GLOBAL FIGHT *against* DIGITAL ADDICTION *among* YOUNG PEOPLE

WHO COMMITTEE

WHO- GLOBAL FIGHT AGAINST DIGITAL ADDICTION AMONG YOUNG PEOPLE

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Key Terms

Behavioural Dependency = A type of addiction based on actions (not substances), where a person feels compelled to repeat behaviours like gaming or scrolling.
Gaming Disorder = A condition officially recognised by the World Health Organisation, where gaming takes priority over daily life despite harmful consequences.

Dopamine Loop = A brain reward cycle where notifications, likes, and rewards keep users repeatedly engaging with digital platforms.

Algorithmic Design = Systems used by platforms (like social media) to recommend content and keep users engaged.

Filter Bubble = A situation where users only see content that matches their existing beliefs due to algorithms.

Screen-Time Trends = Patterns showing how much time people (especially youth) spend on digital devices daily.

Safety-by-Design = Creating digital platforms with built-in protections for users' mental health and well-being.

Federal Aviation Administration (FAA) = (Context link) Regulates commercial space—but also an example of how industries need oversight, similar to tech.

World Health Organisation (WHO) = A United Nations agency responsible for global public health, setting health standards, and addressing issues like digital addiction and mental health worldwide.

International Classification of Diseases (ICD-11) = A global medical classification system used by doctors to diagnose diseases; it officially recognises gaming disorder as a mental health condition.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5) = A widely used guide for diagnosing mental disorders, mainly in the United States; it lists internet gaming disorder as a condition needing further study, not yet fully classified.

Organisation for Economic Co-operation and Development (OECD) = A group of mostly developed countries that analyses economic and social trends, including digital use, education, and youth well-being.

European Health Data Space (EHDS) = A European Union initiative that allows safe sharing of health data across countries to improve healthcare, research, and digital health systems.

Corporate Sustainability Due Diligence Directive (CS3D) = A European Union law requiring companies (including tech firms) to monitor and prevent harm to human rights and the environment in their operations.

1. Introduction to the Committee: WHO

1.1 Historical Background of the Committee

In April 1945, during the Conference to establish the United Nations (UN) in San Francisco, representatives of Brazil and China proposed establishing an international health organisation and convening a conference to draft its constitution. On 15 February 1946, the Economic and Social Council of the UN instructed the Secretary-General to convene such a conference. A Technical Preparatory Committee met in Paris from 18 March to 5 April 1946. It drew up proposals for the Constitution, which were presented to the International Health Conference in New York City from 19 June to 22 July 1946. Based on these proposals, the Conference drafted and adopted the Constitution of the World Health Organisation, which was signed on 22 July 1946 by representatives of 51 Members of the UN and 10 other nations.

The Conference also established an Interim Commission to carry out certain activities of the existing health institutions until the entry into force of the Constitution of the World Health Organisation. The preamble and Article 69 of the WHO Constitution provide that the WHO shall be a specialised agency of the UN. Article 80 provides that the Constitution would come into force when 26 members of the United Nations had ratified it. The Constitution did not come into force until 7 April 1948, when the 26th of the 61 governments that had signed it ratified it. The first Health Assembly opened in Geneva on 24 June 1948 with delegations from 53 of the 55 Member States. It was decided that the Interim Commission would cease to exist at midnight on 31 August 1948 and be immediately succeeded by WHO.

1.2 General Information About the Committee

The **World Health Organisation (WHO)** is a specialised agency of the United Nations that focuses on international public health. Founded in 1948, the World Health Organisation works to promote global health, prevent and respond to disease outbreaks, and improve access to healthcare worldwide. In a Model United Nations (MUN) setting, the WHO committee simulates global discussions on issues such as pandemic preparedness, vaccine distribution, mental health, and healthcare equity, enabling delegates to collaborate on practical policy solutions to global health challenges.

1.3 WHO’s Mandate in Global Public Health

The WHO's official mandate is to promote health and safety and to help the vulnerable worldwide. It provides technical assistance to countries, establishes international health standards, collects data on global health issues, and serves as a forum for scientific and policy discussions on health. The WHO's purpose is to achieve the highest possible level of health for all the world's people, defining health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The main functions of the World Health Organisation include promoting the control of epidemic and endemic diseases; providing and improving the teaching and training in public health, the medical treatment of disease, and related matters; and promoting the establishment of international standards for biological products.

