

ISSOP e-Bulletin N°55

January 2022



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1. Introduction

Dear ISSOP Community,

As we enter a New Year, we present greetings from the editorial team to ISSOPers across the planet and would love to hear your reflections on the last year and your expectations for the next one. We're also keen to hear from young paediatricians and trainees (other disciplines also) so please don't be shy! Contributions in Spanish are welcome! See our email address below.

At our first meeting of this year we discussed gaps in the e-bulletin and came on the following: Birth control, population and women's health, young people and their voices, disabilities and mental health. There are probably other gaps as well, please let us know and also your thoughts on the above, which we shall consider over the year.

A special feature we are starting this month is recordings from across the world of members' thoughts on social paediatrics, and how it is seen in your country. If you would like to give us your views, let us know and we will send the questions we are posing. See 8.2 in this issue.

This month we have contributions from Russia with the latest on the paediatric congress in March to which ISSOP has contributed in the past; a survey on corporal punishment from the international campaign End Violence against Children, please respond to this; a short piece from a young person in London on working with paediatricians; and a fine collection of article reviews which will bring you up to date, plus the usual reports and climate change update. Please give your views on population control and the perspective from your country (4.1).

Tony Waterston, Raul Mercer, Rita Nathawad, Natalia Ustinova, Gonca Yilmaz, Fernando Gonzalez. Colleen Kraft, and Hajime Takeuchi.



We now have an email address, please use it to send your contributions, make comments or respond to our requests!

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear friends and colleagues,

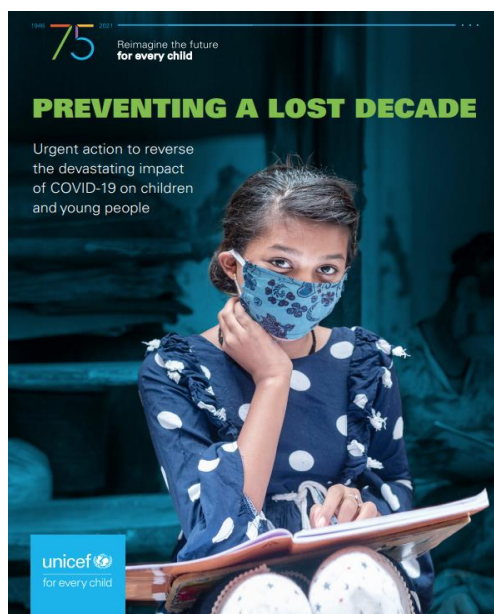
Hope you are all enjoying the New Year thus far. There is something energizing about the start of a new year—it provides an opportunity to reflect on the accomplishments of the past and envision what can be accomplished in the future.

As for hoped-for accomplishments in 2022, and as discussed in our current Bulletin, we will be seeking the input of colleagues related to their practice of Social Pediatrics to gain an understanding of the breadth of our work as social pediatricians. In addition to practice, we are interested in learning and understanding how social pediatricians define Social Pediatrics and how our practices conform to these definitions. By year's end, we hope to generate a framework for the definition and practice of Social Pediatrics that reflects members' perspectives. With the ability to segment responses by region, we will also be able to determine whether there are regional differences in this regard.

We will look forward to your responses—we need your contributions to ensure we have a clear picture of who we see ourselves to be, and how regional variations in definitions and practice might inform our work in the future.

In the meantime, thank-you as always for what you do for children every day.

Jeff



"For 75 years, UNICEF has delivered for children. From armed conflict, natural disasters and humanitarian crises to long-term survival and development programmes, our staff and partners have been on the ground working to provide essential services for those in need. Through the decades, UNICEF has helped to develop healthier and safer environments for children and their families. And of course, children and young people are the most important partners of all. They are more than voices and beneficiaries – they are integral participants in creating and implementing solutions. Their strength, creativity and courage give me hope. By working with them, we can respond to and recover from the pandemic equitably and reimagine a better future for every child."

Henrietta Fore UNICEF Executive Director

<https://www.unicef.org/media/112891/file/UNICEF%2075%20report.pdf>

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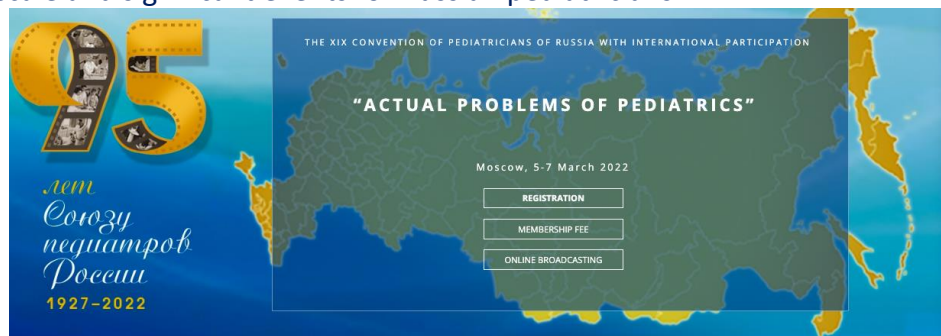
2. Meetings and news

2.1 19th Convention of Pediatricians of Russia

Dear Colleagues!

On March 5-7 2022, the **19th Convention of Pediatricians of Russia with international involvement "Actual Problems of Pediatrics"** will take place under the auspices of the Union of Pediatricians of Russia <https://congress-pediatr-russia.ru/>. 2022 marks the 95th anniversary of the Union of Pediatricians of Russia. May 30 - June 4, 1927 in Moscow at the IV Congress of Russian Pediatricians, the All-Union (Soviet Union) Society of Pediatricians received official recognition, and in 1994, the Union of Pediatricians of Russia was created as the successor of the Societies of Pediatricians of the USSR.

