

Reducing alcohol-related harm for young people

Summary of survey results





LWL

Für die Menschen.
Für Westfalen-Lippe.



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Table of contents

1. Preamble.....	6
1.1. Objective	6
1.2. Target group	6
1.3. Methodology	6
2. Results	7
1.4. Guidance on drinking by young people	7
2.1.1. Target group and provider of guidelines	8
2.1.2. General statements and recommendations	8
2.1.3. Recommendations for different age groups.....	8
2.1.4. Gender differences.....	9
2.1.5. Quantitative vs. Qualitative advice	10
2.1.6. Recommendations for parents.....	11
2.1.7. Advice and recommendations for professionals.....	12
2.1.8. Other target groups	12
1.5. Brief intervention and early identification for young people.....	13
1.6. Scientific evidence	14
1.7. Drinking and Driving	16
1.8. What else should be considered when discussing guidelines for reducing alcohol-related harm for young people?	18

Preamble

Objective

The objective of Task 3 in Work Package 5 of the RARHA project is to give an overview about existing guidelines on reducing alcohol-related harm among young people in Europe and develop a working paper on the topic. The guidelines or recommendations shall target young people but also their parents, health and other professionals who work with young people as well as policy makers.

In the work process an overview will be provided of:

- Existing guidelines and recommendations with respect to their content on youth drinking and special attention to how they relate to legal minimum age in EU member states
- Research evidence that can contribute to develop well informed guidelines on youth drinking e.g. in the fields of neurobiology, social learning, epidemiology
- Evaluated brief intervention approaches on youth drinking behavior

Target group

The central target group will be young people up to 21 years of age. The lower limit is oriented at the average entrance age of young people which is twelve years in the ESPAD study (Kraus et al. 2011). In the European action plan to reduce alcohol-related harm 2012 – 2020 young adults are defined as people between 18 and 25 years. This group should be included as we are speaking of guidelines or recommendations for young people.

Not only have guidelines and recommendations addressing young people been taken into account but also guidance addressing parents, school staff and other relevant professional groups.

Methodology

To receive an overview about the situation in Europe, a survey has been developed together with the RARHA partners in Work Package 5 and disseminated among members of the CNAPA committee.

The part of the survey addressing young people has gathered the following information:

Information about existing guidelines with respect to their content of youth drinking as well as the nature of those guidelines, meaning if they are a part of a National Strategy, issued separately or have been published in a different context. Additionally it has been asked which group is targeted by the guideline (young people, parents, professionals or others) and who provided them (governmental body, scientific society, medical association or others).

Also addressed have been brief interventions, early identification approaches, relevant research evidence in multiple fields like social learning, neurobiology, epidemiology and others. Finally rules and law enforcement regarding young people and drink driving has been asked for and the survey participants could mention other important aspects to include in the guidelines.

In the next step the wealth of information gained by this survey has been summarized. The results will be discussed with European experts on alcohol and young people in a work meeting in Münster, Germany, on Dec. 16th 2014. The aim of the meeting is to discuss the results of the survey and decide what needs to be included in a Delphi study that will follow in 2015. Also the structure and important content for the background paper will be discussed.

The Delphi study will be operated through SurveyMonkey and will consist of two rounds of feedback. The panellists shall be the participants of the work meeting and other RARHA members who have expressed interest in the topic. However, after the meeting in Münster the LWL will ask the RARHA partners to name a suitable expert for their country to participate in the study.

The aim of the Delphi study is not necessarily to achieve consensus on every statement or recommendation. By using this method it will be possible to report agreements and disagreements in form of percentages of panellists and report pro and contra arguments.

Results

Out of 31 CNAPA representatives from 28 member states plus Norway, Iceland and Switzerland the LWL has received replies from 24 EU member states and for Switzerland, Norway and Iceland. Additionally we got one reply through the euronet network¹ for Denmark. Through euronet we were also able to gain additional feedbacks for Belgium, Italy, Luxembourg, the Netherlands, Germany and Slovenia. It has not been possible to gain any information from Bulgaria, Sweden and Slovakia. Romania replied to the overall survey but did not include any information on guidelines for young people.

In the following chapters the results of the survey will be summarized. The first part deals with reported document and statements that provide guidance for young people, parents or professionals on how to prevent or reduce alcohol related harm from drinking by young people, afterwards early identification and brief intervention approaches are reported, followed by relevant scientific study results.

