

## Nurturing Boredom

“I’m bored!” This is a phrase that is no stranger to parents and caregivers. Boredom is a universal human experience. It also tends to get a bad rap and is often viewed through a negative lens. Boredom is an emotion, just like sadness, anger, worry, or excitement. Like all emotions, it serves a purpose. Boredom often signals to our bodies that we need a change because our current situation is no longer engaging and meeting our needs. Thus, boredom’s purpose is to inspire us to explore and to engage with our environment. For kids, boredom can help develop autonomy by encouraging problem solving, flexibility, curiosity, and creativity.

Psychologists with the Child Mind Institute point out that it is not boredom itself that helps children acquire these skills, it is what they do with boredom. In an era that sometimes feels overscheduled and filled with increasing amounts of time spent on screens, experts note that stretches of unstructured, screen-free time can provide youth with opportunities to learn to manage boredom, resulting in several benefits including:



- Enhanced Creativity and Imagination- during unstructured time, kids can choose their own activities. Boredom can force the mind to wander and explore new ideas. This can stimulate creativity as it encourages children to explore their surroundings and find new ways to entertain themselves.
- Problem Solving Skills- boredom can prompt children to seek solutions to alleviate their boredom, helping to foster independent thinking.
- Emotional Regulation- while kids may experience mild frustration or restlessness initially, over time, by learning to manage boredom, they can develop coping mechanisms. For example, through feelings of boredom, kids can learn to exist in the uncomfortable emotion until it passes or find a tool that helps them through it.
- Improved Attention Span- constant exposure to stimuli, such as screens and structured activities, can contribute to a shortened attention span. The ability to focus and self-regulate is correlated with the ability to handle boredom. Boredom provides an opportunity to practice sustained focus.
- Improved Mental Health- boredom allows for time to recharge and relax. Taking breaks from a constant state of busyness can allow minds to rest, reducing feelings of stress and overload.
- Self-Awareness- when left to their own devices during moments of boredom, children have the opportunity to discover their interests and preferences. This allows time to reflect on what activities truly engage and fulfill them.

Additionally, in a world filled with instant gratification and constant stimulation, boredom can teach kids valuable skills like patience, delayed gratification, and appreciation for free time. Parents and care givers can help model and teach kids that it is okay to not always have an agenda or something to do that provides instant entertainment. Making space for screen free zones is a helpful step in encouraging kids to

explore other avenues to alleviate boredom. It is okay to brainstorm with youth things they can do when they are bored. Kids may also need prompts or guidance as they learn to navigate unstructured time.

There is a fine line between healthy boredom and feeling bored all the time. Experts caution that while some boredom can inspire kids and teens to seek out new experiences and help develop resilience, excessive boredom and lack of stimulation can lead to unhealthy levels of dysregulation and heightened stress levels. For example, chronic boredom can lead to increased screen time, engagement in risky behaviors like substance use, social withdrawal, depression, and anxiety. Finding a healthy balance between structured activities and unstructured downtime is key to reaping the benefits.

References: Child Mind Institute; Mayo Clinic Health System; National Institute of Health; PBS Kids; Psychology Today

## “The Great American Smoke-Out”

More than 40 years ago, the American Cancer Society began hosting the “Great American Smoke-Out”. The event provides support and resources to help individuals of all ages address their addiction to tobacco/nicotine and reduce the negative health effects associated with smoking and vaping.

The “Great American Smoke-Out” first began in San Francisco, California on November 16, 1977 as a way to raise awareness about the harmful effects of smoking on health and challenge smokers to quit for at least one day. This event would continue to grow into a national movement focused on raising awareness about the dangers of smoking, and now, the event includes vaping. The “Great American Smoke-Out” highlights some of the benefits of quitting nicotine, which includes a longer life expectancy and better health, as well as a lowered risk for cancer and other terminal or chronic conditions.



The “Great American Smoke-Out” is held on the third Thursday of November each year. This year it will be hosted on November 21, 2024. Users and non-users can all participate in The Great American Smoke-Out. Listed below are a few ways to participate in this event.

