The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

Policy on the EU KIDS Act

Main messages

- Worldwide there is a growing body of evidence highlighting the significant harms faced by young people associated with excessive use of social media and exposure to illegal and harmful content and contact online.
- Many of the harms result from the addictive and manipulative features designed to maximise the time young people spend engaged online, as well as the failure of the digital industry to adequately protect children online. As such, harms faced by minors online should be approached through the World Health Organization (WHO) Commercial Determinants of Health framework.
- CPME recognises the European Commission's proposal for an EU KIDS Act[1] (EU Keeping Internet Digital Spaces Accountable and Trustworthy) as a positive first-step towards protecting children and young people online, however the age restrictions for social media are insufficient to protect young people online and place inappropriate levels of responsibility on parents who may be ill-equipped to monitor their child's online activity safely.

Recommendations

In line with Article 24 of the Charter of Fundamental Rights of the European Union[2] and the rights of Children to protection and care as is necessary for their well-being. CPME welcomes the introduction of safety by design obligations including, prohibition of addictive features, restrictions on recommender systems, default privacy and safety settings, protection from unwanted contacts online, as well as greater transparency on economic transactions and prohibition of variable rewards systems including loot boxes.

[1] Proposal for a Regulation of the European Parliament and of the Council EU KIDS ACT – 'EU Keeping Internet Digital Spaces Accountable and Trustworthy'. European Commission, 2026.
[2] Charter of Fundamental Rights of the European Union. Official Journal of the European Union, 2012.

European doctors recommend:

- Safety by design features must apply to all online social networking services, video sharing platforms, online gaming, AI companions and chatbots. Default safety by design settings, as defined in the EU KIDS Act, may only be switched-off when the person has reached the age of 18.
- No access to online platforms for children under the age of 5.
- Strict restriction on access to online social networking services, video-sharing platforms, AI companions and general conversational chatbots for children under the age of 16.
- A harmonised and stratified age classification system must be developed and applied to all online games and non-social media apps designed for minors under the age of 18.
- The age classification system must determine the age of access to each digital platform.
- The responsibility must be on developers of all digital platforms to prove that their products are safe for children before they are placed on the market, through independent CE certification that prioritises health and well-being.
- Effective enforcement of legislation is needed to ensure that children are adequately protected online with companies facing penalties for non-compliance, including blocking of services and criminal liability. This does not exclude individuals' liability for criminal and illegal actions conducted online.
- The legislation must be supported by a comprehensive public health messaging campaign to highlight the potential dangers of online platforms to all age groups (including misinformation and disinformation, predation, financial abuse, sedentary behaviours, and reinforcing the message that cumulative access should be restricted across all digital platforms).
- Child protection responsibilities should not be solely the responsibility of parents and guardians as corporate entities should be held accountable for features which have been shown to be harmful for children.

Introduction

CPME welcomes the commitment from the European Commission to tackle online harm through a European-wide approach and recognises the EU KIDS Act as a positive first-step towards protecting children and young people online. CPME also welcomes that the EU KIDS Act proposal is not limited to social media but includes video sharing platforms, online games, AI companions and general conversational chatbots and application stores. Notwithstanding variations in the age of consent across Europe, the EU KIDS Act defines a minor as a person under the age of 18, in line with the UN Convention on the Rights of the Child.[3]

Access to the internet and safe use of digital environments can be beneficial for young persons, particularly living in remote areas or experiencing social isolation. Accessing information can help develop an adolescent's personality and broaden their horizon, explore areas of interest and different views. It can help to keep contact with friends or family living far away (e.g. migrants, exchange students), or getting in contact with persons from the same minority group (e.g. migrants, LGBTIQ persons) or peer-support communities.

The usefulness or harmfulness of the use of digital environments depends on the amount of screen time, but also, to a large extent, on the content and the design of digital environments.[4] [5] [6] Moreover, policies should not restrict young people's access to health information and appropriate digital care. Achieving this balance is vital for ensuring future-proof digital healthcare.

CPME therefore welcomes the provisions in the Act to introduce strict age verification and safety by design measures to protect minors. However European doctors are concerned that the age restrictions for social media are insufficient to protect young people online effectively and places inappropriate responsibility on parents, who may be ill-equipped to monitor their child's online activity.

Worldwide there is a growing body of evidence highlighting the significant harms faced by young people associated with excessive use of social media and exposure to illegal and harmful content and contact online.