According to the pandemic era, the Convention will be held in hybrid (online and offline) format. However, we hope that thousands of pediatricians will be able to meet offline. Congresses and conventions of the Union of Pediatricians of Russia - the most large-scale and significant events for Russian pediatricians.



Within the XIX Convention will be held I Congress of Pediatricians of Western Europe and Central Asia, the III Summit of Medical Specialists and Health Organizers "Nutritional Components in Health Programming", the III Russian Conference of Pediatric Dermatologists, the IV Russian seminar "Insurance Medicine in Child Health Protection", the IV Russian forum "Volunteers to Children of Russia", the VII National Assembly "Protected Generation", the XI Eurasian Forum on Rare Diseases, the XII Forum of Pediatric Nurses, and the XV International Forum of Pediatric Surgeons and Orthopedic Traumatologists.

Most important for us that the II Conference of Social Pediatrics will be held within the Convention. It has already been said earlier that the topic of social pediatrics has always been present at the congresses. But it seems very important that now, for the second year already, we are highlighting the conference on social pediatrics. Traditionally ISSOP will join our conference. **The 19th Convention of Pediatricians of Russia "Actual Problems of Pediatrics"** has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with **19 European CME credits (ECMEC®s)**.

Natalia Ustinova, MD, PhD

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2.2 Marketing the \$55 billion formula milk industry (a WHO event)



WHO launches a new report on how the marketing of formula milk influences our decision on infant feeding. Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, the United Nations Children's Fund (UNICEF) and partners will launch this report and we are all invited to participate.

According to Tony Waterston "This report will be very relevant to our discussions on conflict of interest and attendance is highly recommended!"

This report - the largest of its kind to date - draws on the experiences of over 8,500 women and 300 health professionals across eight countries. It exposes the aggressive marketing practices used by the formula milk industry, and highlights impacts on families' decisions about how to feed their babies and young children.

The report will be launched at two different time slots on Wednesday 23rd February and these are open to all. Full details and registration here

https://www.who.int/news-room/events/detail/2022/02/23/default-calendar/marketing-the-USD-55-billion-formula-milk-industry?fbclid=IwAR0oSKn6tpeaNLRq_epPNbMal6amveukWabYjAYIYs8-gp5dSTZkYmVU-JA

Event 1:

Wednesday 23 February 2022

10h00-11h30	Brazzaville
10h00-11h30	Copenhagen
10h00-11h30	Geneva
11h00-12h30	Cairo
14h30-16h00	New Delhi
17h00-18h30	Manila

The launch (event 1) will be in English with interpretation in: Arabic, Chinese, French, Spanish and Russian.

Event 2:

Wednesday 23 February 2022

08h00-9h30	Vancouver
10h00-11h30	Mexico City
11h00-12h30	Washington, DC
12h00-13h30	La Paz
13h00-14h30	Rio de Janeiro
17h00-18h30	Geneva

The launch (event 2) will be in English with interpretation in: Spanish and Portuguese

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3. International Organisations

3.1 End Corporal Punishment, End Violence against Children



End Violence
Against Children



End Corporal
Punishment

Dear friends and colleagues,

We hope 2022 has started well for you.

To start the year we would really appreciate your help. We want to know more about the international community of people who are committed to ending corporal punishment, about your work on the issue and what you think is needed to make more progress. We would be very grateful if you would fill in our short survey.

The survey is available in English, French and Spanish, and should only take you 4 minutes.

English - <https://www.surveymonkey.co.uk/r/V7LPS5K>

French - <https://www.surveymonkey.co.uk/r/85HWJXK>

Spanish - <https://www.surveymonkey.co.uk/r/L8ZPVT7>

Your replies will help us improve our work to end violent punishment of children.

Many thanks,

Bess Herbert, Advocacy Specialist - Corporal Punishment

bess.herbert@end-violence.org

Sonia Vohito, Legal Policy Specialist – Corporal Punishment

sonia.vohito@end-violence.org

Français

Chers amis et collègues,

Nous espérons que l'année 2022 a bien commencé pour vous.

Pour commencer l'année, nous apprécierions vraiment votre aide. Nous souhaitons en savoir plus sur la communauté internationale des personnes qui s'engagent à mettre fin aux châtiments corporels, sur votre travail sur la question et sur ce que vous pensez être nécessaire pour progresser davantage. Nous vous serions très reconnaissants de bien vouloir répondre à notre courte enquête.

L'enquête est disponible en anglais, français et espagnol, et ne devrait vous prendre que 4 minutes.

Anglais - <https://www.surveymonkey.co.uk/r/V7LPS5K>

Français - <https://www.surveymonkey.co.uk/r/85HWJXK>

Espagnol - <https://www.surveymonkey.co.uk/r/L8ZPVT7>

Vos réponses nous aideront à améliorer notre travail pour mettre fin aux châtiments violents infligés aux enfants.

Avec tous nos remerciements,

Bess Herbert, Spécialiste du plaidoyer - Châtiment corporel

bess.herbert@end-violence.org

Sonia Vohito, spécialiste en politique juridique - Châtiment corporel

sonia.vohito@end-violence.org

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Español

Estimados amigos y colegas,
Esperamos que el año 2022 haya empezado bien para vosotros.

Para empezar el año agradeceríamos mucho vuestra ayuda. Queremos saber más sobre la comunidad internacional de personas comprometidas con el fin del castigo corporal, sobre su trabajo en el tema y sobre lo que cree que se necesita para avanzar más. Le agradeceríamos mucho que rellenara nuestra breve encuesta.

La encuesta está disponible en inglés, francés y español, y sólo le llevará 4 minutos.

Inglés - <https://www.surveymonkey.co.uk/r/V7LPS5K>

Francés - <https://www.surveymonkey.co.uk/r/85HWJXK>

Español - <https://www.surveymonkey.co.uk/r/L8ZPVT7>

Sus respuestas nos ayudarán a mejorar nuestro trabajo para acabar con los castigos violentos a los niños.

