

SUBMISSION

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AMA submission to parliamentary inquiry into the influence and impacts of social media on Australian society

Submitted via: socialmedia.joint@aph.gov.au

Introduction

The Australian Medical Association welcomes the opportunity to make a submission to the Joint Select Committee on Social Media and Australian Society's inquiry into the influence and impacts of social media on Australian society.

The AMA is concerned about the unintended health consequences social media is having on the Australian community. This includes the health and wellbeing of children, the impact on population health literacy, the spread of misinformation and the use of personal data and algorithms to market unhealthy products and encourage overuse of screens. The AMA believes pragmatic regulation is needed for social media platforms that better protects all users, allowing them to engage with the positives of social media access.

This submission reiterates many of the concerns stated in the AMA's [submission](#) to the Senate inquiry into the influence of international digital platforms in mid-2023, due to the similarity of the inquiry terms of reference and the conclusions made by our organisation.

The AMA's submission will respond to the following terms of reference:

- (a) the use of age verification to protect Australian children from social media
- (c) the important role of Australian journalism, news and public interest media in countering mis and disinformation on digital platforms
- (d) the algorithms, recommender systems and corporate decision making of digital platforms in influencing what Australians see, and the impacts of this on mental health.

(a) the use of age verification to protect Australian children from social media

Background considerations on age verification

The AMA uses the definition of a child, as defined in the United Nations Convention on the Rights of the Child, as every human being below the age of 18.¹ In this submission, we use child and young people interchangeably. The AMA is aware that an age verification increase, banning the creation of social media accounts from those under 13 years of age to those under 16 years of age, has been brought into political consideration over recent months. This is a direct result of parent and guardian advocacy on concerns that social media is impacting the mental health and wellbeing of Australia's children. This includes interest from premiers of multiple jurisdictions across Australia², and a legal examination being undertaken by former Chief Justice of the High Court Robert French in South Australia, examining how the state could implement a ban on platforms, including Instagram and TikTok. The AMA notes this examination concerns children aged under 14, with parental consent needed for those 14-15-year-olds wishing to have an account. This differs from the national conversation around age-verification considering an increase to 16 years of age. The AMA is pleased to see the federal government recently committed \$6.5 million to trialing new age-verification technology,³ which should pragmatically support further conversations around appropriate age-verification requirements for social media platforms to protect children.

Globally, the age for most social media platforms is set at 13. There are similar conversations about increasing this age being had in the United Kingdom, France, and the United States. In 2023, the French government enacted a law requiring social network service providers to deactivate the accounts of children under 15 years of age unless permission for the account was expressly authorised by a parent or guardian, with significant fines for the platforms failing to comply.⁴ The United States is considering age-verification using a state-based approach, which has seen issues in enforcement from one border to the next.

The European Union has several robust regulations aimed at protecting children, allowing members of the EU to set their own age-verification limit between 13 and 16 years of age.⁵ The General Data Protection Regulation (GDPR) suggests further protections focus on data and safety protections,⁶ rather than just a probationary tactic of raising age-verification limit alone.

Possible health advantages to children of an age-verification increase on social media

The AMA acknowledges there is a link between mental health disorders and social media usage, although it is difficult to identify direct causation between specific health risks and social media use. Research has found excessive screen time, and a lack of physical activity is also harmful to the mental health of adolescents.⁷

The amount of time children spend online can be linked to a risk of harm,⁸ with accumulating research associating excessive and addictive use of digital media with adverse physical, psychological, social and neurological consequences.⁹ Children are at a stage where maladaptive behaviours such as substance abuse and gambling can stem from problematic behaviours relating to impulsive choices and lack of self-control.¹⁰ This heightens their risk of developing digital addiction, and other addictive behaviours that are interrelated with extensive screentime.¹¹

Public sentiment is mounting that social media contributes to poor mental health¹². Australian mental health service ReachOut found in 2024 that social media was the biggest concern for parents and carers with children.¹³ Findings from the UK Millennium Cohort Study also suggested greater social

media use could correlate with online harassment, poor sleep, low self-esteem and poor body image, which in turn related to higher depressive symptoms in children. This study found multiple intervening pathways were needed to help children with issues interlinked to social media use.¹⁴ The main argument behind increasing the age-verification limit is the additional time off-line it would give Australian children. A major public petition formed under the 36 Months campaign¹⁵ argues children will be given 36 months of their lives back by increasing the age of those allowed on social media from 13 to 16.

If age-verification is comprehensively and effectively enforced, limiting the use of social media for children has the potential to limit the amount of harmful content children are engaging with, which this submission expands upon in following terms of reference. There is also the possibility of limiting social media interaction, leading to an increased time for young people to make other healthy lifestyle choices such as time spent outside exercising¹⁶ or socialising in person with others. This may see an improvement in their mental health.

Possible health disadvantages to children of an age-verification increase

The AMA is concerned increasing age-verification moves the emphasis back on the individual as a consumer, rather than the social media platforms that have control over the content children are being exposed to, using algorithms and commercial tactics to push harmful content at consumers. The AMA identifies that age-verification policy bends to the negatives of social media, over the positives. This may have a detrimental effect on promoting good health and media literacy from a young age and recognising platforms as an important place for priority populations.