[3] Convention on the Rights of the Child. United Nations, 1989.
[4] Hayes, B., James. A., Barn, R. et al. Children's risk and benefit behaviours on social networking sites. Computers in Human Behavior, 2022.
[5] Craig, S., Eaton A., McInroy, L. et al. Can Social Media Participation Enhance LGBTQ+ Youth Well-Being? Development of the Social Media Benefits Scale. Social Media + Society, 2021.
[6] Knowles, E., Danzi, B. The Role of Online Social Support in Mental Health: Comparing Rural and Urban Youth. Children, 2025.

Digital harms

Harms related to excessive screentime

- There is evidence that problematic media use among adolescents in Europe is increasing.[7] In Germany, for example, a representative longitudinal study shows that problematic media use is on a high level. One in four children exhibits risky social media use or even signs of addiction. In total, an estimated 1.5 million young people are affected.[8]

- Numerous studies show that for adolescents greater time spent on social media is associated with increased self-harm behaviour and suicidal ideation, linked to users receiving damaging messages promoting self-harm, copying self-harming behaviour of others, and emulating self-harm practices from shared videos.[9]

- Results from a representative sample of over 40,000 adolescents from four EU countries show that nearly half (47%) of 15 year olds report depression and over half (53%) struggle with anxiety. Excessive social media usage (three or more hours a day) is associated with negative mental health outcomes, specifically depression and anxiety.[10]

- Data from the European Commission shows that one in six adolescents across Europe have been victims of cyberbullying and about one in eight admit they have bullied others online.[11] Time spent on social media and engagement in problematic use is associated with both victimisation and perpetration.[12] While bullying also occurs offline, digital environments facilitate the dissemination of offensive content to a large number of recipients, and lowers psychological barriers.

- Research on social media use and body image has consistently revealed that frequent social media use is strongly linked with negative body image among both males and females. Furthermore, social media exposure was also linked with a higher risk of eating disorders and a drive for thinness.[13]

[7] Teens, screens and mental health: New WHO report indicates need for healthier online habits among adolescents. WHO/Europe, 2024.
[8] Wiedemann, H., Busch, K., Schlichter, N., et al. Problematische Mediennutzung bei Kindern und Jugendlichen in Deutschland: Ergebnisbericht 2025/2026. Ausgewählte Ergebnisse der achten Erhebungswelle im September/Oktober 2025. DAK-Gesundheit, 2026.
[9] Griffin E., McMahon, E., O'Brien, C., et al. Social media use and age limits for children and adolescents: Research priority areas for suicide prevention. National Suicide Research Foundation (NSRF), 2026.
[10] Bertoni, E., Centeno, C., Cachia, R. Social media usage and adolescents' mental health in the EU. European Commission, 2025.
[11] Directorate-General for Communication. Commission launches action plan to Protect Young People from cyberbullying. European Commission, 2026.
[12] Craig W., Boniel-Nissim, M., King, N., et al. Social Media Use and Cyber-Bullying: A Cross-National Analysis of Young People in 42 Countries. Journal of Adolescent Health, 2020.
[13] Demetriou, M., Anagnostopoulou, V., Markatis, V., et al. The impact of social media on Adolescent Body Image: A Comprehensive Review. Cambridge University Press, 2025.

Harms related to content

- Child sexual abuse material (CSAM) has grown exponentially over the last few years. In 2025 alone, 3.2 million illegal online records of CSAM were identified and 91% of these contained images of victims between the age of 3 and 13.[14] Sexual extortion, technology-facilitated exploitation and AI-generated content are all on the rise and increasingly likely to victimise children.

- Research from the SERP (Sexual Exploitation Research and Policy) Institute[15] found that, in the UK, 51% of 11 to 13-year-olds reported that they had seen pornography at some point, rising to 66% among 14 to 15-year-olds, and 64% of young people aged 16-21. The average age to first be exposed to pornography was 13, but 10% had seen it by age 9 and 27% by age 11. The research further highlights how mainstream pornography regularly displays violence against women and girls, violence against children, feature incest, teen actors dressed-up to appear child-like and child abuse, as well as real instances of image-based sexual abuse, pimping and sex trafficking. Widespread exposure to pornography increasingly plays a role in shaping the sexual scripts of young people and normalising sexual violence.

- The Youth Endowment Fund[16] surveyed 10,000 teenagers across England and Wales and found that 70% of respondents had encountered real-world violence online in the past 12 months. The most common types of violence observed include threats of physical harm (43%), content related to gangs (33%) and weapons (35%). The platforms where this content was most commonly observed include TikTok, X (former Twitter), Facebook, and Snapchat. 80% of the teenagers surveyed noted that encountering weapons-related content makes them feel less safe in their communities, 68% said that seeing this kind of content made them less likely to go outside, and 39% said violent content made them more likely to carry a weapon.