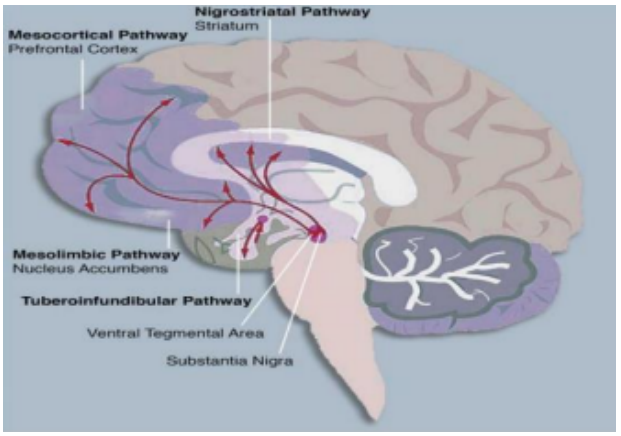
2. Background Information

2.1 Defining Digital Addiction and Behavioural Dependency

Digital addiction encompasses a broad spectrum of problematic behaviours related to excessive use of digital technologies and platforms. The term serves as an umbrella concept covering various specific manifestations, including internet addiction, smartphone addiction, social media addiction, gaming disorder, and cybersex addiction. Despite growing research interest, the field lacks consensus on diagnostic criteria and terminology, with researchers employing various terms such as "problematic internet use," "internet addiction disorder," and "digital dependence". The conceptual foundation of digital addiction draws heavily from established addiction models, incorporating both substance use disorder criteria and behavioural addiction frameworks. Key diagnostic features consistently identified across different digital addiction subtypes include preoccupation with digital activities, tolerance requiring an increase in restriction, loss of control over usage patterns, continuation despite negative consequences, and significant impairment in daily functioning.

2.2 Psychological and Neurological Effects

Neurobiological Mechanisms, Brain Structural and Functional Alterations. Neuroimaging studies reveal consistent structural and functional brain alterations associated with digital addiction that parallel those observed in
substance use disorders. Key findings include reduced grey matter density in prefrontal and orbitofrontal cortical regions, abnormal functional activity in reward-processing areas, and altered connectivity patterns in networks governing cognitive control and executive function. The dopaminergic system plays a central role in digital addiction neurobiology. Brain imaging studies demonstrate activation of reward-associated brain regions during exposure to digital stimuli, involving dopamine-mediated reward mechanisms similar to those implicated in substance addictions. Specifically, alterations in striatal dopamine synthesis capacity correlate with digital usage patterns, with individuals showing higher proportions of social app interactions demonstrating lower dopamine synthesis capacity in the bilateral putamen.



Autonomic Nervous System Involvement Research indicates significant autonomic nervous system dysfunction in digital addiction, characterised by imbalances between sympathetic and parasympathetic divisions. Studies demonstrate elevated sympathetic activity among adolescents with internet addiction, manifested through increased heart rate and altered stress response patterns. Chronic digital overstimulation may contribute to sustained stress responses and compromised physiological regulation

Mental Health Consequences Digital addiction demonstrates robust associations with various mental health disorders, including depression, anxiety, and attention deficit hyperactivity disorder. Meta-analytic evidence confirms significant relationships between problematic internet use and depressive symptoms, with effect sizes indicating clinically meaningful associations. Among individuals with internet addiction, rates of psychiatric comorbidity reach 65%, with 47% reporting recent suicidal ideation. The relationship between digital addiction and mental health appears bidirectional, with preexisting psychological vulnerabilities predisposing individuals to problematic digital use, while excessive technology engagement exacerbates
mental health symptoms. Depression consistently emerges as the most frequently reported psychological consequence, likely reflecting social isolation, disrupted sleep patterns, and reduced engagement in offline activities

2.2.1 Dopamine Regulation and Brain Development

Today, social media restricts human-to-human interaction in the digital environment. This digital global environment lacks civil discourse, is rife with unreality, misinformation, and insecurity. This problem is not limited to any one country; it has become a global issue. Using social media ads and sponsored publications, bad people can now manipulate large numbers of people into believing what they want. Social media companies are working to monitor and shape the psychology of the permanent mass population. Many people in the world have found themselves in this dopamine cycle, with or without awareness. Figures like hearts and thumbs, which have no meaning in daily life, trigger certain chemicals in the human brain, making people feel happy. Although there are age limits established by law for harmful habits such as alcohol, gambling and smoking in almost all countries in the World, none of them has age restrictions for any technological device.

Many studies show that one of the most common consequences of social media addiction is relationship problems. Each passing year, long-term and stable marriages are declining worryingly. Because it has become possible to meet people from around the world and build emotional connections online 24 hours a day, 7 days a week, using social media. People can easily communicate freely about difficult subjects with their digital friends, who are never known or seen in real life. In fact, a conversation with a social media friend can easily turn to a degree that even sexual fantasies can be shared quickly. Married individuals can cheat their spouses with the concept of "virtual deception”, and the feeling of trust in the family is disappearing day by day.

In research conducted in the German city of Würzburg, a total of 7,827 reports on the 205 daily needs of individuals aged 18 to 85 were recorded, and it was found that social media is the weakest link in resisting habits. The main factor that triggers addiction to social media is free access, unlike smoking and alcohol. Today, clinics opened to service in private and public hospitals for the treatment of social media addiction. First, it investigates whether there is another psychological disorder underlying the addiction in the course of the treatment. First of all, the story of the person who applied with the addiction complaint should be examined carefully, especially in terms of hypomania and mania. Usually, mood stabilising pharmacotherapy is applied similarly to the treatment of bipolar disorder if pharmacologic treatment is to be administered. Another option is to apply psychotherapy in addition to or independently of pharmacotherapy. Psychotherapy uses the strategy of struggling with negative emotions such as frustration, fear, restlessness, assuming that social media addiction usually emerges as a behavioural pattern to compensate for areas where individuals fail in real life. This study shows that people around the World are spending a lot of time using social media and related tools. The results of neurological and psychiatric tests on social media users show that similar biological and psychological symptoms of alcohol, cigarette and drug addicts are seen in active social media users. The intensive use of social media is damaging to the social functioning of individuals and society in some respects.