Muchas gracias,

Bess Herbert, Especialista en Abogacía - Castigo Corporal

bess.herbert@end-violence.org

Sonia Vohito, Especialista en Política Legal - Castigo Corporal

sonia.vohito@end-violence.org

3.2 Nordic Global Health Talks – Webinar series



I want to call your attention to the new, monthly Nordic Global Health Talks webinar series, now run on the first Thursday of the month at 13:00 GMT. The series is a collaborative effort of 12 Nordic universities that offer global health education. Please see below links with information on the series, as well as on the talk this coming Thursday, that

might interest you, i.e., global health and health of migrants. Information on the talk 3 February at 13H00 GMT: <https://globalhealth.ku.dk/nordic-talks/programme/is-migrant-health-important-for-global-health/>

Information on the webinar series: <https://globalhealth.ku.dk/nordic-talks>

Participation is at no cost, but needs a simple [see pre-registration below]

Regards,

Geir Gunnlaugsson, MD, PhD, MPH

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4. Current Controversy

4.1 Population growth and climate change

There is a divergence of opinion among climate change activists on how significant population growth is among measures to tackle the climate crisis.

There is no doubt that having smaller families is one of the biggest ways in which an individual can reduce their carbon footprint, which ranks above going vegan, giving up your car and ending those air flights across the planet.

But is this the same as saying that everyone should have fewer children to save the planet?

Many argue no, because the difference that can be made by having fewer children varies across the planet depending on the income level and average carbon footprint of the population. Thus in a high income country (which may have a low fertility rate) it makes a much bigger impact to have one less child than in a low income country which may have higher fertility, but the average carbon footprint is so much lower. As the article states,

'High- and upper-middle-income countries have higher per-capita emissions and account for 86% of global carbon emissions, despite having the lowest fertility rates.'

'Focusing on what women in poor nations with the highest birth rates can do to curb climate change distracts from holding wealthy countries and corporations accountable for their disproportionate harm to the planet and imperils the right to reproductive autonomy.'

Guillebaud, a long term expert on family planning and population control puts the case well in this 2008 BMJ leading article: *'We must not put pressure on people, but by providing information on the population and the environment, and appropriate contraception for everyone (and by their own example), doctors should help to bring family size into the arena of environmental ethics, analogous to avoiding patio heaters and high carbon cars.'*

It is also worth noting that many parents in high income countries are already taking action to reduce family size and this seems a desirable trend.

Please, contribute your own views especially from the global South.

Tony Waterston

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4.2 With Pediatric Hospitalizations Rising, Reconsider Off-Label Covid Vaccination for Young Children (The Hastings Center)



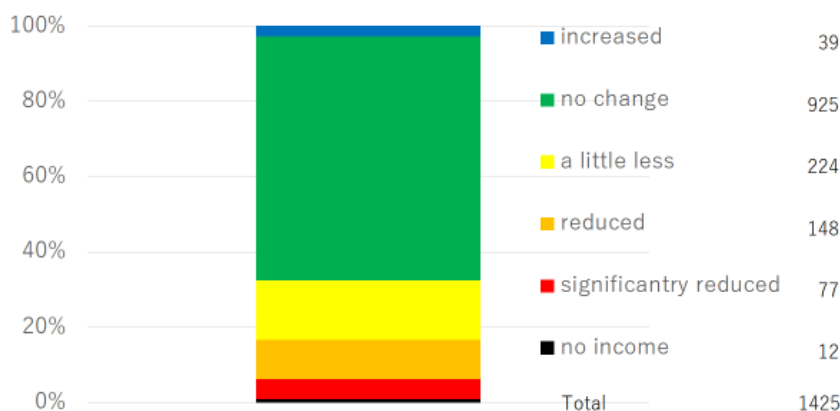
Pfizer recently announced that its trials in children 2 to 5 years old produced a weaker than expected antibody response and that it would hold off requesting authorization from the Food and Drug Administration. It was a clinical disappointment, and also an emotional blow to families (including some of our own) with a child under 5 who will be waiting longer to be vaccinated. Pfizer is testing a three-dose-series in these youngest kids, with results (and hopefully authorization) anticipated in the first half, as opposed to the first months, of the year. **More information in:** <https://www.thehastingscenter.org/with-pediatric-hospitalizations-rising-reconsider-off-label-covid-vaccination-for-young-children/>

RM

4.3 Changes in family income under COVID-19 pandemic in Japan

We performed a nationwide questionnaire study about the family situation under the pandemic in Japan. This is a medical institution based study from 96% of prefectures. We gathered the data from families with children. This figure is one piece of data from it. The income of more than 30% of families decreased under the pandemic. And 1% lost their income which means they were fired. The government doesn't play good roles for them. I guess similar situations have been happening in the world. The ISSOP members take action to change the governments to protect every child with effective policies.

Changes in the family income under the COVID-19 pandemic (Sep. 2021)



Prof. Hajime Takeuchi, MD

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4.4 Economic sanctions on countries are indiscriminate weapons and should be banned



Economic sanctions are usually applied by governments or the United Nations Security Council (UNSC) to individuals, companies or countries. Such sanctions may be appropriate when applied to individuals or companies. Economic sanctions on countries, however, cannot be justified in any circumstances. There is overwhelming evidence of the adverse effects of economic sanctions on both the health and nutrition of the civilian population. It is usually the

most disadvantaged sections of society, who experience the greatest harm.

