



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

School of Public Health (KM), and Discipline of Psychiatry (JPC), Faculty of Medicine, The University of Queensland, Herston 4006, Brisbane, QLD, Australia; and National Centre for Youth Substance Use Research, The University of Queensland, St Lucia, Brisbane, QLD, Australia (JPC)

- 1 Towns S, DiFranza JR, Jayasuriya G, Marshall T, Shah S. Smoking cessation in adolescents: Targeted approaches that work. *Paediatr Respir Rev* 2017; **22**: 11–22.
- 2 Bailey SR, Crew EE, Riske EC, Ammerman S, Robinson TN, Killen JD. Efficacy and tolerability of pharmacotherapies to aid smoking cessation in adolescents. *Pediatric Drugs* 2012; **14**: 91–108.
- 3 Gray KM, Rubinstein ML, Prochaska JJ, et al. High-dose and low-dose varenicline for smoking cessation in adolescents: a randomised, placebo-controlled trial. *Lancet Child Adolesc Health* 2020; published online Sept 24. [https://doi.org/10.1016/S2352-4642\(20\)30243-1](https://doi.org/10.1016/S2352-4642(20)30243-1).
- 4 Sterling LH, Windle SB, Filion KB, Touma L, Eisenberg MJ. Varenicline and adverse cardiovascular events: a systematic review and meta-analysis of randomized controlled trials. *JAMA*; **5**: e002849.
- 5 Maher L, Neale J. Adding quality to quantity in randomized controlled trials of addiction prevention and treatment: a new framework to facilitate the integration of qualitative research. *Addiction* 2019; **114**: 2257–66.
- 6 Anthenelli RM, Benowitz NL, West R, et al. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. *Lancet* 2016; **387**: 2507–20.
- 7 Paus T, Keshavan M, Giedd JN. Why do many psychiatric disorders emerge during adolescence? *Nature Rev Neuroscience* 2008; **9**: 947–57.
- 8 Cahill K, Lindson-Hawley N, Thomas KH, Fanshawe TR, Lancaster T. Nicotine receptor partial agonists for smoking cessation. *Cochrane Database Syst Rev* 2016; **2016**: CD006103.
- 9 Peirson L, Ali MU, Kenny M, Raina P, Sherifali D. Interventions for prevention and treatment of tobacco smoking in school-aged children and adolescents: a systematic review and meta-analysis. *Prev Med* 2016; **85**: 20–31.
- 10 US Preventive Services Task Force. Primary care interventions for prevention and cessation of tobacco use in children and adolescents: US Preventive Services Task Force recommendation statement. *JAMA* 2020; **323**: 1590–98.

The pandemic paused the US school-to-prison pipeline: potential lessons learned

A global pandemic caused society to radically and quickly reconfigure. Schools, wary of the health risks of in-person instruction, shifted to virtual learning. Although not ideal in many respects, this shift placed adolescents in the USA out of the reach of harsh school disciplinary procedures (ie, zero tolerance policies, out-of-school suspensions, expulsions, and law enforcement referrals), contributing to a drastic reduction in juvenile court referrals nationally. The school-to-prison pipeline paused. Characterised by school disciplinary approaches placing adolescents on a trajectory to juvenile and then adult criminal legal systems, this pipeline is most pronounced for Black and Latinx students, students with disabilities, and in schools serving impoverished communities.^{1,2} Although we have focused mainly on the USA, this topic has relevance in other societies with public education, substantial income inequality, and racial inequities in their justice systems.

The stoppage of school referrals to the justice system did not trigger a compensatory increase from elsewhere. In fact, a survey of juvenile justice agencies in 33 US states showed a 27% reduction in the adolescent detention population between March and May, 2020.³ A real-time experiment was enacted: if fewer adolescents become court-involved, and even fewer are detained, is society less safe? Although data are scarce, they do not indicate that society has become less safe in this context. Rather, there has been a decrease in new juvenile justice referrals overall in the USA, which is suggestive of a decrease in crime.³ This preliminary information is a possible signal

that referral to the justice system for minor offenses in the USA, coupled with exceptionally high detention rates for adolescents, which come at an average cost of \$247 per adolescent per day,⁴ is not actually serving society's interests. The literature was already quite clear that detained adolescents are not served well psychologically or medically.^{5,6}

There are limitations to drawing conclusions about crime based on referrals alone, and the decrease in referrals has other probable contributors, including a slowing of court processes more broadly. Stay at home orders also affected the behaviour of adolescents and law enforcement officer contact; however, such orders were not universal and, when present, were usually shorter in duration than school closures. Additionally, during the early days of the pandemic there was more judicious use of detention given health concerns.

