Harmful internet use

Part I: Internet addiction and problematic use

The purpose of this Options Brief is to provide the Members of the European Parliament with policy options regarding the effective prevention of internet use related addiction problems in the European Union. The brief is associated with the STOA study on 'Harmful internet use - Part I: Internet addiction and problematic use'. It provides a set of policy options to support three detected potential behavioural addictions: generalised internet addiction, online gaming addiction, and online gambling addiction.

Generalised internet addiction

Internet addiction is a repeated behaviour leading to significant harm or distress, which is not reduced by the person and persists over a significant period of time (e.g. at least 12 months), producing functional impairment. Thus, a behaviour should not be conceptualised as behavioural addiction on the basis of certain exclusion criteria, where:

- behaviour is better explained by an underlying disorder (e.g. a depressive disorder or impulse-control disorder);
- functional impairment results from an activity which is the consequence of a wilful choice (e.g. high-level sports);
- behaviour can be characterised as a period of prolonged intensive involvement that detracts time and focus from other aspects of life, but does not lead to significant functional impairment or distress;
- behaviour is the result of a temporary coping strategy as an expected response to common stressors or losses.

Online gaming addiction

Online gaming addiction is defined as a persistent and recurrent use of the internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following behaviours in a 12-month period:

- preoccupation with internet games;
- withdrawal symptoms when internet gaming is taken away;
- tolerance: the need to spend increasing amounts of time engaged in internet games;
- unsuccessful attempts to control participation in internet games;
- loss of interest in previous hobbies and entertainment because of, and with the exception of internet games;
- continued excessive use of internet games despite knowledge of psychosocial problems;
- deceiving family members, therapists, or others regarding the amount of internet gaming;
- use of internet games to escape or relieve a negative mood;
- jeopardising or losing a significant relationship, job, or educational or career opportunity because of participation in internet games.

Online gambling addiction

Online gambling addiction is based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders DSM-5 classification of gambling disorder (with gambling occurring online). Gambling disorder criteria are:

a) Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following indicators in a 12-month period:

- need to gamble with increasing amounts of money in order to achieve the desired level of excitement;
- is restless or irritable when attempting to cut down or stop gambling;
- has made repeated unsuccessful efforts to control, cut back, or stop gambling;
- is often preoccupied with gambling (e.g. having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble);
- often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed);
- after losing money gambling, often returns another day to get even ('chasing' losses);
- lies to conceal the extent of involvement with gambling;
- has jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling;
- relies on others to provide money to relieve desperate financial situations caused by gambling.

b) The gambling behaviour is not better explained by a manic episode.

Policy options

Policy options are summarised in the figure below, whilst paying attention to possible preventive actions.
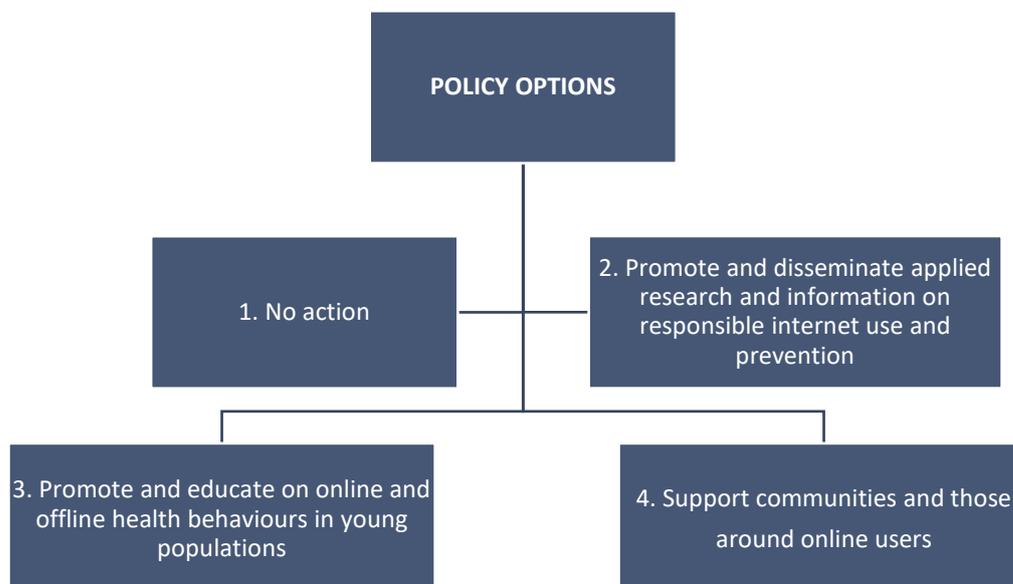
Policy option 1: No action

The 'no action' policy may be unsustainable because it may jeopardise the EU's ability to take advantage of the opportunities that new diagnostic tools, treatments and preventive approaches (e.g. guidelines) on internet use-related addictions seem to offer. The policy option 'no action' also does not permit the

criticalities at public health level represented by this new modality of behavioural addiction to be properly addressed.