- A recent Europol intelligence notification[17] highlighted the growing recruitment and exploitation of minors (typically aged 13–17 years) through social media by criminal networks across Europe. Europol reports that minors are now implicated in over 70% of criminal networks, including those involved in cybercrime, fraud, drug trafficking, migrant smuggling and property crime. The report highlights the glamorisation of crime through

[14] INHOPE Annual Report 2025. INHOPE, 2025.
[15] Breslin, R., O'Connor, M. Facing Reality: Addressing the Role of Pornography in the Pandemic of Violence Against Women and Girls. The Sexual Exploitation Research and Policy Institute. The Sexual Exploitation Research and Policy Institute, 2024.
[16] Children, violence and vulnerability 2024: What role does social media play in violence affecting young people?. Youth Endowment Fund, 2024.
[17] The recruitment of young perpetrators for criminal networks. Europol Intelligence Notification, 2024.

social media and the use of targeted language, coded messaging, and 'gamification' strategies to recruit young people into crime.

- A recent report from EPSAD[18] shows that gambling remains common among European students (16-17 year olds), with 23% having gambled in the past year and boys more engaged than girls (29% vs 16%) of which 65% gambled online. Problem gambling affects 8.5% of student gamblers. In 2024, 22% of ESPAD students also reported a high level of risk related to on-line gaming. The harms from gambling and gaming disorders including financial stress, relationship breakdown, family violence, stress, mental illness and suicide. Children and young people are routinely exposed to gambling advertising, messaging and sponsorship, particularly online. Of particular concern is the exposure to gambling and gaming through sports betting, loot boxes in video games, and other reward systems that blur the line between playing and paying.

- Research suggests a significant relationship exists between exposure to substance-related social media content and use of drugs and alcohol. A new study on this topic in the United States found that participants (who were those receiving mental health treatment from a US community hospital) had significantly higher odds of substance use on days when exposed to substance-related digital content posted by peers.[19]

- Online advertising of unhealthy foods and drinks may cause significant health, behavioural, and developmental harms to children. Digital marketing has increased children's vulnerability by enabling commercial actors to embed marketing into children's lives in targeted and subtle ways, e.g. by using social media influencers.[20] The same kind of marketing tactics are used on nicotine products to attract young users.[21]

[18] ESPAD Report 2024: Results from the European School Survey Project on Alcohol and Other Drugs. European Union Drugs Agency, 2025.
[19] Gansner, M., Horton, A.K., Singh, R., Schuman-Olivier, Z. Exploring relationships between social media use, online exposure to drug-related content, and youth substance use in real time: A pilot ecological momentary assessment study in a clinical sample of adolescents and young adults. Frontiers in Child and Adolescent Psychiatry, 2024.
[20] Protecting Children from Unhealthy Food Marketing: A Toolkit for Developing Effective Laws. UNICEF, 2026.
[21] WHO warns nicotine pouch brands targeting youth as sales surge. World Health Organization (WHO), 2026.

Harms related to excessive screentime in early years

There is also a growing body of research on the negative impact that screens are having on childhood development in early years:

- Sedentary lifestyle behaviours, such as, inactive screen-time can adversely influence physical activity levels and patterns through the life course and are associated with poor health outcomes.[22]
- Higher daily screen exposure during early childhood (9 months to 5 years) is linked to less favourable outcomes at ages 5 and 8. Children with greater screen time exhibited lower language and educational abilities, along with increased peer problems.[23]
- Prolonged screen use before bedtime was associated with shorter sleep duration, increased sleep latency, and sleep fragmentation.[24] This is particularly damaging as shorter sleep duration among those under 5 is associated with higher adiposity, poorer emotional regulation, impaired growth, more screen time and higher risk of injuries.[25]

Applying commercial determinants of health approach to digital harm

Many of the harms result from the addictive and manipulative features designed to maximise the time young people spend engaged online, as well as the failure of the digital industry to adequately protect children from harmful content and unwanted contacts online. As such, the harms faced by minors online should be approached through the WHO Commercial Determinants of Health framework defined as the conditions, actions and omissions by commercial actors that affect health.[26] The CPME Policy on the Commercial Determinants of Health highlights how good regulation can be an effective public health measure, and new policies, laws, and systems should set higher standards for commercial actors to ensure their products and practices do no harm and contribute more positively to health, well-being, equity and sustainability.[27]