2.2.2 Anxiety, Depression, and Social Isolation

Recent developments in global internet access and usage have increased steadily year by year, driven by growing digital needs and motivations. As technology evolves, so do concerns surrounding its impact, particularly regarding problematic or excessive use. Research has increasingly focused on identifying patterns of internet use associated with abuse and addiction, with scholars arguing that unregulated or excessive engagement can significantly disturb daily functioning. Studies have shown that individuals who invest excessive time and emotional energy in the virtual world often withdraw from face-to-face interactions, leading to social isolation and reduced real-life relationships. This withdrawal reflects a shift of emotional investment from physical environments to online spaces, where individuals may feel more in control or validated.

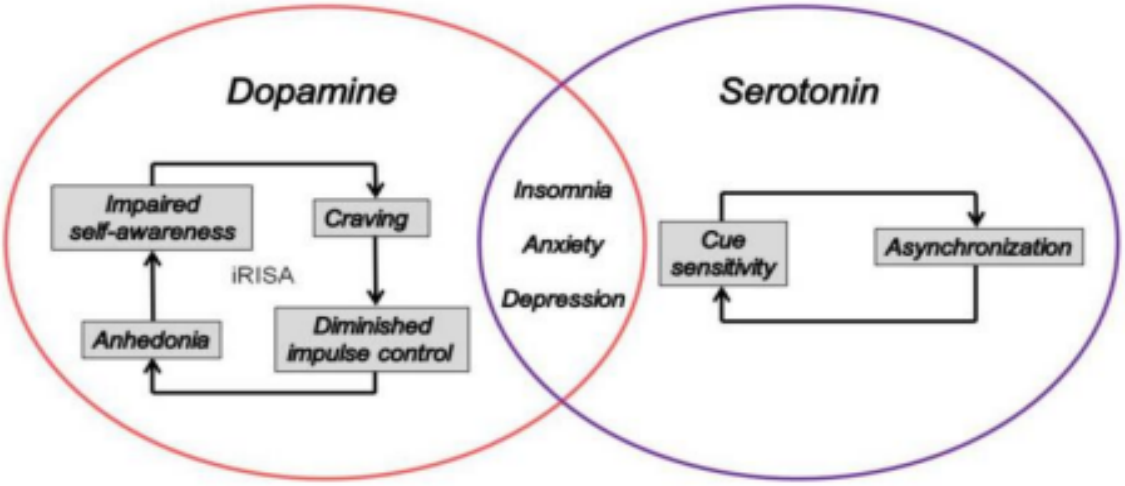
Empirical findings consistently link internet addiction with negative psychological outcomes, including anxiety, depression, stress, anger, and loneliness. Prolonged and compulsive screen use can intensify anxiety through constant notifications, fear of missing out, and the pressure to maintain an online presence, keeping individuals in a state of psychological hyperarousal. Over time, disrupted sleep, reduced physical interaction, and unhealthy comparison with curated online identities may contribute to depressive symptoms such as low mood, fatigue, and diminished self-esteem. Although digital platforms may create a sense of connection, they often lack the emotional depth of in-person communication, reinforcing a paradox in which individuals feel increasingly lonely despite being constantly "connected." Research examining prevalence rates has reported high levels of internet addiction (38.6%), alongside considerable rates of depression (24.8%) and anxiety (35.5%), with moderate positive correlations between addiction and these psychological factors. Gender differences further complicate the picture, as some findings suggest females show a higher overall tendency toward internet addiction, often using the internet for socialising and information seeking. At the same time, males report higher anxiety related to internet use, particularly gaming. Differences have also been observed across academic years and age groups, with students in later academic years and young adults aged 21 to 25 demonstrating higher vulnerability. The widespread availability of smartphones and tablets has made internet use integral to daily life. Still, excessive engagement has been associated with reduced eye contact, identity masking, poor self-control, and limited parental supervision, all of which may contribute to heightened addiction risk. Collectively, these findings highlight the urgent need to understand better the complex relationship between internet addiction, anxiety, depression, and social isolation in an increasingly digital world.

2.2.3 Sleep Disorders and Cognitive Impairment

In 2020, the World Health Organisation formally recognised addiction to digital technology (connected devices) as a global problem, where excessive online activity and internet use lead to an inability to manage time, energy, and attention during the daytime and produce disturbed sleep patterns or insomnia during nighttime. Recent studies have shown that the problem has worsened worldwide during the COVID-19 pandemic. The extent to which dysfunctional sleep is a consequence of altered motivation, memory function, mood, diet, and other lifestyle variables, or results from excessive blue-light exposure from long hours spent looking at digital device screens during the day and night, is one of many still unresolved questions.

This article offers a narrative overview of recent literature on this topic. The analysis provided offers a conceptual basis for understanding digital addiction as one of the major reasons why people, and adolescents in particular, sleep less and less well in the digital age. It discusses definitions and mechanistic model accounts in context. Digital addiction is identified as functionally equivalent to all addictions, characterised by the compulsive, habitual, and uncontrolled use of digital devices and an excessively repeated engagement in a particular online behaviour.