In chapter 4 the scientific evidence reported by the country representatives are summarized, chapter 5 deals with brief interventions and early identification and chapter 6 with regulations on drink driving of young people. In the last chapter important aspects to include in guidelines are reported.

Guidance on drinking by young people

At first the representatives have been asked if they knew any existing documents or statements providing guidance on drinking for young people, parents and professionals on how to prevent or reduce alcohol related harm from drinking by young people; from 22 countries we have received confirmation that some sort of guidance exists in their country.

Those results are structured as follows: At first the background of the reported guidance will be summarized (target group and provider), followed by general statements and recommendations and a section addressing specific age groups ("younger than 15", "15-17", "above 18 years" and "above 21") and gender differences.

Besides quantitative guidelines that have been mentioned by the survey participants which mostly address standard drinks and age limitations, qualitative recommendations and risk minimizing strategies have been reported as well. Those will be listed followed by recommendations for parents, professionals and other target groups

¹ <http://www.euronetprev.org/>

i. Target group and provider

Guidelines with content regarding young people have been reported by 23 countries. 16 countries have reported guidelines that were issued separately, ten have been part of a National Plan or Strategy and five have a different background, e.g. are included on websites of prevention centres.

Those guidelines also differ in their origin and target group; 18 countries reported guidelines targeting young people directly, 17 countries report guidelines or recommendations for parents, e.g. regarding communication about alcohol, how to react when their children come home drunk, what precautions to take if children go out, etc. and 17 countries report guidelines for professionals such as school staff or professionals in the health sector.

There are 17 countries reporting guidelines issued by the governmental body, five countries mentioned guidelines by the scientific society, six by medical association and seven countries reported guidelines by other institutions like prevention centres.

The results for the cross table used in the survey are shown in Table 2. In two countries there are guidelines directed at parents and/or professionals but none directed directly at young people.

Table 1: Number of countries that reported guidelines according to provider and target group.

Target group	Provider			
	Govern-mental body	Scientific society	Medical association	Other ²
Young people	14	3	6	6
Parents	13	2	4	6
Professionals ¹	13	4	7	4

Note: 1) e.g. school staff, professionals in health sector, bar staff, 2) e.g. Prevention centres

ii. General statements and recommendations

- Quantity and Frequency are important indicators but other factors need to be regarded as well, e.g. physical constitution, current conditions and experiences.
- Adults should drink less and minors should not drink at all.
- Underage people should not drink. Young people above the minimum age should only drink moderately.
- Less is better
- Excessive alcohol consumption is a problem.
- Rules should be communicated in the way “you should not drink but if you do, consider...”
- Alcohol is part of the modern culture.
- Young people should be slowly introduced to the issue to consuming alcohol.
- “Safety tips” for alcohol consumption should be included in guidelines
- Adolescence is a period of transition from childhood to adulthood and should therefore be used to get used to alcohol consumption.

iii. Recommendations for different age groups

Childhood

- Children should not drink alcohol at all. Already very small amounts can have harmful effects.
- Children under the age of 15 are at the greatest risk from alcohol. For this age group not drinking is especially important (CH). Children should not drink at least until the age of 15.

- Children between 12 and 13 should not drink at all. Children between 14 and 15 ideally should still not drink but if they do, they should only take a sip. Don't drink the whole glass! (CH).
- Australian National Health and Medical Research Council (NHMRC 2009): Children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

15 to 17 years of age

- The Australian National Health and Medical Research Council (NHMRC 2009): Young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible
- Not drinking is the healthiest option for young people over the age of 15 as well. There is no risk-free consumption of alcohol for young people under 18.
- Young people under 16 should not drink alcohol and drink as little as possible until they are adults (CH).
- Young people should not drink under the age of 18 (exceptions in some countries with minimum ages of 16 or 21).
- They should not drink strong liquor under the age of 18 (or 21 e.g. in Finland).
- Alcohol is deeply implemented in our society and young people are bound to get in contact with it. Youngsters between 16 and 17: You don't have to drink alcohol! If you drink, be careful when you drink and how much. To drink a beer or a glass of wine from time to time is probably not harmful. Rule: Per week not more than one beer or a glass of wine no more than 2 times a week.
- If people between 15 and 17 years drink alcohol it should always be with guidance of a parent or carer or in a supervised and safe environment. If 15- to 17-year-olds consume alcohol, they should do so infrequently, and certainly not more than once a week. They should never exceed adult daily limits and on days when they drink, consumption should stay below that level.
- Not drinking alcohol is the safest option for young people under 18 years of age.

