



Research Paper

Creating and sustaining cooperative relationships between supervised injection services and police: A qualitative interview study of international stakeholders



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ABSTRACT

Background: Supervised injection services (SIS) operate with special exemptions from drug law enforcement. Given the expansion of SIS and the opioid overdose crisis in numerous jurisdictions, now is a critical time to examine factors that contribute to cooperative SIS-police relationships. We sought to learn about SIS-police relationships from international jurisdictions with well-established as well as newer SIS.

Methods: We conducted 16 semi-structured telephone interviews with SIS managers (n = 10) and police liaisons (n = 6) from 10 cities in seven different countries (Australia, Canada, Denmark, France, Germany, Netherlands, and Spain). All participants provided informed consent. We focused our coding and analysis on themes that emerged from the data.

Results: Five key contributors to cooperative SIS-police relationships emerged from the data: early engagement and dialogues; supportive police chiefs; dedicated police liaisons; negotiated boundary agreements; and regular face-to-face contact. Most participants perceived the less formalised, on-the-ground approach to relationship-building between police and SIS adopted in their city to be working well in general. SIS managers and police participants reported a lack of formal police training on harm reduction, and some thought that training was unnecessary given the relatively positive local SIS-police relationships they reported.

Conclusion: Our qualitative study provides new, in-depth empirical examples of how police in varied international jurisdictions can come to accept and work cooperatively with, not against, SIS staff and clients. Investing ongoing effort in SIS-police relationships, in a manner that best suits local needs, may hold greater and more sustainable public health value than delivering specific curricula to police.

Introduction

Numerous international studies demonstrate that drug enforcement activities by police (e.g., intensified community surveillance, arrests, and confiscation of drug-use equipment) can negatively impact the health and well-being of people who use drugs and undermine programs that provide public health services to this population (e.g.,

Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Beletsky et al., 2014; Cooper, Moore, Gruskin, & Krieger, 2005; Davis, Burris, Kraut-Becher, Lynch, & Metzger, 2005; Ivsins, Roth, Nakamura, Krajden, & Fischer, 2011; Maher & Dixon, 1999; Sarang, Rhodes, Sheon, & Page, 2010; Small, Kerr, Charette, Schechter, & Spittal, 2006; Ti, Wood, Shannon, Feng, & Kerr, 2013; Volkmann et al., 2011; Wagner, Simon-Freeman, & Bluthenthal, 2013; Werb et al., 2008; Wood et al., 2004). Therefore, it is

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important for harm reduction programs – that offer, for example, supplies and education to reduce infectious disease transmission and overdose – to build and sustain non-adversarial, cooperative relationships with police. Even though, over the past decade, SIS have increased in number (Stone, 2016), much more of the existing relevant research focuses on relationships between police and needle and syringe programs (NSPs) compared to studies on police and supervised injection services (SIS). Further, published qualitative studies that document police perspectives of SIS are relatively scarce (e.g., Bardwell, Scheim, Mitra, & Kerr, 2017; Watson et al., 2012; Wenger, Arreola, & Kral, 2011).

In addition to the services offered by NSPs (e.g., sterile injection equipment distribution, education on safer injecting), SIS provide staff-supervised spaces where people can inject drugs. Worldwide, SIS can take different forms and are known by different terms, particularly ‘drug consumption rooms’ in European jurisdictions (see Schäffer, Stöver, & Weichert, 2014). According to a recent report from the European Monitoring Centre for Drugs and Drug Addiction (2018), these facilities:

...seek to attract hard-to-reach populations of users, especially marginalised groups and those who use on the streets or in other risky and unhygienic conditions. One of their primary goals is to reduce morbidity and mortality by providing a safe environment for more hygienic use and by training clients in safer use. At the same time, they seek to reduce drug use in public and improve public amenity in areas surrounding urban drug markets (p. 2).

Acknowledging different service formats and terms that are seen in the literature, we use ‘SIS’ for consistency and intend for this term to be used interchangeably with other terms used to describe programs that deliver a similar range of services with the same general goals. In 2016, there were 90 SIS in 10 countries, mostly in Europe as well as Canada and Australia (Kerr, Mitra, Kennedy, & McNeil, 2017; Stone, 2016). Across Europe – including countries such as Denmark, France, Germany, Luxembourg, Netherlands, Norway, Spain, and Switzerland – SIS history has varied in terms of when legally sanctioned facilities first opened and number of sites and cities where implementation has occurred (Vander Laenen et al., 2018).