Policy option 2: Promote and disseminate applied research and information on responsible internet use and prevention

Preventive actions

(i) To promote information (e.g. in the form of a EU webpage with information, contact details for support, websites designed and delivered by respective EU countries), research by action (e.g. quasi-experimental studies to promote healthy attitudes and behaviours or measure the impact of campaigns, qualitative studies with patients who seek clinical help), and prevention policies for target groups (e.g. formal and informal online resources on addiction behaviour). Indeed, providing information at community levels about the risks and reversed processes concerning these maladaptive behaviours (e.g. cognitive behavioural therapy with other alternative psychological techniques);

(ii) To screen for internet-related problems in different settings (e.g. clinics, hospitals, schools, universities), especially among children and adolescents.

Policy options

(i) To promote actions to provide information through an EU webpage of public resources (i.e., open to everybody), and categories by users (e.g. user types (e.g. adolescent/young user, adult user), relatives (e.g. parents, partners), or professionals (e.g. teachers, clinicians)); with contact details for relevant organisation in Europe;

(ii) To promote and disseminate applied research with the aim of solving reported problems and to promote responsible internet use, online gaming and gambling from early adolescence until late adulthood, in both community and clinical samples. These actions could be undertaken in the framework of other European initiatives addressing similar issues, such as other risks associated with using the internet (e.g. cyberbullying), or these initiatives could be stand-alone initiatives (i.e. addressing problematic internet use only).

Policy option 3: Promote and educate on online and offline health behaviours in young populations

Preventive actions

(i) To promote the development of alternative motivations, coping skills, and reduce internet usage expectations (as these can function as preventive factors), decreasing the risk of experiencing symptomatology associated with generalised internet addiction;

(ii) The three disorders found in European studies should be detected together with internet addiction screenings early on and interventions should be carried out to prevent both internet addiction and psychiatric disorders in adolescents and young adults;

(iii) Online video or gambling games should provide alerts about the risks associated with these behaviours if they are engaged in frequently;

(iv) To inform the user through notifications about the risks of these games (involving bets or not) in order to avoid negative health consequences in the future (e.g. functional impairment and distress).

Policy options

Through collective action, professionals from health, social and educational sciences need to:

(i) engage young individuals in conversations about healthy internet use motivations and coping strategies, leading to awareness-raising and healthier usage behaviours (i.e. promoting alternative pastime activities; e.g. team sports and artistic activities);

(ii) study individual cases, including internet addiction-related problems as well as specific comorbidities, determining which functions the maladaptive internet use fulfils in the life of the affected individual;

(iii) provide information about the possible negative consequences of excessive online gaming or gambling (e.g. information campaigns or social programmes for the general public);

(iv) offer other potential offline activities (and learn about their benefits over short and long-term commitments), alternatively to the usual online activities.

Policy option 4: Support communities and those in the immediate context of online users

Preventive actions

(i) Family and peer supervision (e.g. parents, siblings, partners or friends) 'keeping an eye' on time spent engaging in the addictive behaviour, or mood changes when disconnecting, or not being able to connect, whilst observing addiction symptoms (e.g. withdrawal and relapse);

(ii) To inform children, youth and their environments (e.g. families, schools and communities) about the risks of engaging in online role-play games or gambling, implying a commitment to avoiding detrimental health consequences in the future (i.e. functional impairment, distress) or financial problems in the case of gambling.

Policy options

(i) To implement better communication with parents, other family members, friends, teachers or general healthcare providers regarding gaming-related problems, providing information about the consequences (apart from the benefits) of gaming, engaging in heavy game use etc., and playing in groups instead of playing alone;

(ii) Persons around the gamer (e.g. family members, teachers or peers in the school/university) or the gambler (e.g. partner, relatives, colleagues at university/work), as well as the gamers or gamblers themselves, should be aware of possible problems. They should seek clinical help and/or support provision on changing (part of) the gaming or gambling activity into, for instance, other group activities (with the family or with peers), outside the home environment, to promote interpersonal communication, relationships and offline contacts.

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STOA@ep.europa.eu (contact)

http://www.europarl.europa.eu/stoa/ (STOA website)

www.europarl.europa.eu/thinktank (internet)

http://epthinktank.eu (blog)