Above 18

- Young people between 18 and 21 should not drink more than two units on a single occasion and not more than once or twice a week.
- If people are over 18, healthy and want to consume alcohol in a low-risk way, women should not exceed 1-2 standard drinks a day; men should not drink more than 2-3 SD a day.
- At least two alcohol-free days a week should be kept to avoid tolerance development.

Over 21/adults

- Men: Not more than 21 units per week, spread over 5 to 6 days.
- Women: Not more than 14 units per week, spread over 5 to 6 days.

iv. Gender differences

The following recommendations have been reported for boys and girls regardless their specific age.

Boys

- Should not drink more than two standard glasses at a drinking occasion
- Should not drink more than two days a week.
- Should not drink in a weekly habit.

Girls

- Should not drink more than 1-2 standard glasses at a drinking occasion
- Should not drink more than 2 days a week
- Should not drink in a weekly habit.

v. Quantitative vs. Qualitative advice

Quantitative advice

- Not drinking alcohol is the safest option.
- Keep drinking to a minimum.
- Abstaining for some days a week is always beneficial.
- Avoid binge drinking (5 SD for men, 4 SD for women)
- Drinking more than 4 units in one session may cause harm.
- Just because a person tolerates alcohol more than other, it does not mean that no harm is being done. That might be a sign, that alcohol is becoming an addiction.
- The max. level of accepted alcohol consumption for young people has to be significantly lower than those of adults to not harm their health.
- Regular alcohol consumption above that limit is harmful.

- Only drink in moderation.

Qualitative advice

- Don't drink alcohol to quench your thirst. Drink non-alcoholic drinks in before you drink alcohol and in between alcoholic beverages.
- Drink slowly and keep to beverages with a lower alcoholic content.
- If you drink in rounds skip some rounds or order non-alcoholic drinks in between.
- Orientate yourself on others who are not consuming alcohol.
- Learn to say no in a friendly way.
- Avoid drinking games or flat rate parties.
- Don't drink when you are sad or upset. Don't try to use alcohol as a way to solve problems.
- Avoid mixed drinks as you cannot assess their alcohol content.
- Young people should drink "responsibly", avoid binge-drinking and avoid risky behaviour when drunk (DK).
- Stop drinking when drunk (SLO).
- Don't drink in particular situations (CH):
 - At school/work/while studying
 - When exercising
 - Before/while driving
 - When you're sick or taking medicine
 - If you suffer from chronic or psychic illnesses
 - If you're stressed or angry
 - During pregnancy or lactating
 - If you feel hopeless, miserable or suicidal, get help and don't get drunk.
 - Avoid alcohol when feeling down or stressed because alcohol is a depressant drug.
 - If you drink, make sure that it doesn't become your only method for dealing with tough times.

vi. Recommendations for parents

The relevance of the role of parents in reducing alcohol-related harm for young people has been reported by 17 countries, meaning that in those countries recommendations or guidance for parents exists. The following aspects have been mentioned:

- The important role of parent's influence should be communicated to them, carers and professionals. They should receive advice on how to respond to alcohol use and misuse by children.
- Parents are role models regarding their alcohol consumption. They are key actors when it comes to establish the child's trust with his environment and his sense of himself. They have an educational responsibility.

Parents should...