Legally sanctioned SIS operate with exemptions from drug laws that police are otherwise expected to enforce in communities. Evidence indicates that SIS attendance is associated with many health-related and social benefits, including reduced injection-related risk behaviours and increased referrals to substance use treatment (Potier, Laprévote, Dubois-Arber, Cottencin, & Rolland, 2014; see also Belackova & Salmon, 2017). Despite this evidence, police sometimes voice strong opposition to SIS, believing that these programs will create lasting problems for local communities (e.g., crime, neighbourhood stigma; see Watson et al., 2012). That said, police attitudes toward harm reduction generally and SIS specifically can become more supportive over time, and policing practices can, in turn, become aligned with public health goals. In countries where highly challenging relationships have been observed between police and people who use drugs, a growing number of policing agencies are expressing stronger support for harm reduction programs (Monaghan & Bewley-Taylor, 2013). In Canada in particular, encouraging NSP-police relationships are documented. A recent cross-regional survey of NSP managers found that a majority (69%) report a “positive” or “mostly positive” program relationship with local police (Strike & Watson, 2017), while follow-up analyses revealed that these relationships have been stable over time (Strike & Watson, 2018). Evidence from Vancouver suggests that adverse encounters, such as police confiscation of drug-use equipment and violence against people who inject drugs, considerably declined between 2002 and 2014 (Landsberg et al., 2016). A study of 1090 attendees of Vancouver’s well-known SIS, Insite, found that SIS referrals by police increased during the program’s initial years (DeBeck et al., 2008). Nevertheless, people who attend Insite report that avoiding police encounters and risk of

arrest or drug confiscation remain important reasons for visiting the SIS (Small, Moore, Shoveller, Wood, & Kerr, 2012).

Although shifts in police support for SIS have been identified as important for SIS establishment (see Hayle, 2017; Small, Palepu, & Tyndall, 2006), in-depth accounts of SIS-police relationships and features that may contribute to cooperative relationships are largely absent. Recognising that SIS-police relationships are complex phenomena (i.e., there are many structural, political, and other contextual factors that could potentially shape SIS-police interactions), we sought to learn more about such relationships from jurisdictions with well-established and newly established SIS and contribute a novel qualitative study to the literature in terms of both its findings and its diverse international sample.

Methods

We interviewed 16 international stakeholders – SIS managers/directors or coordinators (hereafter ‘SIS managers’) and police liaisons – between June and November 2017. All provided informed consent. This study was approved by a University of Toronto Research Ethics Board.

Informed by purposeful sampling approaches, whereby researcher judgement is utilised to select potential participants who are known or presumed to share a certain characteristic (e.g., Patton, 2002), we employed a two-stage recruitment method. To locate SIS managers, we requested contact information from our professional networks and the International Network of Drug Consumption Rooms (see <http://www.drugconsumptionroom-international.org/>), a platform for sharing evidence and experience among SIS professionals. Through this process, we compiled a list of 15 SIS managers who were potentially eligible for our study. These contacts were emailed an interview request with accompanying study information and a consent form. If we did not hear back from a contact within a few weeks, we emailed a follow-up request. Individuals who replied with interest to be interviewed were asked to provide a telephone number and confirm a convenient interview date and time. We asked SIS managers recruited into our study to provide contact information for their program’s police liaison, if applicable. We generated a list of seven police liaisons. All interviews except one were conducted by telephone and in English by Watson or Strike. One participant requested to translate the interview questions and email written responses because they felt they lacked the proficiency in English to give a verbal interview.

The semi-structured interviews were audio-recorded and lasted approximately 30–45 minutes. Participants were asked for their age, gender, hours worked per week, and number of years in their field, at their current organisation, and working with people who use drugs. We then asked participants for their knowledge and opinions about policies to guide SIS-police interactions, harm reduction-related training for police, and their approach(es) to building local SIS-police relationships.

