occupational Health all make a contribution towards building a recovery orientated culture. To ensure alignment and integration with these initiatives, the DRP appointed a Culture and Communities Integration Manager (CCIM) to work alongside staff and prisoners to ensure our recovery ambition is reflected in these complementary programmes. The CCIM seeks to reduce the risk of duplication, wasteful resource allocation and enhance staff and prisoner engagement in building a recovery culture and developing a whole prison approach.

Holme House, along with NHS England Property Services, have completed environmental upgrades to the physical surroundings. All consultation and treatment rooms, including medicine administration points, have been refurbished to NHS standards. Rooms that could be used for therapeutic areas have been catalogued, rejuvenated with paint and new furniture, to ensure sufficient space for individual or group work. As each residential community was created (we did one house block at a time) it was cleaned and painted to make it more decent (Holme House is 26 years old and starting to look dilapidated in some parts). Laundry facilities have been planned for each community following feedback from prisoner focus groups. There are plans to introduce nature scene wall art into communal areas as well as enhancements to the walkways connecting different facilities. The merits behind this approach are discussed in Dr Dominique Moran's paper in this Journal.

A range of additional meaningful and purposeful activities will be introduced to complement what is currently available. These will include arts, music, social activities, and be determined through consultation, to utilise the skills, talents and interests of the people involved and help usefully occupy time to elevate boredom—one of the precipitating factors, we are told, to someone using illicit drugs.[23] To enable and facilitate this development a dedicated budget has been allocated to fund these planned activities.

Prisoners delivering peer interventions—support delivered by prisoners for prisoners—such as mentoring, education, support and advice has been encouraged in many countries, can be of great value and do make positive contributions to improved health outcomes both for the peer deliverer and recipient.[24] Improvements noted include increased levels of confidence, self-esteem and self worth. This along with the trust bestowed upon peer support services by prison staff led to feeling more empowered with a greater sense of control over the use of their time which had a positive effect on mental health. As well as individual improvements, the organisation can benefit too especially where peer supporters were used to provide basic information or practical support to new receptions or signpost people to services. This effectively can relieve prison staff of some pressure associated with dealing with general queries and issues and enable their attention to be more effectively

23. What prisoners think about the use of spice and other legal highs in prison http://www.uservoice.org/wp-content/uploads/2016/05/User-Voice-Spice-The-Bird-Killer-Report-Low-Res.pdf
24. Woodall, J et al (2015) Expert views of peer based interventions for prisoner health. International Journal of Prison Health, Vol.11(2): 87-97, https://doi.org/10.1108/IJPH-10-2014-0039

focused on specialized duties. The DRP will particularly focus effort on developing a prisoner 'Democratic Council' and on training peers (Recovery Navigators) to support and advise others in creating opportunities to build recovery capital whilst serving their sentence. This will compliment existing peer support services such as the Listener Scheme. The Democratic Council is a collaboration between elected prisoner representatives from residential communities and prison managers that draws upon the combined experience and skills of participants to support and promote reform and opportunities for positive change. A number of peer supporters have been trained as Recovery Navigators by Professor David Best and the Recovery Outcomes Institute in the application of the Recovery Capital (Rec-Cap) tool—a strengths based assessment, planning and evaluation instrument intended to assist participants with monitoring progress in achieving self-directed recovery goals and improving the effectiveness of support services.[25] As Rec-Cap is rolled out further, more Recovery Navigators will be deployed to offer peer support. Whilst there are many positives for individuals and the prison, some risks do exist often associated with security breaches. However, the DRP advocates applying the concept of constructive risk management to all the peer interventions, hoping as has been found with previous peer interventions, that the risks in reality are minor and that the positive gains overwhelm the negative.[26]

Conclusion

Holme House has come along way since the DRP began. It still has a way to go. Patience is needed. It takes time to create supportive communities within a prison and build a recovery culture.

We have learned that new technologies supplement effective staff deployment and should not necessarily be a replacement. Some of the new technologies need adapting to improve effectiveness in the prison context. Promoting safety and security via procedurally justice principles is not expensive and just works. Good intelligence and information sharing is crucial to promoting recovery. People who use drugs should not be stigmatised; medicines like Methadone can and do assist people in recovery and save lives; and strong communities work best because of their differences. A healthy regime supports recovery. Connecting communities both inside and outside of the prison brings hope and optimism that the future can be different.

Discrimination has to be addressed and we have to remove the shame and stigma associated with using drugs in prison if we are ever to create a better place to live and work.

People use drugs in prison for many reasons and describe it as an adaptive coping strategy usually to reduce pain, stress and eliminate boredom. To remove this coping strategy by deploying robust security improvements alone without suitable replacement activities being put in place is often dangerous, cruel and counter productive. We need to get the balance right.

The Substance Abuse and Mental Health Services Administration produced some guiding principles for recovery. These are still very relevant today and advocate that recovery opportunities are best realised when:

- ❒ A holistic approach is adopted;
- ❒ Peers and allies are utilised;
- ❒ Relationships and social networks are cultivated;
- ❒ A sensitive, competent and individualised recovery culture exists;
- ❒ The cause of trauma is addressed;
- ❒ Individuals, families, peers and communities, with all their strengths, get involved; and
- ❒ Respect is promoted by everyone.

This is what the DRP aspires to do.

We are asked is the DRP working? It is too early to say for sure. But our initial findings are promising. Mandatory drug testing positive rates are down. Detection of illicit items and disruption of organised criminal activity has improved. People experiencing recovery services at Holme House report improvements in support as well as feeling more hopeful and optimistic. The stories we gather reflect this. A process evaluation is underway and through this we hope to share our discoveries, build upon what we have achieved and continue to promote recovery in prisons.

25. The Rec-Cap: What's capital got to do with recovery? https://ffrco.org/rec-cap-whats-capital-got-recovery/
26. Edgar, K., Jacobson, J. & Biggar, K (2011). Time Well Spent: A practical guide to active citizenship and volunteering in prison. Prison Reform Trust. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Time%20Well%20Spent%20report%20lo.pdf