- inform themselves about the effects of alcohol and about general legal provisions. They should have the knowledge lead and can therefore give orientation and support to their children.
- check their own alcohol consumption regarding as they are role models. It's important that children learn from their parents.
- Should answer in an age-appropriate way, even if the child has not tried alcohol yet, but shows interest or asks questions about alcohol.
- inform their children in an objective, not dramatizing manner about the risks of alcohol and the reasons of consuming it.
- talk about the short-term effects of alcohol consumption and stress why it is sensible to limit alcohol intake.
- Know that they still have a big influence on their children, even when the influence of peers increases.
- make arrangements with their children of 14 or 15 that parties or get-togethers at home remain alcohol-free zones.
- explain to their children that they should never get into a car with someone who has been drinking.
- help their children with organizing a safe way home from parties.
- talk to their children in a relaxed manner if they have been drinking
- if the children come home drunk, wait until they are sober again.
- Not take responsibility for the unpleasant effects of the consumption if their children are repeatedly drunk.
- Should talk to their children when they recognize that they drink alcohol regularly and in high quantities or if their friends are consuming alcohol in high quantities.
- Try to get to know the motives behind the alcohol consumption
- Try to keep in close contact with your children and keep up the communication.
- Lay down rules together regarding alcohol consumption and specify consequences if the rules get broken
- Visit a consultant centre if your children's alcohol consumption leads to problems and it is not possible to reach them through talks and rules can't reach any changes.
- Check how alcohol is treated in sport and other clubs.
- Get active if they recognize any violation of legal regulations.
- Set clear rules and monitor your child
- Talk to other parents about monitoring
- Don't provide alcohol for children
- Not panic or overreact if children drink or drink too much.
- Keep in contact with school.

Information that should be given to parents:

- First aid
- Background information about alcohol
- Brain development and impact of addictive substances
- Common myths
- Ways to prevent their child from getting addicted
- Ways to make agreements with their children on alcohol
- The right time to have conversation
- How to talk with children of different ages
- Parents' attitudes and initiation of substance use by children
- Different parenting styles

vii. Advice and recommendations for professionals

- Support services must be available for children and young people who have alcohol-related problems and their parents.
- Individual and collective skills of professionals need to be strengthened. The transition from use to risky consumption, harmful consumption and dependence/addiction has to be prevented.
- Professionals should aim for the delay of experimentation and prevent the passage from occasional drinking to steady consumption.

The following aspects that have been mentioned regarding reducing alcohol-related harm in school settings:

- Schools should be involved in alcohol prevention.
- Schools should be an alcohol and drug-free zone (e.g. school parties)
- Schools can be a good place for brief interventions and early identification.
- Guidelines should adequate to be used in different kinds of schools (e.g. elementary schools, secondary schools, universities and others).
- Addiction prevention should be part of the health curriculum in schools.
- Schools should cooperate with parents, youth organizations, youth centres and youth police.
- It is important to create a positive, secure and supportive atmosphere when actively working in alcohol prevention.
- Students, parents, school staff and community should be involved and cooperate with each other.
- Children's and youth's development needs to be supported
- valuing drug free school environment
- preventing stigmas and taboos
- making rules of allowed and prohibited activities
- early identification and intervention
- creating opportunities for free time and extracurricular activities
- providing drug education through curriculum based and extra curriculum activities
- complex problem solving

viii. Other target groups

- Enforcement of public drunkenness regulations.
- Providing free water in bars.

- Legislation and enforcement in bars, cafes, restaurants.
- Sales of alcohol, Taxation, minimum pricing.

Brief intervention and early identification for young people

The questions on early identification and brief intervention approaches have been included on the basis that this approaches are needed to assess if there is a person consumes alcohol on a risky level and also to determine if there has been improvement regarding their alcohol consumption.

Early identification approaches of any kind have been reported by 16 countries, eleven of them use AUDIT or some form of AUDIT.

Other examples are:

- CAGE (HR, UK)
- Internet self evaluation² (DE)
- Early identification in hospitals (DE) → tool for the latter is still under development
- Fred goes school (CY) and Fred goes net manual in other participating countries
- SEM-J (BE)

The question remains how and in which setting those instruments of early identification are used. As Harris et al. stated the setting of brief intervention is important. Most studies evaluating brief intervention and early identification are taking place in schools, emergency facilities and college campuses. Brief intervention and early identification approaches are possibly powerful in primary care settings because they see very many patients and often know them for a very long time.

Eleven countries reported brief intervention approaches (CZ, BE, DE, DK, EST, FI, I, NL, PL SL, UK). Examples are SYPREDOS, CRAFFT and HaLT.

Questions:

How are brief interventions defined? Approaches have been reported between five minutes and eight hours.

What are the key recommendations we can derive from those results?