<https://bmjpaedsopen.bmj.com/content/5/1/e001350>

Imti Choonara , Maurizio Bonati , Paul Jonas

5. CHIFA Report – IPA Report – ISSOP/INRICH Report – CAP Report

5.1 CHIFA report

At the recent meeting of the CHIFA steering group, current progress and strategy for the coming year were discussed. New members are down from around 10-20 per month to an average of two, and messages down from 40 a month to average ten. This is disappointing and likely reflects the loss of support we have had on the moderating group. It was agreed that closer links will be made with the International Child Health Group (which has funded support in the past), and there will be reciprocal attendance at committee meetings.

CHIFA is seeking new moderators and welcomes offers from ISSOP members. The task is to be on the rotation (currently for one week in three) for moderating messages – this is an interesting and not difficult task taking around 5 minutes per message, so it not excessively demanding! It is also useful if moderators can seed CHIFA with new messages or information on interesting publications which are always appreciated by CHIFA members. There will also be discussion with ISSOP on possible thematic reviews to be carried out on CHIFA in 2022.

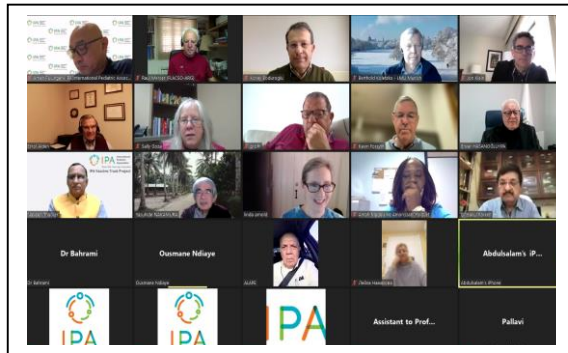
Finally – we’ve just heard some very good news from HIFA, about the overarching organisation Global Healthcare Information Network of which CHIFA is a member. It was reported this week that GHIN has been accredited as a [‘Non-state actor in Official Relations with WHO’](#). This will make the relationship between HIFA and WHO much closer and should benefit CHIFA as well. Congratulations to Neil Pakenham Walsh and the HIFA team in working hard to achieve this step-up.

Tony Waterston

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5.2 IPA Report



During the meeting of the **IPA Standing Committee** on February 3, issues related to management, governance, strategic planning, financing, participation of member societies and the development of activities were analysed. Within them, **ISSOP** (through its representative and member of the **Education and Advocacy Subcommittee**) participates in the organization of webinars for the current year. In addition, progress information was shared on the **IPA 2023 Congress** to be held in Gandhinagar, Gujarat, India. For more information, see the following link,



IPA CONGRESS & 60TH PEDICON 2023

Quality Care for Every Child Everywhere

Gandhinagar, Gujarat, India | 19th-24th Feb, 2023

International Pediatric Association Congress 2023 &
60th Annual Conference of The Indian Academy of Pediatrics

<https://www.ipa2023congress.org/>

5.3 ISSOP/INRICH Report

ISSOP/INRICH COVID-19 Research Group Update

When the COVID pandemic spread across the world in the early months of 2020, ISSOP



invited its members and members of the International Network for Research in Inequalities in Child Health (INRICH) to join a working group on the impact of the pandemic on children. A research group with around 40 active

participants was formed from the work group members. The first of 20 meetings was held on 13th May 2020. Multiple projects/presentations/publications, undertaken by colleagues in different parts of the world, have resulted from the work of the group – currently 31 papers published in peer-reviewed journals; 6 submitted & awaiting decision; 19 in preparation for submission. Among these, papers on the Voices of Children are being published as part of an ISSOP/BMJPO Special Collection and two papers published in an English language issue of the Journal of Child, a Turkish journal

published by Istanbul University Department of Pediatrics. The research group is currently discussing its future direction. Our clear commitment is to provide a safe and supportive research community for all colleagues especially early career researchers and those from



low resource countries with limited access to research resources.

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We welcome new participants and will continue to offer mentoring and support for project development and publication.

A sample of papers published:

- 1.Sharanya Napier-Raman et al. Impact of COVID-19 on the lives of vulnerable young people in New Delhi, India: a mixed method study. BMJ Paediatrics Open 2021;5:e001171. doi:10.1136/bmjpo-2021-00117
2. Goldhagen J. et al. Voices of youth in the time of COVID-19. BMJ Paediatrics Open 2021;5:e001265. doi:10.1136/ bmjpo-2021-001265
- 3.Brugnaro B, et al. Functioning of children and adolescents with Down syndrome and the association with environmental barriers and facilitators during the COVID-19 pandemic. Journal of Intellectual Disabilities. doi:10.1177/17446295211032763]
4. González F, Pinzón-Segura MC, Pineda-Restrepo BL, Calle-Dávila MC, Siles Valenzuela E, Herrera-Olano N et al. Respuesta con enfoque de derechos de la niñez frente a la pandemia por COVID-19 en Chile, Colombia y Perú. Rev Panam Salud Publica. 2021;45:e151. <https://doi.org/10.26633/RPSP.2021.151>

Nick Spencer

5.4 CAP 2030 Report

The CAP-2030 organized a General Assembly Meeting on Jan 31st with the participation of **all stakeholders**- past and present. It was an **interactive distillation** of the achievements over the past year, as well as an opportunity to network and ideate about a specific topic. The exciting **agenda**, promoted an opportunity to listen, ask, contribute, connect, ideate as little or as much as the participants liked. People could pose questions and suggest discussion topics ahead of time by accessing to a virtual poll. Each of the 9 participant countries had an opportunity to share their experiences and commonalities with the rest of the countries. We will have the opportunity to share the recorded version of the meeting very soon.



RM

6. Trainee Report (Invitation to participate)

6.1 Calling All Pediatric Trainees!

Our pediatricians in postgraduate, registrar, residency, and fellowship training programs bring unique insight, perspective, and ideas to the conversations about social pediatrics and child rights! **ISSOP** would like to know what you and your trainees are doing for children throughout the world! Let's connect and we will highlight you and your work in our e-bulletin. Contact us through this mail editor@issop.org, and we can share the ideas and successes from our future colleagues, your pediatric trainees.