[22] WHO Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. World Health Organization (WHO), 2019.
[23] Gath, M., Gillon, G., McNeill, B., Woodward, L. Assessing the impact of screen time on children's language, educational ability, and social functioning from infancy to age 8. University of Canterbury/Child Well-being Research Institute, 2023.
[24] Silva, R.L., Gonçalves, B.P.C., Ferreira, M.H.L., Junior, N.C. Consequences of screen time on sleep quality in children and adolescents: A scoping review. Journal of Paediatric Health Care, 2026.
[25] WHO Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. World Health Organization (WHO), 2019.
[26] Commercial Determinants of Health. World Health Organization (WHO), 2023.
[27] CPME Policy on the Commercial Determinants of Health. Standing Committee of European Doctors (CPME), 2024.

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CPME calls for stricter regulation to protect the young people from online harms, with significantly tighter age restrictions in the same way as young people are protected from other harmful products such as alcohol, tobacco, gambling and pornography.

Safety by design for all digital platforms

CPME believes that screen time should be limited, with stricter limits for younger ages. However, due to the practical challenges in implementing screen time limitations, safety by design must play a key role in protecting children and adolescents.

CPME welcomes the introduction of safety by design requirements including, prohibition of addictive features, restrictions on recommender systems, default privacy and safety settings, protection from unwanted contacts online, as well as greater transparency on economic transactions and prohibition of variable rewards systems including loot boxes. Safety by design features must apply to all online social networking services, video sharing platforms, online gaming, AI companions and chatbots. CPME recommends that the default safety settings can only be switched off when the minor has reached the age of 18.

Age assurance

CPME welcomes the proposed approach to age verification through EU age-verification solutions and EU proof of age attestations, without excluding independent technical solutions which do not require the use of a smartphone or impose sharing unnecessary information about an individual. Lessons from the social media ban in Australia show how weak age verification checks such as age self-declaration and age estimation have allowed under 16 year olds to circumvent the restrictions.[28] Therefore, the EU and national governments should continue improving and independently assessing its age-verification apps, their supporting infrastructure, as well as support other independent technical solutions. CPME recommends that children under the age of 5 do not have access to digital platforms. This is based on the WHO guidelines, which recommend that sedentary screen time (across TV, videos and computer games) is limited to no more than 1 hour in a 24-hour day, noting that less is better.[29]

[28] Barnes, C., Hall, A., Mantach, S. et al. Assessing early effects of Australia's Social Media Minimum Age Act on adolescents' social media use: observational study. BMJ, 2026.
[29] Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. World Health Organization (WHO), 2019.

Social media delay

The EU KIDS Act introduces a gradual approach to access to social media as follows:
There is also a growing body of research on the negative impact that screens are having on childhood development in early years:

- Age 3 to under 13: children will not be able to access social media services but can still use child-friendly video-sharing services through an account managed by a parent or guardian. Guardian tools will be able to set a daily limits with a maximum of one hour per day;
- Age 13 to under 15: children will be able to use social media through a "mini account" managed by a parent or guardian, with limited features. Again guardian tools will be able to set a daily limit of up to one hour, pre-approve and set a maximum number of contacts;
- From age 15 onwards: children will be able to open and manage their own social media account.

While the proposal attempts to balance the rights of children to protection and well-being with their right to freedom of expression,[30] European doctors emphasise that currently the dangers faced by minors online are significant and vary across age groups, extending beyond 14 years of age into teenage years and young adulthood. Priority therefore must be given to child protection and well-being.

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19 and is an important phase of rapid physical, cognitive and psychosocial growth.[31] The adolescent stage of development is characterised by increased risk-taking, impulsivity, sensitivity to peers, social rewards and media influence which predispose young people to greater harms from digital platforms, including vulnerability to fake news and risk of sexual exploitation.[32] While young people are particularly vulnerable to the harms of social media, many of the harms experienced also affect adults.[33] European doctors therefore recommend strict restriction on access to online social networking services, video-sharing platforms, online games, AI companions and general conversational chatbots for children under the age of 16.