Audio files were securely delivered to a confidential transcriptionist and Watson verified all transcripts for accuracy. We organised and analysed data using NVivo 11 software. Thematic analysis was informed by grounded theory coding techniques and proceeded according to steps described in standard qualitative research texts (e.g., Coffey & Atkinson, 1996; Corbin & Strauss, 2008; Rubin & Rubin, 2005). That is, we did not approach the data with preconceived coding structures or themes determined by the interview questions (see also Glaser, 2004). Watson first read and re-read all transcripts line by line, and recorded notes on emergent themes and preliminary codes. Strike independently reviewed the thematic notes and excerpts of text. Watson and Strike met to discuss the transcript coding and achieve agreement on main themes of interest and how to present the findings, including discussion of any discrepancies in interpretation.

Results

Of the 15 SIS managers we contacted, 10 agreed to be interviewed;

Table 1
Participant characteristics.

| | |
|---|------------------------|
| Age – average (range) | 47 (30–59) |
| Gender | 63% Male 37% Female |
| Hours worked per week – average (range) | 37 (26–48) |
| Years in field – average (range) | 20 (3–34) |
| Years at organisation – average (range) | 17 (0.50–28) |
| Years working with people who use drugs – average (range) | 18 (2–28) |

six of the seven police liaisons we contacted agreed to participate. We interviewed participants from 10 cities in seven countries (Australia, Canada, Denmark, France, Germany, Netherlands, and Spain). Table 1 provides an overview of sample characteristics. Below, we report five distinct yet overlapping contributors to building and sustaining co-operative SIS-police relationships that emerged from the data. Following these themes, we briefly summarise relevant training that police reportedly receive.

Early engagement and dialogues

All participants agreed that SIS-police dialogues ought to start as soon as possible, preferably during planning stages or well before the opening of new SIS. Early communication was said to give police time to prepare for changes in how the community will be policed in relation to drugs (namely, following the legal exemptions that apply to SIS). The early days of SIS implementation were also described as a critical window within which to secure buy-in from police chiefs and senior administrators.

When we launched the [SIS] we had some meetings[...]in this area and at these meetings there were maybe forty, fifty residents, and we were coming with the chief of the police and the mayor, city hall. And we could have, you know, answered the questions, explained what is the [SIS] and what are the issues, and what are the experimentation abroad. (French manager)

A few SIS managers noted how early dialogues were facilitated by police departments – plus other stakeholders and communities – that were open to shifting away from traditional drug enforcement practices and accepting new programs given longstanding local drug-related issues.

So it was this open drug scene that brought us together and we started [...]a dialogue. And this was, in the end, the beginning, that we said, ‘We have to talk together. We have to plan together. We have to come together’[...]police, the justice, the government, and also the drug-helping institutions. They came together [for weekly meetings as a group...]And the important thing is that everyone of all those different disciplines said, ‘Yes. We are standing behind [the SIS].’ (German manager 2)

Supportive police chiefs

Having supportive municipal police chiefs, initially and long term, was seen by many participants as integral to working SIS-police relationships because these high-ranking police can deliver orders to officers regarding how to interact with the SIS. Further, police chiefs speak the same “language” that is regarded as credible by officers: e.g., “Police have to talk police language[...]you need credibility.” (Canadian police 2) Several SIS managers added that police chiefs are authorised to publicly communicate a policing perspective on SIS and may influence the views of community stakeholders and politicians.

The police said and have said in public that[...]they think the [SIS] is a very good thing[...]and that has actually also resulted in that all the political parties in the Danish parliament are pro the idea of drug consumption rooms, except one party. (Danish manager)

Securing support from the top of the police administration facilitates creating other policing partnerships (i.e., dedicated liaisons) that were identified as helpful for SIS-police relationships.

Dedicated police liaisons

Numerous participants discussed the role of police officers who act as dedicated liaisons with local SIS. In some cases, this role includes directly mediating between police and the program when adverse encounters occur (e.g., improper searches or harassment of SIS clients). Several SIS managers noted that the time and effort it can take to cultivate support from police liaisons are worthwhile investments.

We had invested a lot in our local, in our police officer here[...]showed him a lot around and told him a lot of our approach and about harm reduction and our work[...]in the beginning he was very opposed, and after a while he became very in favour of us. It was very nice. And he even became a kind of ambassador. (Dutch manager 2)

A few police participants reported that liaisons also play a role in developing and communicating to other officers concrete practices and policies for working with SIS.