Once the urge to be online has become uncontrollable, it is always accompanied by severe sleep loss, emotional distress, depression, and memory dysfunction. In extreme cases, it may lead to suicide. The syndrome has been linked to the known chronic effects of all drugs, producing disturbances in cellular and molecular mechanisms of the GABAergic and glutamatergic neurotransmitter systems. Dopamine and serotonin synaptic plasticity, essential for impulse control, memory, and sleep function, are measurably altered. The full spectrum of behavioural symptoms in digital addicts includes eating disorders and withdrawal from outdoor and social life. Evidence pointing towards dysfunctional melatonin and vitamin D metabolism in digital addicts should be taken into account for carving out perspectives for treatment. The conclusions offer a holistic account for digital addiction, where sleep deficit is one of the key factors.



2.2.4 Gaming Disorder and WHO Classification

Gaming disorder is defined in the 11th Revision of the International Classification of Diseases (ICD-11) as a pattern of gaming behavior (“digital-gaming” or “video-gaming”) characterized by im to the extent that gaming takes precedence over other interests and daily activities, apaired control over gaming, increasing priority given to gaming over other activities and continuation or escalation of gaming despite the occurrence of negative consequences. The draft document defines gaming disorder as a pattern of persistent or recurrent gaming behaviour so severe that it takes precedence over other life interests and daily activities. Several countries have already recognised it as a significant public health concern, and in places such as the UK, private addiction clinics have emerged to treat the condition. The most recent edition of the International Classification of Diseases (ICD), before this update, was completed in 1992, with the revised version published in 2018. The ICD serves as a global diagnostic tool, providing standardised codes for diseases, signs, and symptoms, and is widely used by doctors and researchers to diagnose and monitor health conditions.

According to the updated guidelines, abnormal gaming behaviour must typically be evident for at least 12 months for a formal diagnosis to be assigned. However,
this duration may be shortened if symptoms are particularly severe. Core symptoms include impaired control over gaming (in terms of frequency, intensity, and duration), prioritising gaming over other interests and responsibilities, and continuing or escalating gaming despite negative consequences.

Dr Richard Graham, lead technology addiction specialist at the Nightingale Hospital in London, welcomed the official recognition of the disorder, emphasising that it creates opportunities for more specialised services and encourages the issue to be taken seriously. However, he also expressed understanding toward critics who worry about over-medicalisation, noting that enthusiastic gaming should not automatically be confused with addiction. In his clinical practice, where he encounters approximately 50 new cases of digital addiction annually, he evaluates whether gaming interferes with fundamental aspects of life, such as sleep, eating, socialising, and education. As he reflects, an essential question is whether the addiction is “taking up neurological real estate,” dominating an individual’s thinking and preoccupation.

While the ICD has formally recognised gaming disorder, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013, lists internet gaming disorder only as a condition for further study, meaning it has not yet been officially classified as a diagnosable disorder within that framework.

Globally, governments are responding to concerns in various ways. South Korea has enacted legislation that restricts children under 16 from accessing online games between midnight and 6:00 a.m. In Japan, players receive alerts if they exceed certain monthly gaming thresholds. In China, major companies such as Tencent have limited the number of hours children may spend on their most popular games.

Nevertheless, not all research presents a uniformly alarming picture. A recent study conducted by the University of Oxford found that although children spend substantial time on screens, they generally integrate digital activities into their broader daily routines. The study, examining children aged 8 to 18, found that boys tend to spend more time playing video games than girls. Researcher Killian Mullan noted that the common perception of children being addicted to technology to the exclusion of other activities is not fully supported by evidence. Instead, the findings suggest that digital technology is often used alongside, and sometimes even in support of, other activities such as homework. Much like adults, children distribute their technology use throughout the day while continuing to engage in a range of other responsibilities and interests.

2.3 Social and Educational Consequences

Digital addiction can have significant social and educational consequences, particularly among adolescents and young adults whose developmental development depends heavily on peer interaction and academic engagement. Excessive and compulsive use of digital devices may gradually replace face-to-face communication, weakening interpersonal skills and increasing the risk of social withdrawal. Individuals who prioritise online activities over real-world relationships often report family conflicts, reduced participation in social events, and feelings of loneliness despite being constantly connected. In educational settings, digital addiction has been associated with decreased concentration, procrastination, lower academic achievement, and reduced motivation. Frequent multitasking between academic responsibilities and digital entertainment disrupts sustained attention and cognitive control, while late-night screen exposure contributes to sleep deprivation, fatigue, and impaired memory performance.

Findings from social surveys further highlight the scope of the issue. A recent cross-sectional study reported that approximately 38.6% of participants met criteria for problematic internet use, with 35.5% experiencing significant anxiety symptoms and 24.8% reporting symptoms of depression. Moderate positive correlations were identified between internet addiction and psychological distress, suggesting that higher levels of digital dependency are associated with increased emotional difficulties.

Additional survey data indicate that students in later academic years and young adults aged 21–25 demonstrate higher vulnerability to internet addiction, possibly due to greater academic pressure and increased autonomy in technology use. Gender differences have also been observed, with some studies reporting higher overall addiction tendencies among females, while males showed stronger associations between gaming-related internet use and anxiety. Collectively, these findings emphasise that digital addiction is not merely a behavioural concern but a multidimensional issue with measurable social, psychological, and educational consequences that warrant greater awareness and preventive strategies. Psychologically, digital addiction is strongly associated with heightened levels of anxiety, depression, stress, and emotional dysregulation. Constant notifications, fear of missing out (FOMO), and pressure to maintain an online presence can keep individuals in a state of cognitive hyperarousal, making relaxation and sustained focus difficult. Overstimulation of the brain’s reward system may reduce tolerance for delayed gratification, increasing impulsivity and irritability. Sleep disturbances caused by late-night screen exposure further exacerbate mood instability, fatigue, and difficulty concentrating.