Irrespective of its drivers, the progress in decreasing the involvement of adolescents in juvenile court and in decreasing detention rates for adolescents is at risk once schools return to in-person classes. Some adolescents will have been out of school for as long as 5 months—even longer in districts that push back start dates or begin the school year virtually. Pre-existing educational gaps have widened because many children lack access to the internet, or to computers or other devices to access lessons; or they do not have caregivers who are able or available to assist them. Communities without such resources overlap demographically with those that



Published Online
September 17, 2020
[https://doi.org/10.1016/S2352-4642\(20\)30306-0](https://doi.org/10.1016/S2352-4642(20)30306-0)

For information about school-justice partnerships, see <https://schooljusticepartnership.org/>

are disproportionately affected by the school-to-prison pipeline.⁷ Furthermore, virtual learning has not met the educational needs for many special education students, a group that is also overrepresented in the juvenile justice system.^{2,8}

Public budget cuts have left schools with fewer resources. Against the backdrop of a society in crisis as it faces a yet to be controlled pandemic, this academic year might be a perfect storm: the anxiety, demoralisation, fear, and frustration of adolescents manifesting in externalising behaviours to which a stressed system responds punitively. Furthermore, for adolescents who are already involved in the justice system, poor academic engagement might be considered cause for detention. A resurgence of the school-to-prison pipeline is a foreseeable outcome, one that would place vulnerable adolescents into a system that is not only ill equipped to address their current mental or physical health needs, but is also associated with poor adult trajectories. Additionally, COVID-19 has proven challenging to control in correctional environments, and compared with community samples, adolescents who have been detained have higher rates of unaddressed chronic medical conditions.⁹

Proactively taking steps to mitigate a resurgence of the pipeline is a matter of population health. Health-care providers should be intentional about promoting coping strategies before disciplinary problems arise. Doing so would require a shift to a more prevention-oriented approach than that routinely used in the mental and medical health-care systems. For adolescents who have a diagnosis that substantially affects their educational experience, families need to understand the special education process and the protections regarding suspensions and expulsions. In

collaboration with local school and judicial systems, health-care providers can also advocate for structural approaches such as school-justice partnerships, which are multidisciplinary initiatives aimed at implementing effective school-based or community-based strategies to address student misconduct, thereby reducing justice system referrals. These steps might help turn the pause in the pipeline into a permanent cessation, contributing to life trajectories that are healthier—mentally and physically—for vulnerable adolescents.

SYV is the owner of Lorio Forensics, a forensic mental health consultation company, and has earned consultation fees through Lorio Forensics; she also has previous and ongoing work as an expert witness in juvenile justice cases, all outside of the submitted work. RJW declares no competing interests.

*Sarah Y Vinson, Randee J Waldman
svinson@msm.edu

Morehouse School of Medicine, Lorio Forensics, Atlanta, GA 30307, USA (SYV); and Emory University School of Law, Atlanta, GA, USA (RJW)

- 1 Pownall S. A, B, C, D, STPP: how school discipline feeds into the school-prison-pipeline. New York Civil Liberties Union. October 2013. https://www.nyclu.org/sites/default/files/publications/nyclu_STPP_1021_FINAL.pdf (accessed Aug 21, 2020).
- 2 US Department of Education Office for Civil Rights. 2015–16 civil rights data collection: school climate and safety. <https://www2.ed.gov/about/offices/list/ocr/docs/school-climate-and-safety.pdf> (accessed Aug 22, 2020).
- 3 The Annie E Casey Foundation. Youth detention admissions remain low, but releases stall despite COVID-19. July 8, 2020. <https://www.aecf.org/blog/youth-detention-admissions-remain-low-but-releases-stall-despite-covid-19/> (accessed Aug 2, 2020).
- 4 Sickmund M, Puzanchara C. Juvenile offenders and victims: 2014 national report. Pittsburgh, PA: National Center for Juvenile Justice, 2014.
- 5 Lambie I, Randell I. The impact of incarceration on juvenile offenders. *Clin Psychol Rev* 2013; **33**: 448–59.
- 6 Gallagher CA, Dobrin A. Can juvenile justice detention facilities meet the call of the American Academy of Pediatrics and National Commission on Correctional Health Care? A national analysis of current practices. *Pediatrics* 2007; **119**: e991–1001.
- 7 Auxier B, Anderson M. As schools close due to the coronavirus, some U.S. students face a digital 'homework gap'. Pew Research Center. March 16, 2020. <https://www.pewresearch.org/fact-tank/2020/03/16/as-schools-close-due-to-the-coronavirus-some-u-s-students-face-a-digital-homework-gap/> (accessed Aug 2, 2020).
- 8 Kamenetz A. Families of children with special needs are suing in several states. Here's why. NPR. July 23, 2020. <https://www.npr.org/2020/07/23/893450709/families-of-children-with-special-needs-are-suing-in-several-states-heres-why> (accessed Aug 22, 2020).
- 9 Borschmann R, Janca E, Carter A, et al. The health of adolescents in detention: a global scoping review. *Lancet Public Health* 2020; **5**: e114–26.



Safeguarding children's right to health in hospital during COVID-19

Published Online
September 14, 2020
[https://doi.org/10.1016/S2352-4642\(20\)30300-X](https://doi.org/10.1016/S2352-4642(20)30300-X)

Children's hospitals have long been advocates of a rights-based approach to health care and will be crucial for ensuring that the rights of children are protected during future COVID-19 surges. The European Children's

Hospitals Organisation (ECHO) is a new organisation representing leading paediatric hospitals across Europe, many of which helped to lead the COVID-19 response locally or regionally. ECHO members provide acute and