- **Quit Smoking/Vaping for the entire day of November 21, 2024.**
  - Then quit smoking/vaping for another 24 hours. See if you can go a few days or longer without smoking/vaping. Reach out for support and encouragement from friends and family.
- **Take a Pledge to remain Smoke-Free:**
  - [https://www.longwood.edu/media/student-health/public-site/Smokeout\\_Pledge.pdf](https://www.longwood.edu/media/student-health/public-site/Smokeout_Pledge.pdf)
  - <https://radarcart.boisestate.edu/library/files/2017/07/Tobacco-Free-Pledge.pdf>
- **Research Cessation (quit smoking/vaping) Programs:** Find out what is available to you and others (in person as well as online). Local health departments and hospitals can often help connect you to quit smoking programs. Below are a few Nebraska “Quit Smoking” resource links that can help you get started.
  - <https://www.lincoln.ne.gov/files/sharedassets/public/v/2/health-dept/promo-amp-outreach/localcessationresources.pdf>
  - <https://dhhs.ne.gov/TFN%20Quitline%20Resources/Quitline%20Cessation%20Resource%20List%20%E2%80%93%20English.pdf>
  - <https://dhhs.ne.gov/TFN%20Quitline%20Resources/Talk%20to%20Teens%20About%20Quitting%20Vaping%20Quitline%20Newsletter%20Insert%20PDF%20%E2%80%93%20English.pdf>
- **Encourage and Support Quitters:** This can be as simple as being understanding and supportive in a non-judgmental way.
  - Provide and share information about the harmful effects of smoking/vaping and the benefits of quitting.
  - Remind yourself or others of your/their personal reasons for quitting.

- **Plan and Organize an Event:** Community groups, workplaces and schools can plan and organize events that help promote, educate and raise awareness about the dangers of smoking/vaping.
  - Hold a community walk or school rally in support of making healthy choices.

While the “Great American Smoke-Out” is just one day out of the year, you can quit and or help support smokers/vapers quit any day of the year. Just remember to be encouraging, understanding and non-judgmental. Quitting smoking/vaping tobacco/nicotine is not easy. Studies show that nicotine is as addictive as heroin. Here are a few simple techniques that you can use for yourself or suggest to others that are trying or wanting to quit smoking or vaping:

- **Identify Activators:** Waking up and going to bed are common times for someone to use. Find something to replace that action. For instance, stretching or drinking a glass of water are quick and simple actions you can do in place of smoking during those times. Other common times people tend to use are when they are driving, just before or after eating as well as times when people are feeling stressed.
- **Exercise:** Moving around and getting physical exercise can release the same kind of chemicals that your brain is craving from nicotine. This can be as simple as taking a walk, going on a bike ride, playing catch, etc.
- **Small, Simple Distractions:** Like many things, nicotine cravings tend to intensify and grow stronger the more a person focuses/thinks about using. Take your mind off the temptation through small tasks like drawing/doodling, writing, calling/texting a friend, playing a board or card game, or listening to music.
- **Delay Use:** If you feel like you're going to give in to your tobacco craving, tell yourself that you must first wait 10 more minutes. Then do something to distract yourself so you are not waiting for 10 minutes to pass. If you are able, try going to a public smoke-free zone.
- **Relaxation Techniques:** Smoking may have been a way you dealt with stress. When feeling stressed, try finding ways to relax, such as taking deep breaths, yoga, a bath, shower or listening to calming music.
- **Review the Benefits:** Write down or say out loud why you want to stop smoking and resist tobacco cravings (feeling better, being healthier, saving money etc.).

While it might feel like you can't quit or that you are not making a difference in helping others quit, prevention and intervention efforts aimed at reducing the use of tobacco smoking/vaping, like the “Great American Smoke-Out,” do and continue to make a difference, especially for youth.

According to data from the 2024 National Youth Tobacco Survey (NYTS), 8.1% (2.25 million) of middle and high school students reported current use of a tobacco product. This statistic is down from the 2023 NYTS, which reported that 10.0% (2.80 million) of middle and high school students were currently using a tobacco product. The largest decline in percentage of current users between 2023 and 2024 was for youth vaping.

Schools, local health departments and their communities have been locked in and devoted to slowing the rise of youth vaping over the last several years. We can and should attribute the decline of youth vaping to strong prevention and intervention efforts found within schools and their communities and applaud their efforts.