Research findings reporting moderate positive correlations between internet addiction and symptoms of anxiety and depression suggest that excessive digital use may both contribute to and reinforce psychological distress, creating a cyclical pattern in which individuals turn to digital environments as a coping mechanism for negative emotions.

Educationally, digital addiction can significantly impair academic performance and engagement. Students experiencing problematic internet use often demonstrate reduced attention span, increased procrastination, and difficulty managing time effectively. Multitasking between coursework and digital entertainment fragments cognitive processing and weakens deep learning. Chronic sleep deprivation linked to excessive screen time negatively affects memory consolidation, problem-solving abilities, and classroom participation. Furthermore, decreased intrinsic motivation and increased academic disengagement may occur when digital rewards provide more immediate gratification than long-term educational goals. In severe cases, academic decline may contribute to reduced self-confidence and heightened stress, further reinforcing avoidance behaviours through digital immersion.

3. Current Situation in the 21st Century

3.1 Global Screen-Time Trends Among Youth

Recent data show that children and adolescents are spending significant amounts of time on screens, with growing concerns about mental health impacts.

According to WHO Europe (2024), problematic social media use among adolescents increased from 7% in 2018 to 11% in 2022, and 12% are at risk of problematic gaming. Problematic use includes addiction-like behaviours such as loss of control, withdrawal symptoms, and negative effects on sleep, school performance, and well-being.

AAP data show average daily screen use rises sharply with age: • 0–2 years: ~1 hour

• 2–8 years: ~2–3.5 hours

• 8–12 years: ~5.5 hours

• 13–18 years: 8+ hours daily

Teens commonly spend around 1.5 hours per day on social media alone.

3.2 Social Media Platforms and Algorithmic Design

Algorithms are widely used to filter and recommend content on digital media, and they operate through feedback loops that blend social motives (such as connection and status) with platform incentives (such as engagement and profit). Although they can help manage information overload, these systems also reinforce existing behaviours and preferences — amplifying social comparison, addiction-like use, and polarisation. Evidence on how algorithms themselves impact well-being is limited, but some controlled studies suggest that reducing social media use can lower anxiety and depression moderately. Algorithms constantly adapt to user feedback, often rewarding engagement that may not align with long-term psychological well-being, such as passive scrolling and comparison-driven interactions. Youth Engagement and Filter Bubbles (from MDPI review): Social media recommender systems tend to create filter bubbles and echo chambers — environments where users mostly see similar ideas — which can limit exposure to diverse viewpoints and contribute to ideological segmentation. Among youth, these dynamics influence identity formation, civic perspectives, and social interaction patterns, not just political opinions. Young people show some awareness of how algorithms shape their feeds, but opaque systems and uneven media literacy constrain their ability to diversify what they see actively. Intervention strategies include education on algorithmic literacy, improved platform design, and policies to increase transparency and user control.

3.3 Regional Differences in Digital Use

Broadband access continues to grow across OECD countries, with average fixed broadband subscriptions reaching 36 per 100 inhabitants as of June 2024. Fibre connections now account for 45% of all fixed broadband—up from 27% in 2019. Median fixed broadband speeds more than tripled between late 2019 (53 Mbps) and late 2024 (178 Mbps), showing strong progress in infrastructure performance.

Urban–Rural Divides Are Widening. Although speeds are rising overall, gaps between metropolitan and rural areas are widening: o The absolute difference in median fixed broadband speeds between cities and remote regions increased from 22 Mbps in 2019 to 58 Mbps in 2024. o In 2024, fixed download speeds in urban areas were, on average, ~44% higher than in rural areas. Mobile broadband speeds also improved, largely due to expanded 5G networks. Median mobile speeds across the OECD jumped from 30 Mbps in 2019 to 113 Mbps in 2024. However, the urban–rural gap in mobile speeds widened too, from ~5 Mbps to ~45 Mbps. Country Differences in Connectivity • Rural areas lag substantially behind urban areas in many countries. On average, rural regions had fixed broadband speeds that were ~24 percentage points lower than those in urban areas.

The largest urban–rural speed gaps for fixed broadband were seen in Colombia, Greece, and Türkiye, while Korea, the Netherlands, and Norway had relatively small regional differences. For mobile broadband, rural–urban gaps varied widely: countries like Belgium, Colombia, Poland, and the UK saw gaps of more than 50 percentage points, whereas the Netherlands, Switzerland, and Italy had smaller disparities. 5G and Next Generation Networks By the end of 2024, 5G networks were deployed in 37 of 38 OECD countries, covering 84% of the population. Even with this rollout, 5G speed gaps persist: urban users experienced higher 5G speeds (around 223 Mbps) than rural users (around 174 Mbps). Countries like Korea delivered exceptionally fast 5G even in rural regions—faster in some cases than urban speeds in other OECD countries. Beyond the OECD, the report also examined partner economies outside the OECD (including lower- and middle-income countries). Rural connectivity gaps are often wider, partly due to limited electricity and transport infrastructure, economic constraints, and slower digital adoption. In the G20, urban mobile download speeds were about 32% higher than rural speeds in late 2024.