Colleen Kraft

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7. Publications

7.1 Socio cultural elements regarding child care in Santiago, Chile

Parenting, within the framework of child care, is recognized as the first process of socialization of boys and girls in the course of their development, this being a central element so that every boy and girl can reach their maximum potential. Parenting practices are influenced by various factors, including demographics, economics, and also changes in traditional social networks. Given the importance of this process in child development, countries make various efforts to work with and accompany upbringing and parenting, particularly in the first years of life. It is in this line that the study "Sociocultural elements regarding the childcare in Santiago de Chile" is framed, whose objective is to characterize the style of upbringing and child care in families in situations of social vulnerability in Santiago de Chile.

The study presents the scenarios in which parenting occurs in 9 vulnerable households in Santiago with infants under 2 years of age, the actions and practices of primary and secondary caregivers, the interactions of the different members, and their relationship with public institutions, and private. The study makes it possible to analyze the accompaniment, support and protection actions for families, so that they are coherent, timely and effective for child care during the first years of life, shedding light on the effectiveness of the measures that the country has adopted, as well as the difficulties observed, particularly in the most vulnerable households in Santiago. At the end it presents challenges to different social actors, both public and private, to contribute in the processes of childhood development.

Link: <https://www.unicef.org/chile/informes/elementos-socioculturales-respecto-al-cuidado>

Fernando Gonzalez

7.2 'Rules for radicals': a subversive's guide to putting social paediatrics into practice. By Guddi Singh

<https://authors.elsevier.com/a/1eP8B6ElwSkbri>

Review by TW

Please read and circulate this apt and entertaining article by ISSOP supporter Guddi Singh from London in Paediatrics and Child Health. Guddi *'makes a call for bottom-up, grassroots organizing around social justice and developing the knowledge and tools to fight it, including the exciting new initiatives of the 'social tool kit' and the 'social incubator'.*

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She notes that the COVID pandemic has highlighted the need for fundamental change in tackling the determinants of child health, and outlines her approach to doing so. The Social Tool Kit is the means to identify which social problems afflict our patients and here are the questions to ask in history taking.

Questions	Poverty cues
Draw family tree Home: Who lives at home with you?	Chronic physical or mental health problems, >3 young children, single parent Housing concerns: pests, leaks mould, cold, overcrowding
Holidays: Have you been on Holiday in the last year?	No holidays (UK or abroad) could be a sign of limited disposable income - first screening question used due to universal acceptability and already used in travel history
Employment/Education Do you work? How is your child doing at school?	Unemployment/low income, asylum seekers, travellers Developmental delay, poor school attainment
Activities: Do you have any hobbies?	Lack of money for hobbies or transport Social isolation
Diet What did you eat yesterday? In the last year, have you worried that your food would run out before you got money to buy more?	Lack of (healthy) food, unable to afford fresh fruit and vegetables Parents missing meals to feed children Free school meals Food bank use
Safeguarding Have you ever had a social worker? Has anyone, including family and friends, physically hurt or threatened you?	Reasons for social worker could give insight into current and previous vulnerabilities Physical, verbal, emotional or sexual abuse warrants further investigation and referral as per local pathways

And here is the social determinants of health questionnaire:

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Social Determinants of Health Questionnaire

This questionnaire aims to identify areas of everyday living which can be missed during appointments but impact families and their healthcare. It will be given out to all families coming to our clinics. We hope to improve our services by picking up on these issues and worries so we can offer advice and support.

For each statement, please mark on the scale how relevant it is to you and your family i.e. how closely each statement fits with your situation.

1. Lack of access to affordable and reliable transport has made it difficult for me to get to this medical appointment or has caused me to miss medical appointments for my child/children in the past.

How relevant is this to you with 0 being not relevant at all and 5 being very relevant?



2. I worry about being able to pay for my housing and/or my electricity/heating bills.

How relevant is this to you with 0 being not relevant at all and 5 being very relevant?



3. I worry about where my family live due to one or more of the following problems:

- Pests e.g. bugs, mice or rats
- Mold, damp or leaks
- Broken heating/oven
- Missing smoke detectors
- Difficulty accessing house/flat (e.g. due to a disability, too many stairs, poor lighting)
- Not enough space

How relevant is this to you with 0 being not relevant at all and 5 being very relevant?



Guddi moves on to describe how a local hospital may refocus its local services provision to meet the needs of local resident families ... there is no more space to go into this here, read the article and you will learn much, please try out the techniques and discuss with your colleagues! Maybe you can also set up a 'social incubator'!

Please give your feedback and make use of the extensive resources list at the end of the article.

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7.3 A review of the impact of COVID 19 on substance abuse

The COVID-19 pandemic and its lockdown have been a significant life event for adolescents (Transitioning to remote or hybrid classes, social lives put on pause, canceled sport activities, and extracurricular activities...). Adolescence is a transitional phase of growth and development in which adolescents would consider the relationship with their peers as sources of inclusivity, trust, affection, and self-esteem. Thus, they would feel more comfortable sharing their feelings to their peers rather than their parents at home.

Mental health problems among adolescents might have emerged due to the implementation of online learning, which limits social interaction with their peers. These psychopathological problems would eventually affect adolescent's productivity. Abrupt online learning was believed to lead to a decrease in study motivation. This stressful event was worsened by the uncertain and ever-changing policies for academic activities, such as exams, graduation, and exchange programs. In addition, financial problems have become another stressful event, as the world economy was heavily hit by the pandemic. Some students lost their part-time jobs, while their families were also struggling with unstable income during the pandemic. In this period, adolescents suffered at least one psychological problem such as anxiety, depression, or posttraumatic complaints during the pandemic and immense psychological pressure could drive risky behavior, substance use, and ways to numb the pain.