What we’ve done through the frontline liaison[...]is we have created some agreed-upon operating practices between our two institutions. So we won’t do random walk-throughs of [the SIS], for example. We will only go there when we are called for service. And our officers are told that[...]whether it’s the meeting that they have when they first come to the team with the staff sergeant or they’ll learn it very quickly through working with the members who are assigned to that particular neighbourhood[...]we’ve agreed with [the SIS] that, you know, ‘We’ll stay out of your hair unless you want us there.’ (Canadian police 1)

This excerpt raises a key SIS-police agreement that we discuss in greater detail next.

Negotiated boundary agreements

Clearly understood boundaries that are respected by police were regarded as crucial features of cooperative SIS-police relationships. Most participants spoke about the importance of police consistently adhering to the legal exemptions that SIS are granted, including that police do not enter a site during its operating hours. SIS managers prioritised and justified these boundaries by underscoring the need to preserve a sense of safety and trust among people who use drugs. Without that trust, many clients and potential clients would refrain from using SIS.

We have an agreement with the police, that the police should be as little in the drug consumption room as possible. But sometimes[...]they go in [side] and bust a guy[...]And when it happens, we always talk with the police about it afterwards and explain for them why it’s not a very good idea. (Danish manager)

Exceptions to no-police-inside agreements, also noted earlier, include calls for police service. SIS managers who spoke about this issue said that such calls are infrequent and typically about aggressive or violent behaviours that threaten SIS staff and/or clients. Another exception would be occasions when the police are in pursuit of someone for a criminal offence (that is not drug use or possession) and the person is believed to be inside the SIS.

Overdose at SIS was not seen as a legitimate exception for police to enter. This situation was considered by nearly all participants to be the domain of trained staff and emergency medical responders: e.g., “It’s not part of our job. All the employees of the consumption rooms are very good trained on this topic.” (German police 1) This excerpt also reveals a conceptual boundary drawn between the role of the police and that of SIS staff.

Many participants also discussed physical boundaries in the

immediate area around SIS. Different terms were used to describe a “perimeter” or “safe zone” or “no-go zone” where it is expected that police will not interfere with or arrest clients going to or immediately coming from a program. When such perimeters were said to be established, participants reported variation regarding their size, how they were negotiated, and how well the police respect them.

At the beginning, we did have[...]problems with the police because of police searching for drugs near the safe injection room. Or, for example, police using the safe injection room as a place to look for people who has committed a crime. But nowadays, we have a very good relationship with the police, especially the people that are making decisions in the police system. And they are, yeah, they are very supportive of having the [SIS]. They give us some space[...]of course sometimes we do need them to come because there is some problem[...]we have a direct phone that we can call and they always come super fast. (Spanish manager)

We are tolerating the consumption [of drugs] inside the rooms, although it's still illegal. We're tolerating it[...]to help this program work and be official, we tolerate the possessing of drugs near the consumption rooms. But we are still fighting even in front of the consumption rooms, the selling of the drugs. There's no tolerance for selling drugs. There is a tolerance for possessing drugs if we can identify that this consumer is on his way into the consumption room[...]it's a very thin line, tolerating and, yeah, not tolerating. (German police 1)

Numerous participants spoke about drug selling near SIS, but we did not observe consensus regarding how participants thought this issue should be handled. A few police noted “zero tolerance” near SIS, while others suggested that street-level sellers are no longer among their policing priorities.

Many participants, especially SIS managers, saw as critical to working relationships effective conflict resolution related to police infringements of legally established boundaries within and expected boundaries surrounding SIS. However, few reported that formal or written protocols (e.g., “contracts” or “standard operating procedures”) were in place to resolve SIS-police conflicts. Instead, conflict resolution – and other aspects of relationship-building – was often said to proceed through informal verbal communication.

Regular face-to-face contact, including educational conversations and site visits

Most participants described informal models of police engagement and education about SIS that include regular face-to-face interactions. Commonly described strategies included scheduled check-ins or meetings (reportedly varying in frequency, including daily, weekly, monthly, and several times a year) and organised police visits to SIS.