² <http://www.kenn-dein-limit.info/home.html>

Scientific evidence

The third part of the survey has been the question of national scientific study results that could be relevant for the development of guidelines for reducing alcohol-related harm of young people. Out of 27 countries that participated in the survey 21 reported scientific results. The following countries did not report any scientific studies that could be relevant for reducing alcohol-related harm for young people: Switzerland, Estonia, Portugal, Cyprus, Iceland and Hungary.

Relevant questions when taking scientific evidence into account are:

1. *Are young people more vulnerable to the effects of alcohol?*
2. *What effects does alcohol have on the brain of young people?*
3. *Which long-term and short-term effects can result from alcohol consumption for young people?*

First of all, there are certain limitations that have to be kept in mind regarding the scientific evidence regarding young people and alcohol consumption

- Underreporting
- Mostly quasi-experimental settings
- Mostly cross-sectional data, no longitudinal data
- No long-term models
- Consumer groups are dynamic → positive and negative effects can be overestimated

Collection of reported scientific results in different fields of research:

- There is no scientific evidence for a safe limit of alcohol consumption, and particularly not for children and young adolescents.
- There is no alcohol-related effect that provides any benefit for young peoples' health.

Social learning

- Alcohol consumption has a long tradition in modern society.
- The drinking behaviour of young people depends on the drinking habits of their social environment, including parents, families and peers.
- The most important age range for learning is 9-25 years.
- Parents often underestimate their influence (positive and negative) on their children.
- Parental influence can also provide risk factors regarding the alcohol consumption of young people:
 - Children from families of parents with alcohol dependency are at increased risk for alcohol dependence.
 - Drinking together with parents
 - Gender differences (girls are treated differently by their parents than boys)
 - Bad communication
 - Ways and forms of enforcing rules
 - Perception of rules by children
 - Perception of children's alcohol consumption
- Especially effective are set rules like a drinking ban when children and adolescents receive parental care, support and love at the same time.
- Lack of experience increases risk of alcohol poisoning

Neurobiology

- Systematical research regarding neurobiological effects of alcohol on young people is still in the beginning. Even already existing meta-analyses only include five to six studies.
- The human brain is still developing until the mid 20s³.
- Alcohol can disrupt brain development in childhood and adolescence, particularly in the cortical region, which influences cognitive, emotional and social development.
- Adolescents who engage in heavy alcohol use, even at subdiagnostic levels, show differences in brain structure, function, and behavior when compared with non-drinking controls⁴
- Alcohol affects memory, concentration, performance and behaviour but it remains unclear if there is only correlation or causality between alcohol consumption and memory.
- Alcohol dependency among youth is rare and actual brain damage has only been confirmed for dependent consumption.
- Excessive alcohol consumption during adolescents and young adulthood, when the brain is still developing, may cause serious harm later on in life → long-term effect
- The hypothesis that youngsters are more prone to alcohol-related harm than adults derives from animal testing.
- Motoric capabilities are less, cognitive capabilities more affected in the case of young people. That's a reason why outsiders have trouble to assess their alcoholization, e.g. in bars.

Entrance age:

- If children and adolescents start drinking regularly at a younger age, the probability that the consumption results in risky consumption is higher.
- With an early entrance age, the probability of alcohol-related harm, e.g. injuries, car accidents, getting rides with drunk drivers and violent conflicts increases.
- The age of first drunkenness is relevant, not the age of first consumption.
- Earlier initiation of drinking is related to more frequent and higher quantity alcohol consumption in adolescence, and these patterns are in turn related to the development of alcohol-related harms in adolescence and adulthood⁴.
- Early initiators, excessive drinkers and those engaging in multiple risk behaviours are especially likely to experience adverse health outcomes.

Short-term effects

- Adolescent alcohol use commonly is linked to other risky behaviours, such as tobacco and illicit drug use and risky sexual behaviour, sexual assault, accidents, injuries, violence and self-harm.
- Drinkers under 15 years of age are much more likely than older drinkers to experience risky or antisocial behaviour connected with their drinking.
- Accidents and injuries are the most common cause of death in young people. Most alcohol-related accidents that lead to loss of life happen to people who have consumed small or moderate amounts of alcohol.
- In road traffic the risk of death is doubled with every increase of 0,2 ‰BAC. The risk of accidents leading to brain damage is tripled at 1,5 ‰ BAC.
- The risk of suicide is higher when a person is currently abusing alcohol.
- Significant alcohol problems are linked to a significant reduction in a young person's personal competence, decreases in family cohesion (increases in family conflict),

³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2892678/>

⁴ <http://www.sciencedirect.com/science/article/pii/B9780444626196000288>

significantly impacts on life satisfaction and increases negative behaviours such as school misconduct and other substance misuse.