3.3.1 Country Positions

China, with an average daily screen time of ~5 hours 15 minutes/day, takes one of the strictest regulatory approaches in the world, led by the Cyberspace Administration of China. The government imposes firm legal limits on minors' gaming and screen use. Launched on **April 29, 2025**, the **Minor Mode** is a mandatory system integrated across all smartphones, apps, and app stores in China. Minor Mode makes apps block access for minors between **10:00 PM and 6:00 AM** and presents content based on development stages (e.g., toddlers see songs/audio to avoid "video zombies," while teens see news and **China's National Press and Publication Administration** enforces some of the tightest gaming limits globally, often referring to gaming as "spiritual opium'' with rules like One-Hour Rule: Minors are restricted to just three hours of online gaming per week, specifically from 8:00 PM to 9:00 PM on Fridays, Saturdays, Sundays, and public holidays. Real-Name Verification: All gamers must register with state-issued IDs. Major companies like **Tencent and NetEase** use facial recognition to prevent children from using adult accounts. Economic Enforcement: Non-compliant companies face heavy fines, and the rules have reportedly led to a 92% decrease in minors' playtime on Tencent products.

China was the first country to classify internet addiction as a **clinical disorder in 2008,** and had camps to ‘’treat’’ children. China’s internet addiction "boot camps" (often called "special training schools") operate as a last-resort, private industry for parents who feel they have lost control of their children to the digital world. These facilities are notorious for their reliance on physical hardship and strict behavioural discipline to "re-educate" youth. Many teenagers do not enter these facilities voluntarily. Parents, in a state of desperation, may drug, trick, or even hire staff from the camps to physically seize and transport their children to the facility.

South Korea, with an average daily screen time of ~5 hours 20–30 minutes/day:

South Korea treats digital addiction as a national public health crisis rather than a purely legal one. As one of the most hyper-connected societies on Earth, the government—led by the **Ministry of Gender Equality and Family** and the **Ministry of Health and Welfare**—balances strict historical regulation with a massive, state-funded therapeutic infrastructure. While China has tightened its grip, South Korea has recently shifted from blanket bans to "selective" restrictions. **The Cinderella Law (2011–2021):** For a decade, South Korea enforced the "Shutdown Law," which imposed a mandatory server-side block preventing children under 16 from playing online games between midnight and 6:00 AM. **The "Game Choice" System:** In 2022, the government transitioned to a more flexible model. While the blanket ban was lifted, parents or minors can still request mandatory "blackout windows" for specific accounts, shifting the enforcement from the state to the household.

South Korea has established a sophisticated, state-led "Rescue" infrastructure that treats digital dependency as a clinical priority through a seamless screening and rehabilitation pipeline. This system begins with **mandatory nationwide diagnostic surveys** in schools to identify "high-risk" students, who are then funnelled into a network of government-funded **Internet Addiction Prevention Centres (IAPC)** for psychiatric evaluation and treatment of underlying issues like ADHD or depression. For severe cases, the Ministry of Gender Equality and Family operates residential **"Internet Rescue Camps,"** where teens undergo 12-to-21-day "digital detox" programs; unlike private "boot camps," these facilities focus on holistic recovery, replacing screens with structured cognitive-behavioural therapy, woodcraft, and outdoor social activities to facilitate a healthy, state-supervised re-entry into a hyper-connected society.

India has an average daily screen time of ~7 hours 15–20 minutes/day :

India's approach is a "hybrid-preventive" model that balances medical intervention with newly emerging federal oversight. India frames digital addiction as a critical socioeconomic threat, with the **Economic Survey 2026** recently flagging "screen-related mental health problems" as a major risk to the country's demographic dividend by integrating digital detox into the **Nasha Mukt Bharat 2.0** national campaign and mandating physical activity in schools, India focuses on "reclaiming" the demographic dividend from digital addiction through a mix of household-level parental controls and nationwide psychological support.

India’s backbone for digital health is led by premier government medical institutions, including **The SHUT Clinic,** India’s landmark facility, the **Service for Healthy Use of Technology (SHUT)** at NIMHANS, Bangalore. It is the first government clinic to treat "Net compulsions" and gaming disorders through clinical psychology, focusing on "digital fasting" and identifying underlying comorbidities like anxiety or ADHD. **Tele-MANAS Expansion:** As of 2026, the national tele-mental health programme has been expanded specifically to address digital addiction. This allows youth in rural areas to access state-funded counselling for screen dependency via a 24/7 helpline, bridging the urban-rural "addiction gap."

Starting **May 1, 2026**, India is shifting from advisory guidelines to firm legal enforcement under the **Promotion and Regulation of Online Gaming (PROG) Rules**. Starting **May 1, 2026**, India is shifting from advisory guidelines to firm legal enforcement under the **Promotion and Regulation of Online Gaming (PROG) Rules,** such as **Mandatory Age & Identity Verification:** No user can register for online games without state-issued ID verification. This ends the "click-to-confirm" age era and grants the government real-time visibility into minor participation, **The "Total Ban" on Real-Money Gaming:** To protect children from "financial anxiety" and predatory loops, the Indian government has banned all online real-money games, classifying them as high-risk addictive environments and **Forced Parental Controls:** Every app and gaming platform must now integrate mandatory time-limit toggles and "activity monitors" directly accessible to parents, similar to China’s system but managed at the household level.