What I notice through the years is that the neighbourhood police always bring some kind of new ‘the blue one’, we call them, the one who just come out of the police academy, to visit our facility within. And it's also a kind of training[...]the first step is to come into a drug consumption room or drop-in centre, in your uniform and your gun, sit at the table, and listen to a life story while having a coffee with our clients. And that makes the relationship between everybody and the police much more comfortable and cozy than everywhere else I've been in the world. (Dutch manager 1)

While not all SIS managers described such a non-adversarial relationship between their program and the police, these participants tended to explain that regular face-to-face contact helps foster police understanding of the role of SIS and the dynamic health and social needs of local people who use drugs.

SIS managers and police participants also generally reported, with a few exceptions, that the SIS had neither developed nor delivered formal training to police on topics such as harm reduction, infectious disease prevention, scientific evidence concerning SIS, and SIS operations and

policies. Instead of formal training, some participants discussed having educational ‘conversations’.

When [new officers] come to the [department] out of the academy[...]if they're assigned to the area where the supervised injection site is located [...]we will have additional – it's not training, but it's conversation. So they get a welcome to the district, a welcome to the team, and they have a sit-down with the staff sergeant who goes over what our philosophy is, what our drug policy is, what our philosophy is around working with the SIS, again reinforcing harm reduction practices that would put them at risk, which is primarily related to needles and being safe around that. (Canadian police 1)

So on day one of a police officer's career at [neighbourhood with SIS] or in the first week anyway, they will be taken down [to the SIS], they'll be introduced to the staff and they will be shown how the injecting centre works and the various stages of the injecting centre. And that goes for our brand-new probationary constables or our new recruits[...]more of an ad hoc training. And it's, you know, just a conversation with some staff down there. (Australian police)

Such examples illustrate on-the-ground and, at times, personalised approaches to police education about SIS. Participants viewed such informal approaches, especially when they involve in-person visits to SIS, as valuable for showing police officers the inner workings of the facilities and thus demystifying SIS operations. On-site visits were also seen as tools for building familiarity with SIS staff and clients.

According to SIS managers, an essential feature of site visits by police is that such activities do not interfere with SIS operations or threaten the comfort of clients. The following excerpt describes an example of organised tours for new police recruits that occur before SIS opening hours.

The local police command take in a new clutch of police recruits and, as part of their orientation of those recruits, they bring them to the injecting centre for us to provide them with a tour. And so we literally spend an hour with them, before we open in the morning, and walk them through the centre and explain exactly what we're doing and why we're doing it and a bit about harm reduction. And we also talk about the very particular section in our law which stipulates that the police here have a discretion not to charge clients who are in the immediate vicinity of the injecting centre[...]And what's really nice is that they, the senior policeman that organises this sort of orientation tour, will also invite more senior police who are in the local command, who perhaps don't understand us or haven't had an opportunity to come and visit us in the past. And every time, there's always one or two of the more senior police there. (Australian manager)

Overall, participants often spoke positively about the SIS-police relationships in their location which had, in most cases, reportedly shifted over time, with policing practices and philosophies becoming more supportive or, at minimum, somewhat “tolerant” of harm reduction.

Training for police

Although a lack of formalised training was reported, many SIS managers were unsure if police officers in their jurisdiction are exposed to harm reduction content during academy training or other in-service trainings. A few mentioned that, to the best of their knowledge, police receive needle-stick injury prevention as part of standard occupational health and safety training. Police participants confirmed that formal harm reduction-related training, such as that specific to SIS procedures, has been minimal or not offered, while needle-stick injury prevention and drug law enforcement are topics that typically receive some coverage during academy and/or in-service trainings.

Police participants seemed to consider formal training as less important for cooperative relationships than supportive chiefs and

dedicated liaisons: e.g., “A theoretical training wouldn’t be useful. The instructions of experienced staff of the [police] department seems to be the best solution.” (German police 2) Some SIS managers saw formal training for police as unnecessary given the positive SIS-police relationships that have developed over time in their city.

No, I don't think there is a need [for police training] because [SIS] are a long time running and I think the high-level policemen, they are making strategies and are giving the orders[...] This worked for, yeah, more than ten years now. But it has been a process, because twenty years ago, we did not like to talk to police and there were conflicts, social work, police, and aggressions against each other. But this changed, you know, in the last years. (German manager 1)

However, many SIS managers and police participants provided examples of conflicts that still occur (especially adverse street encounters between police and clients) and require collaborative effort to resolve. As such, a number of SIS managers supported development and greater use of harm reduction training for police that emphasises the health and social needs of people who use drugs, with the stated aims to increase police understanding of this diverse population and reduce stigmatising stereotypes.