- Even young people are at risk of acute pancreatitis resulting from binge drinking.

Epidemiology

- Prevalence rates of weekly alcohol use and (early) drunkenness increases substantially with age (especially between ages 13 and 15) for boys and girls in all countries.
- Boys are more likely to report weekly drinking and drunkenness, but the gender difference at age 13 is significant in less than half the countries and regions surveyed. Previous HBSC findings showed that the gender gap declined between 1998 and 2006.
- Until the age of 15 there are no significant gender differences regarding alcohol intoxications. But in general boys are at a greater risk.

Other fields of research

- Genetic inheritance plays a role in continued alcohol use.
 - Young people who suffer psychological distress and rely on alcohol to relieve their stress are more likely to become dependent of alcohol (IRE).
 - The younger the person the more likely the co-morbidity of alcohol use disorders and mental disorders, the most common types being behavioural disorders, depression, anxiety and eating disorders.
 - Family affluence is not found to have a large effect in most countries and regions.
 - Social position among peers may be more important than the family's socioeconomic status in predicting alcohol use. Family influence may decrease as the influence of peers and youth culture increases with age, particularly in relation to behaviours that do not start until adolescence (such as alcohol consumption), suggesting that the determining role of socioeconomic background for this type of behaviour might emerge only later in life.
- ➔ From a public health perspective it may be advisable to give priority to universal preventive measures to curb alcohol-related harm among young people, rather than focusing on heavy drinkers

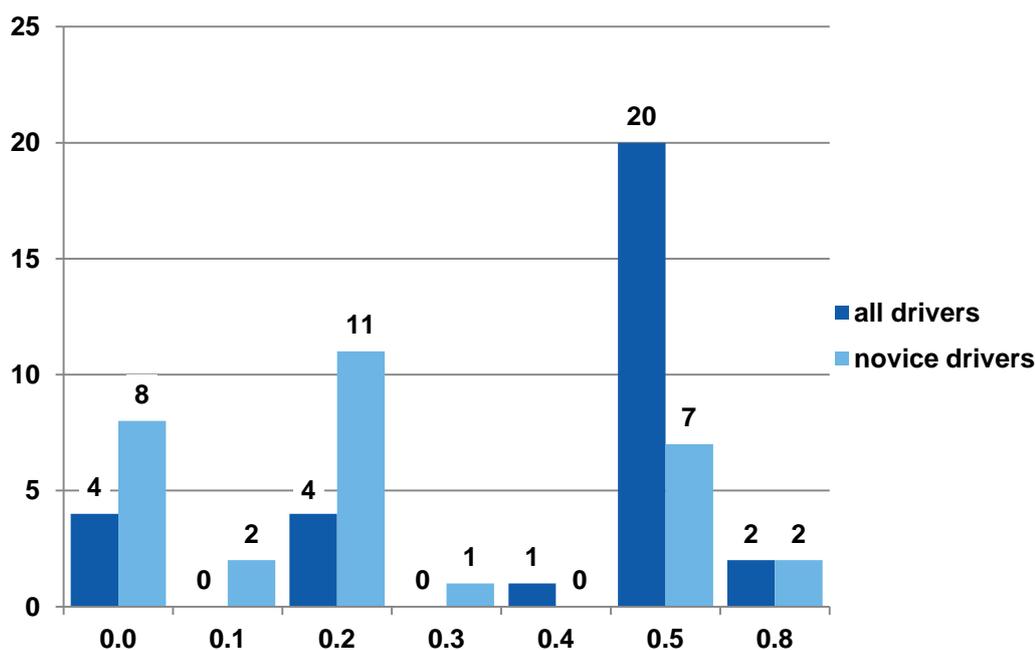
Drinking and Driving

In many countries a distinction is made between young drivers and experienced drivers in drink-driving legislation. In the survey we asked how the term “young driver” or “novice driver” is defined in each country, i.e. how long does a novice driver have to practice until he/she is subject to the same rules that drivers in general. This question has been included because short-term effects, e.g. losing a driver’s license, might have a bigger impact on young people behaviour than long-term effects like sickness.