The impact of the COVID-19 pandemic on adolescent substance use is not clear, because emerging studies have yielded inconsistent results. A Canadian study on adolescent substance use pre- and post-COVID-19 found that, "For most substances, the percentage of users decreased; however, the frequency of both alcohol and cannabis use increased. Although the greatest percentage of adolescents was engaging in solitary substance use (49.3%), many were still using substances with peers via technology (31.6%) and, shockingly, even face to face (23.6%)¹.

According to a new study, among adolescent's ages 10 to 14 in the U.S., the overall rate of drug use remained relatively stable in the first six months of the COVID-19 pandemic. However, one change was a decreased use of alcohol, but an increased use of nicotine and misuse of prescription drugs².

But, while lockdown might lead to decreased use of some substances, many experts believe the pandemic could lead to a nationwide spike in substance use disorders as people struggle with the anxieties and uncertainties borne of the pandemic. It can be an "epidemic hidden in a pandemic". This is always a vulnerable time during this period in their growth, in their development, in their growth of their identity, and often times what helps our adolescent population is structure and predictability and of course with COVID, this renders everything the opposite. Addiction and substance use among young people can accelerate poor health outcomes and lead to even worse behaviors as adults. Youth who are desperately in need of care may not get the services they need if no one identifies the problem early. To address this growing threat, we must be

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armed with more studies in this field. Longitudinal studies are needed to monitor shifts in substance use patterns over time as the pandemic evolves to fully characterize the impact of pandemic-related stresses on teen substance use, motivations for use, and mental health correlates³.

We must empower and build the capacity of community mental health and addiction recovery organizations to respond to and prevent future youth substance use during the current pandemic and in future disaster scenarios.

It is important that healthcare providers consider screening all adolescents for problematic substance use, and regularly monitor adolescents' safety in addition to maintaining treatment gains. Although stay-at-home orders and social distancing guidelines have made certain aspects of substance use disorder treatment more difficult, these restrictions also present a unique opportunity for parents and caregivers, as well as for health care workers.

Parents and caregivers can use this time to increase structure in the home and build stronger connections with their children, and health care workers can use lack of access to substances to set up substance cessation goals for their adolescent patients.

We are living in an unprecedented time of uncertainty. The ramifications of the COVID-19 pandemic are emerging and will continue to emerge for the foreseeable future. It is our collective responsibility to reverse this growing trend that is endangering our future.

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1. Dumas TM, Ellis W, Litt DM. What does adolescent substance use look like during the COVID-19 pandemic? Examining changes in frequency, social contexts, and pandemic-related predictors. *Journal of Adolescent Health*. 2020; 67(3):354–361.
2. WE Pelham III, SF Tapert, MR Gonzalez, et al. Early adolescent substance use before and during the COVID-19 pandemic: A longitudinal survey in the ABCD Study cohort. *Journal of Adolescent Health*. DOI: 10.1016/j.jadohealth.2021.06.015 (2021).
3. Lundahl LH, Canoy C. COVID-19 and Substance Use in Adolescents. *Pediatr Clin North Am*. 2021 Oct;68 (5):977-990. doi: 10.1016/j.pcl.2021.05.005. Epub 2021 May 18.

Gonca Yilmaz MD, PhD Turkey

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7.4 Special Collection: Young Voices in the Time of COVID-19

In collaboration with ISSOP, the International Society for Social Pediatrics and Child Health.



BMJ Paediatrics Open and ISSOP, the International Society for Social Pediatrics and Child Health, are pleased to announce a call for papers on the theme of 'Young voices in the time of COVID-19'.

The main aim of this special collection is to capture the experiences, needs, and strengths of diverse populations of children and young people during the pandemic. We want to raise awareness around the experience of particular groups of children and young people who may be marginalised or disadvantaged and privilege the experiences of those from the majority world.

Potential topics include, but are not limited to, the following:

- Advancing children's rights and supporting their agency
- Street and working children
- First nations: the experience of indigenous and tribal children/young people
- Outside looking in: young people on the fringe
- Voices from the global south
- Ethics and methods of research on marginalised young people
- Policy initiatives and government action responding to young people

Submissions will be accepted throughout 2021. The special collection will be launched with editorials on 'Learning from the pandemic – lessons for global child rights and equity' and "Children's rights to be heard." Accepted articles will be formally published as soon as they are ready to avoid delays and collected together for promotion in the autumn.

Further information

The Editor-in-Chief will be happy to discuss ideas for articles in advance. ISSOP members will also be available to work with authors without previous experience with submitting manuscripts to peer review journals. The collection is open to all article types usually published in the journal. BMJ PO's usual peer review standards will apply.

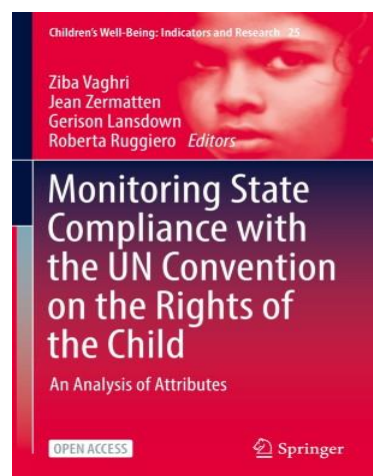
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BMJ Paediatrics Open (BMJPO) is an open access journal dedicated to publishing original research, study protocols and clinical reviews that deal with any aspect of child health. There is also a dedicated Young Voices section. The provision of child health is multidisciplinary and international. The journal welcomes papers from all health care professions from anywhere in the world. BMJPO is an official journal of the Royal College of Paediatrics & Child Health.