**Below are some additional links for helping teens quit nicotine/tobacco use:**

- <https://teen.smokefree.gov/>
- <https://teen.smokefree.gov/quit-vaping>
- <https://truthinitiative.org/curriculum>

**References:**

- [https://progressreport.cancer.gov/prevention/tobacco/youth\\_smoking#:~:text=According%20to%20data%20from%20the,use%20of%20a%20tobacco%20product.](https://progressreport.cancer.gov/prevention/tobacco/youth_smoking#:~:text=According%20to%20data%20from%20the,use%20of%20a%20tobacco%20product.)
- [The Great American Smokeout | Smoking and Tobacco Use | CDC](#)
- <https://www.cancer.org/cancer/risk-prevention/tobacco/great-american-smokeout/history-of-the-great-american-smokeout.html>
- [The Great American Smokeout 2024 - Awareness Days Events Calendar 2024](#)
- <https://www.cdc.gov/media/releases/2024/p1017-youth-tobacco-use.html>

## Hallucinogens, Adolescent Brain Development, and Mental Illness

A 2022 study published by the MDPI scientific journal reports that adolescents who used hallucinogens were nearly 10 times as likely to make a suicide attempt that required medical attention (12 percent vs. 1.5 percent) than their peers. Although it is difficult to say whether youths who use hallucinogens as self-medication are simply more susceptible to mental health concerns than other youths who do not use hallucinogens, studies like these suggest that it is possible that “hallucinogen use could lead to hopelessness and suicidal ideation among the adolescent population.”

ScienceDirect defines a hallucinogen as a substance that “alters a person’s perception of reality” and that is known to “cause hallucinations and distortions” in the person’s sensory experience. Hallucinogens are classified as ‘psychedelic’ because, according to the National Institute on Drug Abuse, they interact with serotonin receptors in the brain and significantly affect an individual’s mood or sense of self. Psychedelic drugs “temporarily disrupt communication” in the brain’s “default mode network” – DMN – which primarily controls an individual’s ability to reflect on the past, make plans and exercise self-awareness.

According to the Drug Enforcement Administration (DEA), the most commonly abused hallucinogens among middle and high school students are “hallucinogenic mushrooms, LSD, and MDMA (ecstasy),” and one study from the National Library of Medicine suggests that between 2002 and 2019, the adolescent use of lysergic acid diethylamide (LSD) had increased. This is due to a resurgence in ‘rave culture’ that brought about a reintroduction of hallucinogenic drugs that had been especially popular in the 1960s and a general shift in public attitude about the perceived harmlessness of psychedelic substances.

The fact that marijuana and hallucinogen use reached a “historic high” among 19 to 30-year-olds in 2021 reflects this shift in attitude for young adults, but the effects of hallucinogenic drugs on the mind and body vary widely and can lead to long-term physical debilitation. According to the American Academy of Pediatrics, some of the physical effects of hallucinogen use include elevated heart rate, elevated blood pressure, elevated body temperature, nausea, loss of appetite, sleeplessness, profuse sweating, dry mouth, tremors, seizures and panic attacks.

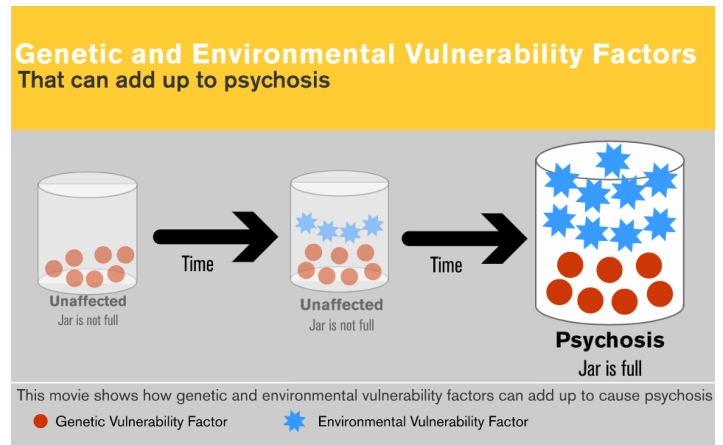
The adolescent brain is particularly susceptible to the intense emotional changes that can come with a psychedelic ‘trip.’ According to the National Library of Medicine, certain hallucinogens “produce anxious reactions, confusion, acute delusional states and a prolonged sense of fear and dread.” These psychological side effects can be long-lasting and, according to the American Academy of Pediatrics, include:

- Severe depression
- Schizophrenia
- Memory loss
- Impaired speech
- Paranoia
- Sense of detachment or dissociation
- Distortions of time, space and body image

Hallucinogen Persisting Perception Disorder (HPPD) is an acute form of psychosis in which a patient continues to experience “one or more of the hallucinogen-induced perceptual experiences” – seeing flashes of color or moving objects, for example - weeks or even months after they have stopped using a hallucinogen. Although HPPD is relatively rare and difficult to predict, the DEA reports that it

seems to occur more frequently “during times of stress” and in “younger individuals,” and it can occur in “anyone even after one use of associated drugs.”

The relationship between hallucinogens and psychosis is a tenuous one that academic research has yet to fully articulate, but many researchers agree that both hallucinogens and psychosis alter an individual’s perception in similar ways. Hallucinogens can induce states of mind that mimic ‘psychosis-like’ states, and recent case reports by the Clearbrook Treatment Center have “sparked worries about the possibility that psychedelics could awaken dormant mental illnesses” in people who are “genetically predisposed to them.”



Indeed, one researcher from Clearbrook Treatment Center argues that the evidence suggests that those who are predisposed to psychotic disorders “may be more likely to experience a symptom flare-up or an earlier onset of the disorder following psychedelic use.” This is in part because, according to the British Columbia’s Early Psychosis Intervention Program, most cases of psychosis are “caused by a combination of inherited genetic factors and external environmental factors.” Indeed, the Early Psychosis Intervention Program notes that the chances for developing “many types of psychosis” are “higher” for family members of people with psychosis symptoms.

Although research is still being gathered, the National Library of Medicine reports that some studies have indicated “strong associations between hallucinogen use, personality disorders, substance use disorder (SUD) and long-term neurocognitive deficits.” While public attitudes may shift to support the use of Schedule I substances like hallucinogens, the evidence suggests that these substances remain a danger to the young mind and body. Many personality and psychotic disorders, such as schizophrenia, are generally believed to manifest in adolescence or young adulthood, and it is especially important for teenagers with a genetic vulnerability for mental illness to do what they can to protect themselves against the early onset of such debilitating health conditions.

For more information regarding the nature of hallucinogens and their effects on the body, see the [Drug Enforcement Administration \(DEA\)'s fact sheet on hallucinogens.](#)

For more resources regarding the dangers of youth hallucinogen use, see the [Substance Abuse and Mental Health Services Administration's "Tips for Teens" fact sheet on hallucinogens.](#)

#### References:

American Academy of Pediatrics on Hallucinogens: <https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/Hallucinogens.aspx>

British Columbia's Early Psychosis Intervention Program on "What Causes Psychosis?": <https://www.earlypsychosis.ca/what-causes-psychosis/>

Clearbrook Treatment Center on "The Relationship Between LSD and Schizophrenia": <https://www.clearbrookinc.com/news/the-relationship-between-ld-and-schizophrenia/>

MDPI's Article on "Hopelessness, Suicidality, and Co-Occurring Substance Use Among Adolescent Hallucinogen Users": <https://www.mdpi.com/2227-9067/9/12/1906>

National Institute on Drug Abuse on "Marijuana and Hallucinogen Use Among Young Adults Reached All-Time High in 2021": <https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021#:~:text=In%202021%2C%208%25%20of%20young,%2C%20only%203%25%20reported%20use.>

National Library of Medicine on "Hallucinogen-Induced Persisting Perception Disorder": <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10615149/#:~:text=According%20to%20the%20Fifth%20Version,geometric%20hallucinations%2C%20false%20perceptions%20of>

National Library of Medicine on "Adolescent and Adult Time Trends in US Hallucinogen Use, 2002-2019": <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9994631/>

Science Direct on Hallucinogens: <https://www.sciencedirect.com/topics/neuroscience/hallucinogen>