



Addictions and Boredom

By Dr. Linda Hancock

ABOUT THE AUTHOR

Dr. Hancock has written a regular weekly column entitled “All Psyched Up” for newspapers in two Canadian provinces for more than a dozen years. Over the years, her readers and clients have said that they have benefited from her common-sense solutions, wisdom, and sense of humour. Dr. Linda Hancock, the author of “Life is An Adventure...every step of the way” and “Open for Business Success” is a Registered Psychologist who has a private practice in Medicine Hat. She can be reached at 403-529-6877 or through email office@drlindahancock.com

Published

March 6th, 2017

I have a very interesting client who shared his theory of addiction with me. He stated that he and others use drugs because they are bored. This thought has caused me to think about some of my other clients who have come for treatment because of alcohol, gambling, or pornography issues. Although there isn't just one specific reason for an addiction to start, I think that perhaps boredom can be a factor for many people.

A January 24, 2017 article by Emma Young of "Mosaic" that was posted online is headlined "Iceland Knows How to Stop Teen Substance Abuse but the Rest of the World isn't listening".

Ms. Young states: "Today, Iceland tops the European table for the cleanest-living teens. The percentage of 15- and 16-year-olds who had been drunk in the previous month plummeted from 42 per cent in 1998 to 5 per cent in 2016. The percentage who have ever used cannabis is down from 17 per cent to 7 per cent. Those smoking cigarettes every day fell from 23 per cent to just 3 per cent."

The Icelandic model which is radical and evidence-based uses what is termed enforced common-sense:

1. Knowledge - The leaders acknowledge and teach the fact that others often abuse drugs because of their style of coping. Heroin numbs and amphetamines confront. They want to change their brain chemistry and consciousness so turn to substances to accomplish that.

2. Options - Denver's Project Self-Discovery program also has created interesting programs. They did not offer to treat addictions but told teens that they would teach them anything that they wanted to learn (music, dance, hip-hop, art, martial arts). The classes changed the brain chemistry, helped teens to cope better, reduced anxiety and gave participants life-skills that improved self-esteem and relationships.

3. A National Plan - Youth in Iceland was set up by municipalities. Ongoing surveys monitored problems in the country before and during the program. Laws were changed to alter tobacco and alcohol age limits as well as banning advertising for these substances. All schools were required to set up parent-school organizations where education for parenting was provided.

4. Curfews - A law was passed that all children between the ages of 13 and 16 must be indoors by 10 pm in winter and midnight in summer.

5. Parenting Agreements were prepared - Parents agreed to follow recommendations for different age groups that strengthened their authority and provided limits such as no unsupervised parties or purchase of alcohol for minors. Parents were also encouraged to "keep an eye" on other children in the community.

6. Increase in state funding - Opportunities were provided for all children to be involved in organized activities so they would be part of the group no matter what their family's economic status might be.

7. Family Time - In fifteen years, the surveys revealed that the number of 15 and 16-year old's who were spending more time on weekends with family doubled while cigarette, cannabis and alcohol use plummeted.

All Psyched Up. **Addictions and Boredom** By Dr. Linda Hancock Published March 6th, 2017

(Rev. 7/25/2020)

Municipalities in Europe have enjoyed success with this model that has even extended into a drop in suicides and reduction of crime by teenagers. There isn't, however, any national program anywhere in Europe or North America. The head of the Youth in Europe program, Jon Sigfusson, apparently will provide consultation for communities who are interesting in learning about and/or implementing the model.

I have just been wondering why other cities and communities haven't looked into this program. Seems like everyone would benefit from the benefits of psychological and physical well-being to children, reduced healthcare costs and fewer problems for society in general.