The mission statement for **ISSOP, the International Society for Social Pediatrics and Child Health**, is: 'Professionals acting locally and globally to improve the health and well being of children and young people with a focus on social pediatrics and child health.' ISSOP is a non-profit organization grounded in the principles of child rights, equity, and social justice—focused on addressing critical regional and global issues impacting the health and well-being of children and youth. ISSOP is the only global Social Pediatrics organisation and over recent years has emerged as a convening organization with substantial reach to many other professional organisations and global agencies.

7.5 Monitoring State Compliance with the UN Convention of the Rights of the Child. An Analysis of Attributes



Editors Ziba Vaghri - Jean Zermatten - Gerison Lansdown - Roberta Ruggiero

Is the only book discussing the core attributes of each article in the UNCRC

Includes the work of international experts and data on nearly 2,000 children from 35 countries

Provides a concise analysis on how to track rights implementation across countries

This book is open access, which means that you have free and unlimited access to the content.

<https://link.springer.com/content/pdf/10.1007%2F978-3-030-84647-3.pdf>

RM

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7.6 Journal of Child (Turkey): Special issue on Social Pediatrics



It is not simply a scientific publication. Rather, it is the result of a call made long ago by two ISSOP colleagues: **Perran Boran and Nick Spencer**.

Throughout this time, Perran and Nick have worked professionally and in solidarity to make this project a reality. But in addition, it is worth highlighting the entire process of reviewing articles and editing by the University of Istanbul. This publication adds to the contributions that professionals in the field of Social Pediatrics in Turkey have been developing for years and supporting the development of Social Pediatrics in the rest of the world. To all of them, our sincere gratitude.

You can access the magazine through the link or the articles individually. **RM**

Access to the Journal of Child <https://dergipark.org.tr/tr/pub/jchild>

Access to Volume 21 Issue 3 on Social Pediatrics

<https://dergipark.org.tr/en/pub/jchild/issue/68169>

1. Factors Related to Infant Mortality Rate and Under-Five Mortality Rate in Turkey: An Ecological Study with Provincial Data. Hakan TÜZÜN

<https://dergipark.org.tr/en/pub/jchild/issue/68169/993630>

2. Evaluation of Patient- and Family-Centered Care in a Paediatric Clinic in Turkey: a Qualitative Study

Lubna QUTRANJİ Burçin YORGANCI KALE Hatice Ezgi BARIŞ Kübra TEZEL GÖKÇE Okan CETİN Esra YILMAZ Emine Nural ÖZTÜRK Perran BORAN

<https://dergipark.org.tr/en/pub/jchild/issue/68169/1000170>

3. Childhood and the Media during the COVID-19 Pandemic

Pablo VÍNOCUR Patricia FERRANTE Belén IGARZÁBAL Monica WAİSMAN Martin RAJNERMAN Raul MERCER

<https://dergipark.org.tr/en/pub/jchild/issue/68169/1005536>

4. Risk Factors for Early Weight Loss in Breastfed and Term Newborns

Tijen EREN Bahar KURAL Gülbin GÖKÇAY

<https://dergipark.org.tr/en/pub/jchild/issue/68169/996186>

5. Informed Refusal in Pediatric Practice: a Single Center Experience of a Tertiary Care Children's Hospital

Mine KORCUM Özlem BAĞ Sevat ALŞEN GÜNEY

<https://dergipark.org.tr/en/pub/jchild/issue/68169/1003850>

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6. Informed Parents- Safe Environment for Children

Gonca KESKİNDİRİCİ Öykü ÖZBÖRÜ AŞKAN Hüray KÖK Ebru SENOL Pınar YILMAZBAŞ Yeşfa Şebnem ÖZBAY Gülbin GÖKÇAY

<https://dergipark.org.tr/en/pub/jchild/issue/68169/989506>

7. Social Pediatrics Training in Turkey

Gülbin GÖKÇAY Bahar KURAL Gonca KESKİNDİRİCİ Olcay NEYZİ

<https://dergipark.org.tr/en/pub/jchild/issue/68169/995008>

8. Children of the Syndemic

Nick SPENCER

<https://dergipark.org.tr/en/pub/jchild/issue/68169/1013093>

9. Environmental Threats to Child Health

Melda ÇELİK Kadriye YURDAKÖK

<https://dergipark.org.tr/en/pub/jchild/issue/68169/984802>

10. Understanding the Links Between the Climate Crisis and Child Health

Yakup GOZDERESİ Enis Hikmet OZMERT

<https://dergipark.org.tr/en/pub/jchild/issue/68169/990189>

11. Early Childhood Development – The Role of The Paediatrician

Elif N. ÖZMERT

<https://dergipark.org.tr/en/pub/jchild/issue/68169/998879>

12. Increasing Sleep Health Awareness in Pediatric Settings: Creating Opportunities for Generating a More Sleep-literate Health Care Workforce

Sarah BLUNDEN Perran BORAN

<https://dergipark.org.tr/en/pub/jchild/issue/68169/1003751>

8. Topics in Social Pediatrics reflections

8.1 A young person comments on working with paediatricians

I would say that my ask, first and foremost, of all paediatricians across the world is to speak to the patient as a human. It can often be easy for a case to be bought forwards and for that collection of skin, bone, and muscle to be seen as words on a page or a list of symptoms. A consultation can be made or broken from a patient's confidence and trust perspective, simply as a result of whether they felt that they were listened to and felt comfortable with the way in which they were engaged with by their doctor. On numerous occasions I have come out of an appointment not knowing where I stand with the results of the meeting, however there are also the shining lights of healthcare who greet you as an old friend from the moment that you walk through their door, spoken to rather than spoken at.

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My second point is that children, especially younger, can often be socially or even physically isolated from conversations about their care. There is often stigma that children will not have the knowledge of their condition or what is happening to them, with conversations therefore going from doctor to parent or carer and not to patient. We are living in an era of information where we can get whatever we want whenever we want. It is not unheard of, especially in secondary care settings where patients have often known no other way of living, for the patient to know just as much, if not more, than their doctor about their condition.