Discussion

We have distilled information from international stakeholder interviews into five key contributors to cooperative SIS-police relationships: early engagement and dialogues; supportive police chiefs; dedicated police liaisons; negotiated boundary agreements; and regular face-to-face contact. Our study offers a more positive narrative compared to previous research that has focused on troubling practices and antagonistic relationships among police, people who use drugs, and harm reduction programs (see again Aitken et al., 2002; Beletsky et al., 2014; Cooper et al., 2005; Davis et al., 2005; Ivsins et al., 2011; Maher & Dixon, 1999; Sarang et al., 2010; Small, Kerr et al., 2006; Ti et al., 2013; Volkmann et al., 2011; Wagner et al., 2013; Werb et al., 2008; Wood et al., 2004). That said, we do not intend to minimise the seriousness of SIS-police conflicts when they occur – and participants in our study noted examples of conflicts, though with less frequency than what we had anticipated given the existing literature.

Some SIS managers and police participants indicated that over time there had been shifts in local policing practice and philosophy, away from the traditionally prohibitionist approach to drug enforcement and towards openness to working with SIS. Research from Vancouver documents an evolving policing culture related to drugs that has led to less intrusive practices at and around Insite (Landsberg et al., 2016; Small, Palepu et al., 2006). By highlighting five important contributors to cooperative SIS-police relationships, our analysis adds depth to the existing literature and promotes better understanding of ways to align policing practices with public health goals (see Beletsky et al., 2011; Wood, Taylor, Groff, & Ratcliffe, 2015). In addition, our study offers new data from a mix of international cities.

In-service police training has been considered as a potential strategy to facilitate working relationships between police and harm reduction programs (e.g., Strike & Watson, 2017). The present study suggests that investing effort in cultivating SIS-police relationships on the ground, and in an ongoing, less formal manner, may hold greater and more sustainable public health value than developing and delivering formal curricula to police. Published studies on training and education for police is limited and evaluative evidence is still preliminary, but the existing literature contains examples of improved police-program relationships and communication, and enhanced police knowledge on topics such as the legality of NSPs, HIV transmission, overdose prevention, and needle-stick injury, connected to training (e.g., Arredondo et al., 2017; Beletsky et al., 2011; Davis & Beletsky, 2009; Saucier, Zaller, Macmadu, & Green, 2016; Silverman et al., 2012). More research is needed.

Our study has some limitations. The retrospective, self-reported nature of interviews can render data subject to recall issues. As we recruited participants, in part, by following up with information provided by contacts in our professional networks, we may have inadvertently recruited those who have had and were willing to report positive SIS-police experiences. While we observed and reported common themes across locations, we did not have sufficient data to conduct a meaningful cross-case comparison across cities. Finally, it is uncertain to what extent our findings may readily transfer to additional jurisdictions that are in the process of SIS implementation and may be experiencing new or ongoing challenges in relation to police acceptance of SIS. However, we recruited participants from a diverse array of international locations and found cohesive themes to emerge from their discussions of SIS-police relationships; therefore, we are confident that our findings will be of interest to and instructive for other jurisdictions.

While we have identified through our analysis of international stakeholder interviews what appear to be some important contributors to cooperative SIS-police relationships, as we briefly noted earlier, the relationships at issue are complex, situated within and influenced by wider social-structural and political contexts. SIS-police relationships may indeed shift over time in relation to, for example, changes in government policy and priorities, local leadership, and community issues (e.g., neighbourhood gentrification). A more complete theorisation of how such factors may, conceptually and practically, influence SIS-police relationships is beyond the scope of the current study, but worthy of scholarly attention. The findings we have presented here could assist and complement such future investigations.

Our study provides new, in-depth empirical examples of how police in varied international jurisdictions can come to accept and work cooperatively with, not against, SIS staff and clients. These findings are especially timely given the ongoing and expanding opioid overdose crisis, particularly in North America (Kerr et al., 2017). Police co-operation, understanding, and support of programs like SIS have invaluable implications for respecting and protecting the lives and health of people who use drugs.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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