Moreover, a harmonised and stratified age classification system should be developed and applied to all video sharing platforms, online games and apps designed for minors under the age

[30] Charter of Fundamental Rights of the European Union. Official Journal of the European Union, 2012.
[31] WHO, Adolescent health, < https://www.who.int/health-topics/adolescent-health#tab=tab_1>, accessed 2 October 2026.
[32] Halsall, T., Holmgren, A., Arseneau, Z. et al. Applying the commercial determinants of health framework to understand how digital platforms influence child and youth wellbeing. Discover Public Health, 2026.
[33] Ibid.

of 18. The age classification system should determine the age of access to each digital platform. In addition, the onus should be on developers of all digital platforms to prove that their products are safe for children before they are placed on the market, through independent CE certification that prioritises safety, health and well-being.

Parental and guardian controls

European doctors are also concerned that the proposed legislation places too much emphasis on parental and guardian controls. Recent studies highlight the disconnect between adolescents and their parents in relation to their screen time with adolescents aged 13-18 years spending on average 4.5 hours on school days, which is more than an hour above their parents estimates of 3.4 hours.[34] Furthermore, just 40% of 10-16 year olds say that their parents keep track of the internet content they look at, 38% said their parents, block or filter some types of content, while 34% said that parents used a service or contract to limit their time spent on the internet. [35]

Parental control is complicated by the fact that there is no uniform parental control mechanism. Mechanisms vary between different types of devices (e.g. mobile phones, computers, gaming consoles), manufacturers and service providers, requiring parents to manage several control mechanisms if their children use more than one device. Parental control also requires verification whether a person exercising the control is a parent or legal guardian. Apart from the identity of the parent or guardian, in some cases administrative or court decisions on custody would have to be taken into account, rendering such verification complex and prone to errors and therefore less effective. Therefore, CPME believes that protection of minors in digital environments should rely on age verification and on default settings which cannot be changed, rather than on parental control.

Similarly, meta-analysis show that 1 in 4 children younger than 2 years meet the guideline to avoid screen use, and 1 in 3 children aged 2 to 4 years meet the guideline of no more than 1 hour a day of screen time across all platforms including television.[36]

[34] Eurobarometer: Impact of excessive screen time and social media on young people's mental health. European Commission, 2026.
[35] Staksrud, E., Helsper, E., Livingstone, S., et al. The EU Kids Online 2026 comparative study: children's views, experiences, opportunities and risks in a digital world: full findings from the EU Kids Online representative survey of 10- to 16-year-olds across 19 countries. Universitetet i Oslo & London School of Economics and Political Science, 2026.
[36] McArthur, B.A., Volkova, V., Tomopoulos, S., Madigan, S. Global Prevalence of Meeting Screen Time Guidelines Among Children 5 Years and Younger: A Systematic Review and Meta-analysis. JAMA Pediatrics, 2022.

Age restrictions are generally considered more effective than parental responsibilities as they place a universal baseline for access and shifts the responsibility from parents to the commercial providers.

The types of skills required to monitor a child's online activity safely include: up-to-date digital fluency, health risk assessment relevant to digital risks, child protection risk assessment including risks of grooming, risk management including ability to negotiate the influence of the child's social and online environment towards protecting them effectively. Outsourcing such responsibility to parents puts parents at risk of child neglect, and potential consequences of same. Legislative interventions on the other hand offer a substantial return on investment, compared with other health promotion interventions, as they are relatively low cost and more effective at shaping behaviours and cultural norms.[37]

Across the OECD, 25 countries are considering age restrictions on access to social media and have sought to legislate to better protect children, with 10 countries implementing or considering a higher threshold of under 16.[38]

Enforcement

Strict enforcement of legislation is needed to ensure that children are adequately protected online with effective penalties for non-compliance, including blocking of services and criminal liability.

Other non-legislative measures

The legislation should be supported by a comprehensive public health messaging campaign to highlight the dangers of excessive screentime at all ages. Moreover, EU Member States should promote digital health literacy, media literacy and critical thinking skills among children, adolescents, parents and educators.[39] Digital health literacy should be recognised as a core public health competency. Children and young people should be supported in developing the skills necessary to critically evaluate online health information, recognise misinformation and disinformation, understand commercial influences and assess content generated by artificial intelligence. [40]

[37] Masters, R., Anwar, E., Collins, B., et al. Return on investment of public health interventions: a systematic review. Journal of Epidemiology and Community Health, 2017.
[38] Abdallah, C., Michelakaki, C., Robinson, L., West, J. Social media age restrictions for children: Why they are rising and what comes next. Organisation for Economic Co-operation and Development (OECD), 2026.
[39] CPME Policy on Digital Health Literacy. Standing Committee of European Doctors (CPME), 2026.
[40] CPME Policy on Health Misinformation and Disinformation. Standing Committee of European Doctors (CPME), 2026.