**Toby Hancock, Great Ormond Street Hospital
Vice-Chair of the Young People's Forum**

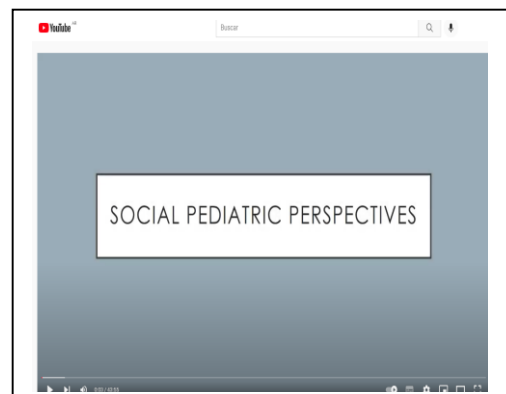
At the Great Ormond Street Hospital Young Peoples Forum (GOSH YPF,) a group of close to 100 patients and siblings act as a mouthpiece for children in and around the hospital. Teams and individuals from all aspects of the hospital, not purely clinical, are able to come and discuss with the group about what the fundamental stakeholders want from their hospital to better improve all aspects of the patient experience.

In conclusion, the benefits of treating a patient holistically, taking into account their background and past experiences, using this extra information to tailor the way that children and young people are communicated with.

8.2 Interviews and recordings on social paediatrics

As a new feature for this and coming issues of the e-bulletin we provide a link to recordings of social paediatricians from around the world on the status of social paediatrics in their country. We ask them to respond to the following questions:

1. **Do you belong to a social paediatric society? If yes, is this society affiliated to the national paediatric society in your country? If no, please describe why you feel such a society does not exist in your country.**
2. **How well is social paediatrics recognized in your country?**
3. **Do you feel that there is a growing interest in the field of social paediatrics among clinical/hospital practitioners in your country? What are the reasons that could explain this trend?**



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This month we include interviews with or recordings of Tony Waterston and Doug Simkiss (UK); Hajime Takeuchi (Japan) and Rajeev Seth (India). You are welcome to suggest other subjects for future recordings.

Access the recordings [here](#).

9. Climate change update

9.1 Teenagers sue in 33 countries over climate change

<https://www.bbc.co.uk/news/av/science-environment-59776108>

Watch this remarkable video reporting on the Portugese children who are taking 33 countries to court for their failure to adequately tackle climate change –

A group of children in Portugal are using human rights law to force European politicians to tackle climate change.

After seeing the damage caused by wildfires in their home country of Portugal, André Oliviera, his sister Sofia and their friends are determined to make sure that leaders who pledged to reduce harmful emissions are forced to act.

Will this technique work? Certainly pressure by adults isn't, so let us laud their efforts.

TW

9.2 Living net zero is good for you

<https://inews.co.uk/news/environment/net-zero-life-has-huge-benefits-for-personal-wellbeing-new-study-1361152?fbclid=IwAR1xYvUGDIELHVcagrpvmHOjQ89IFNkN7LK6kbQE0nwDveiO1t2GdqOM8BQ>

In this article in the UK daily newspaper The Independent, Researchers analysed 18 carbon-cutting measures at home and at work in areas such as food, transport and energy and assessed the impact of each on issues such as health, clean air and water quality.

Of the 306 categories they looked at, 79 per cent were positive for wellbeing, 18 per cent were neutral and only 3 per cent were negative.

So, it sounds like it's true that cutting your carbon footprint at home and at work is good for your health and wellbeing - so go for it!

TW.

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10. GPS'ing our members



Our member of the Editorial Board of ISSOP e-bulletin, Fernando Gonzalez, is trekking in these mountains (Cerro Castillo) in the Andes, Chile. This is a good place to get inspired and contribute to the construction of the e-bulletin, but also, according to Fernando it's a call to save our planet. Thanks for sharing this unique landscape!!!

Breaking News!!!

During the closing of the edition of the e-Bulletin we received this important information that we need to share given its relevance



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Identifying & Responding to the Torture of Children *A 4-Part Series for Healthcare Professionals*

February 1, 8, 15 & 22

10:00 - 11:30 a.m. EST (New York) / 4:00 - 5:30 p.m. CET (Geneva)

FREE EVENT / CME CREDITS AVAILABLE

Healthcare providers across the globe are responding to calls to aid children who are the victims of violence and armed conflicts, have been displaced, are seeking refuge, and/or are in need of humanitarian care for many other reasons. Many of these children have experienced significant physical and emotional trauma—some of which rises to the level of cruel, inhuman or degrading treatment, or torture. Most health responders in these settings lack the knowledge, expertise, and experience to identify, document, and respond to the physical and emotional needs of these children and report their findings.

This 4-part training, presented in partnership with [ISSOP](#) (the International Society for Social Pediatrics and Child Health), the [University of Florida College of Medicine](#), and the [University of California San Francisco Health & Human Rights Initiative](#), will engage global experts to help prepare child health professionals to identify and respond to the torture of children. Participants will learn about the legal and human rights foundation of this work and the structures currently in place; how to recognize, document, and report the torture of children; the mental health effects of torture; and the role of international organizations and other stakeholders in thinking strategically about how to address this global tragedy. **1.5 CME credits per module will be available (6 CME credits for all four modules) from the University of Florida College of Medicine.**

PROGRAM DETAILS

[Module 1: Violence and Torture Against Children: What We Know](#)

[Module 2: Documentation of Violence and Torture: Basics and Best Practices](#)

[Module 3: Displaced Children and Violence: Responding to the Effects on Mental Health](#)

[Module 4: Advocating against the Cruel, Inhuman, and Demeaning Violence and Torture against Children](#)