France, with an average daily screen time of ~5 hours 20–35 minutes/day:

France has pivoted toward a "Cognitive Sovereignty" model that seeks to legally insulate minors from addictive digital ecosystems through hardware mandates and category-wide bans. By September 2026, France will enforce a **nationwide social media ban for children under 15** and expand its **total smartphone ban** to include senior high schools, aiming to reclaim educational spaces as "screen-free sanctuaries." This is reinforced by the **Studer Act**, which requires all connected devices sold in the country to feature pre-installed, free parental controls and proposes a mandate for **health warning labels** on device packaging. Together, these measures reflect a state-led effort to treat digital addiction not as a private parenting failure, but as a systemic threat to the physical and mental development of the next generation.

Russia, with an average daily screen time of ~7 hours 50 minutes :

Russia utilises a "Sovereign Control" model that treats digital addiction as a byproduct of unregulated foreign media, countering it with strict institutional bans and state-led "Digital Hygiene" initiatives. Central to this approach is a **federal law banning smartphones in classrooms** and a newly proposed **national self-exclusion registry** that allows for the voluntary or parental blocking of online gaming accounts. By mandating real-name verification through state-issued IDs and pushing youth toward domestic platforms with pre-filtered "patriotic" content, the Russian government seeks to replace addictive global algorithms with state-monitored environments, framing the fight against screen dependency as a necessary step in protecting the "moral and physical health" of the nation's youth.

Turkey has an average daily screen time of ~7–8 hours/day :

Turkey has adopted a "Digital Child Protection" model that shifts the responsibility of addiction prevention from the parent to the state and tech providers. In April 2026, the government implemented a **mandatory ban on social media for children under 15**, enforced through **state-verified e-Devlet IDs** and heavy "bandwidth throttling" penalties for non-compliant companies. This regulatory pressure is balanced by the **Green Crescent's TBM program**, which provides evidence-based "digital hygiene" training to millions of students and operates specialised **YEDAM counselling centres** for rehabilitative support. By treating addictive algorithms as a threat to "national moral health" and mandating "phone-free" school environments, Turkey aims to physically and legally decouple its youth from the digital ecosystems that fuel dependency

United States, with an average daily screen time of ~7 hours/day :

The United States has transitioned into a "Litigation & State Mandate" model, responding to an average teen screen time of **8.5+ hours** by treating social media platforms as "defective products" rather than neutral utilities. Following the **Surgeon General's 2025 call for tobacco-style warning labels**, state legislatures have moved faster than the federal government, with over a dozen states enforcing **"bell-to-bell" smartphone bans** in schools and New York legally prohibiting **algorithmic "addictive feeds" at night**. By utilising the **California Age-Appropriate Design Code** to ban manipulative "dark patterns" and supporting massive class-action lawsuits against tech giants, the U.S. strategy focuses on "hard-coding" parental controls and holding companies financially liable for the mental health costs of digital dependency.

3.4 Existing National Policies and Health Guidelines

Digital health uses information and communication technologies—including mobile health, telemedicine, electronic health records, and AI tools—to strengthen health systems, improve access to and quality of care, and empower patients and health professionals. According to the WHO, digital interventions should complement existing health systems, addressing local needs while ensuring equity, interoperability, workforce readiness, and infrastructure support. Recommended interventions include mobile birth and death notifications, supply chain tracking, client-provider teleconsultations, SMS-based health messaging, and digital training for health workers. The European Commission builds on these principles through initiatives such as the European Health Data Space (EHDS), which enables secure, cross-border sharing of electronic health data for citizens, healthcare providers, research, and policy-making, while respecting strict data protection standards. The EU also supports cross-border services such as ePrescriptions and Patient Summaries, promotes trustworthy AI in healthcare, and fosters cooperation among Member States through the eHealth Network, funding programmes, and international collaborations. Both the WHO and the EU frameworks emphasise that digital health is most effective when integrated into broader health system planning, tailored to local contexts, and designed to reduce inequalities rather than widen them.

4. Challenges in Addressing Digital Addiction

4.1 Lack of Universal Diagnostic Criteria

Smartphone and internet addictions are emerging behavioural disorders characterised by loss of control over use, excessive time spent online, and continued engagement despite negative consequences. Studies propose diagnostic criteria emphasising core symptoms—such as inability to resist use, withdrawal, preoccupation, and neglect of real-life responsibilities—alongside functional impairments affecting social, academic, or work life. While smartphone addiction shares features with other behavioural addictions, internet addiction encompasses a wider range of online activities, including gaming, social media, and general web use. Diagnosis is challenging due to overlapping psychiatric conditions and a lack of universally accepted criteria, although structured tools and symptom-based frameworks improve reliability. Treatments combine psychotherapy, often cognitive-behavioural approaches, with selective pharmacological options, early intervention, and public awareness strategies, highlighting the need for personalised, multidisciplinary approaches to mitigate the negative effects of excessive digital engagement.