For this question we have received information from 27 countries. In 23 of those countries the concept of “novice drivers” is used, the period for which a person remains a “novice driver” differs between one and three years or until a person is 24 years old. In twelve countries a difference between “novice Drivers” and other drivers exists regarding the accepted BAC level. A zero tolerance approach is being used in the Czech Republic, Germany, Croatia, Hungary, Italy, Romania, Slovakia⁵ and Slovenia. The tolerated BAC level in the Czech Republic, Hungary, Romania and Slovakia is 0.0‰ for all drivers.

Currently there are different blood alcohol content levels for young drivers implemented in the European countries.

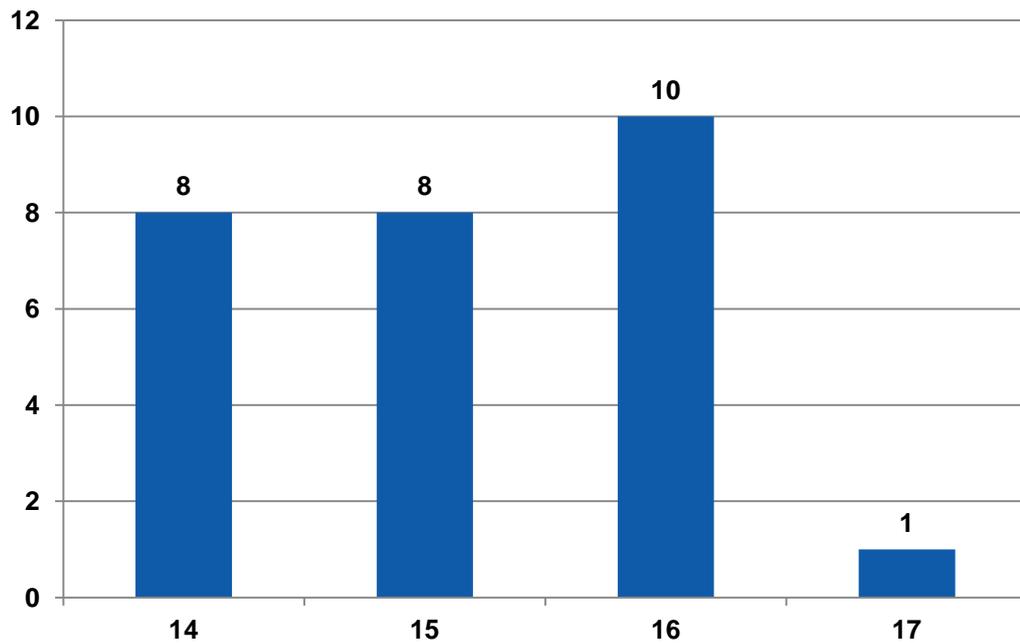
Figure 1: BAC level for all drivers and novice drivers in 28 EU Member states plus Norway, Iceland and Switzerland (N=31)



In the survey it has been asked for the minimum age for driving a moped as well. The following figure shows the distribution in the participating countries.

⁵ Information for Romania and Slovakia and Sweden stems from the European status report on alcohol and health 2014 – Drink driving policies and countermeasures (WHO)

Figure 2: Minimum age for driving a moped in the participating countries (N=27)



Note: No information for Bulgaria, Romania, Sweden and Slovakia.

What else should be considered when discussing guidelines for reducing alcohol-related harm for young people?

- Legal age regulations and legal framework of youth protection
- Latest scientific evidence (e.g. neurobiology)
- Short-term effects of alcohol like risky and especially violent behaviour under the influence and resulting injuries, intoxication
- Regulation of alcohol marketing, availability of alcohol, pricing
- Inclusion of parents and parent networks in school settings
- Parents as role models
- Parental drinking should be addressed
- National drinking culture and social life → Reality of young people's life
- Develop a sensible approach towards alcohol consumption → Development task for young people
- Youth culture: The "Right to experiment" and challenge society's rules
- Differentiate the target group → young people differ in age, cultural background
- Promote "Not drinking" as a valid option, e.g. at parties
- The fact that the adolescent brain is still developing needs to be taken into account