4.2 Regulation of Tech Corporations

The EU's Corporate Sustainability Due Diligence Directive (CS3D) is an important but under-recognised tech regulation that requires large companies (including tech firms) to conduct human rights and environmental due diligence across their global operations and value chains, not just in their core products. It mandates risk assessment, transparency, and stakeholder engagement, and imposes civil liability for non-compliance, making companies accountable for impacts on people and the environment worldwide.

Tech regulation more broadly — especially in areas like AI, privacy, competition, content moderation, and cross-border services — is increasing sharply across jurisdictions from the EU to the US, India and beyond, posing a strategic challenge for tech firms. Instead of the old "move fast and break things" mindset, tech companies now need to develop robust compliance strategies that integrate regulatory requirements into product design and corporate culture rather than treating compliance as an afterthought. This includes managing regulatory relationships, establishing clear internal standards, integrating controls into products and engineering processes, and regularly testing and monitoring compliance systems. Firms that successfully embed compliance into innovation processes can avoid fines, lawsuits and forced product changes — and potentially turn "regulation challenges" into competitive advantages.

4.3 Balancing Digital Innovation with Public Health

As digital technologies increasingly intersect with healthcare and public health, organisations face the challenge of balancing innovation with the safety and well-being of populations. Rapid deployment of digital health tools, telemedicine platforms, and mobile health apps can drive efficiency and accessibility. Still, without careful oversight, they can also expose users to privacy risks, misdiagnoses, or inequitable access. A "Safety by-Design" approach is essential: public health agencies and tech developers should integrate risk assessment, evidence-based safeguards, and ethical standards into the early stages of product development.

Continuous monitoring, user feedback, and transparent communication help ensure that innovation enhances health outcomes without compromising patient safety. Embedding public health priorities into digital innovation not only protects communities but also strengthens trust and supports sustainable adoption of new technologies.

4.4 Parental Awareness and Digital Literacy Gaps

Children's lives are increasingly shaped by digital technologies, offering benefits like learning and social connection but also exposing them to risks such as cyberbullying, harmful content, excessive screen time, privacy threats, and developmental harms. To enhance child well being in this digital age, the OECD recommends a four pillar policy approach: (1) effective regulatory frameworks and child centered digital design that prioritise safety, privacy and healthy use; (2) digital literacy education for children, with schools and teachers equipping young people to navigate digital spaces responsibly; (3) guidance and support for parents and caregivers to help them understand nformed use of digital technologies. Efforts to strengthen parental digital literacy and manage both the benefits and risks of digital engagement; and (4) incorporating children's perspectives into policy and design to ensure measures reflect their real needs and experiences.

Research shows that parental digital literacy is a key factor in protecting children online: when caregivers lack skills in technology use, risk awareness, communication, and supervision, children are more vulnerable to online harms. Improving parents' digital competence — including

Understanding security settings, privacy controls, and online risks enhances their ability to support their children's safe, balanced development and to implement broader policy goals by empowering families to foster safe online habits, mediate device use, and reinforce healthy digital practices at home.

Together, these approaches aim to create a safer, more inclusive digital environment where children benefit from digital opportunities while minimising risks, with regulators, educators, parents, caregivers and children all playing active roles.

5. Possible Solutions

Recognise Cultural Differences in Digital Behaviour

Governments and international organisations should acknowledge that cultural norms shape what is considered "addictive" digital behaviour. Policies must be adaptable and culturally sensitive while maintaining universal standards for mental health protection.

Regulate Addictive Platform Design

Governments should investigate and regulate platform design features that promote compulsive use, such as infinite scrolling, autoplay, and algorithmic reinforcement, ensuring platforms prioritise user well-being over engagement metrics.

Monitor Algorithm-Based Recommendation Systems

National regulatory bodies should establish oversight mechanisms for algorithmic systems to ensure transparency, reduce the amplification of harmful content, and prevent exploitative behavioural targeting.

Promote Mandatory Digital Literacy Education

Countries should integrate digital literacy into school curricula, teaching students about responsible technology use, online safety, and the psychological effects of digital consumption.

Strengthen Global Coordination Through the World Health Organisation

The WHO should facilitate international cooperation by developing adaptable frameworks that account for differing national regulations while promoting unified health standards.

Protect Freedom of Expression While Regulating Use

Policies must carefully balance user protection with fundamental rights, ensuring that measures against digital addiction do not lead to censorship or unjustified restrictions on expression.

6. Questions to Ponder

· How do cultural differences influence what is considered "addictive" digital behaviour?
· What are the long-term mental health impacts of excessive social media and gaming use on adolescents?
· Are tech companies intentionally designing addictive platforms?
· Should governments regulate algorithm-based recommendation systems?
· Should there be global limits on data-driven behavioural manipulation?
· Who holds more responsibility: parents, schools, governments, or tech corporations?
· Should social media platforms be required to implement built-in usage caps for minors
· Should digital literacy be mandatory in school curricula worldwide?
· How can schools promote healthy digital habits without banning technology?
· Are digital detox programs effective, or do they ignore root causes?
· How can the WHO coordinate international efforts when digital regulation laws vary widely between countries?
· Should there be a global treaty regulating addictive digital design? · How can policies protect young people without infringing on freedom of expression?
· Is banning certain apps an effective solution or a political distraction? Are we preparing children for a digital world, or protecting them from it?

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