Children's privacy and data collection

The AMA suggests the collection and use of children's data on digital platforms must be addressed through better privacy and consent regulations more broadly. Children's location data is extremely sensitive, presenting significant risk if this data is inappropriately disclosed.¹⁷ Australia is a signatory of the UN Convention on the Rights of The Child, and as such has obligations to protect and promote it. How the rights of children can be protected in the emerging digital environment, is something the UN Committee on the Rights of the Child addressed in the release of an important general comment in 2021¹⁸, and which academics have been calling on the government to consider.¹⁹

The AMA advocates an appropriate starting point to better protect child rights online would be the implementation of the Privacy Act Review²⁰ and Online Safety Act Review²¹, which is currently underway. These reviews look to better understand, and tackle concerns linked to the digital environment pragmatically, rather than prohibitively, where age-verification is rife with privacy and digital security risks, as well as critical effectiveness and implementation issues.²²

The AMA is not clear on how an age-verification ban would be effectively enforced, which online platforms would fall under legislation, and which platforms would be classified under a definition of social media. In Australia, protections for children on digital platforms are ambiguous. They are dependent on different platform rules with different ages for account creation.²³ However, these protections can be easily evaded by children who lie about their age online. This means they are targeted with content for older age groups and can receive unwanted contact by older users online. The AMA is aware those wishing to cause harm to children can also mask their age and evade protections on "age-appropriate" sites regardless of the protections these sites claim to have.²⁴

Age-verification is not a safeguard for children and their data protection and has the potential privacy risk of harvesting more data from children instead.²⁵

The health impacts of ignoring and undermining children in policy development

The AMA argues there has been unsubstantial consultation with children about their views on increasing age-verification, and their use of social media more broadly. The Digital Rights Watch argues children need to be able to take part in modern life, which is happening online, and warns against creating additional harm while attempting to reduce it.²⁶

While young people may lack awareness or may hold harmful attitudes that may negatively affect their and/or other people's online lives, adults may misconstrue what young people are doing and experiencing or may over-determine the role of digital technologies in causing new and distinct risks and harms, and, in turn, lose credibility and impact with young people.²⁷

Youth-centered, participatory co-research and co-design methods are key to policy development on issues impacting children. The eSafety Commissioner and academics have published studies showing children are aware of the risks and rewards of the online space and are willing to be consulted on their use of online platforms and their suggestions for how to make online platforms safer for users. This must include empowering children to better combat the harms of emerging technologies, such as deepfakes and misinformation created by artificial intelligence.²⁸ Children have high hopes and aspirations for the internet and online safety, but they also have concerns, many of which focus on privacy and security issues.²⁹

Children know what they don't want to experience online:

- unwanted content
- unwanted contact
- unwanted surveillance and use of data
- unreasonable delay in action and lack of readiness.³⁰

Similarly, children know what they want to see improved on online spaces:

- better written guidelines and boundaries
- to know what acceptable use of online spaces is, with platforms needing boundaries about what is acceptable and what is not
- improved opportunities, recognition and support given to the positives of online spaces
- improved options giving children equal access and agency to explore online
- improved digital inclusion and innovation
- a need to identify, recognise and thoroughly understand harm online to address it
- improved education and training on online safety.³¹

Perhaps most importantly, and in opposition to the age-verification reform suggestion, is a desire from children for improved monitoring, swift action, and accountability regarding online safety practices, rather than responsibility placed purely on the user.³² Children also suggest instead of reforming age-verification laws, protections should be improved with stronger technology such as digital passwords and secure apps.³³

Children also identify the positive aspects of online technologies, such as online gaming spaces, with research suggesting most young gamers felt online gaming was good for their skill development or

learning, social connections and/or emotional wellbeing.³⁴ They also noted a need for adults in their life to better understand the positive impacts of gaming on their lives and want more to be done to keep them safe while online.³⁵

Research suggests children are not passive recipients of online content. Children take learnings from negative experiences and use it to support their peers and family members through similar experiences.³⁶ The AMA argues education programs designed by and for children to navigate multiple digital platforms in a safe and informed way are an important mechanism in the broader conversation regarding online safety.

Children and accessing health information online

The AMA recognises children must be considered as a group with specific needs regarding their access to credible and easily understandable health literacy tools online. Limiting access for this age group could have negative impacts on their health and wellbeing. This is especially important when it comes to sexual health information, with children turning to the internet during a developmental stage where they have questions about sexual health³⁷ and need health advice through outlets where they can remain anonymous.³⁸ Children want online sexual health content that is balanced, inclusive, relatable, accessible and discreet.³⁹ The AMA acknowledges the value of confidentiality for children accessing this information online, so long as the information accessed is appropriate, and misinformation dispelled.

The positives of social media access for children for priority populations

The AMA implores the committee to acknowledge the importance of social media as an outlet and information source for a range of groups of children in the 13-16 age group looking for support through life-transitioning stages. There are also certain priority populations of children, who have diverse and unique needs for online access during their younger years, for a range of unique and valid reasons.

Social media is a place of support for members of the LGBTQIASB+ community, especially regarding accessible health and relationship support.⁴⁰ A report by the eSafety Commissioner has found young LGBTQIASB+ people use the internet to express themselves creatively, access support and connect with other people like themselves, highlighting how important it is for them to use the internet to learn about the world and communicate with like-minded people. More than half of the children interviewed for the report said they felt more comfortable being themselves online, instead of in-person.⁴¹ The study also found the internet may provide LGBTQIASB+ children with the ability to anonymously seek out LGBTQIASB+ specific physical health information, such as what to expect from gender-affirming healthcare and appropriate mental health supports, with youth in this community more likely to search online for health information.

The AMA also identifies the role social media plays in lives of Aboriginal and Torres Strait Islander children, allowing them to make cultural and social connections, gather important information and share creative content regardless of location.⁴² Social media and internet access for Aboriginal and Torres Strait Islander children is a crucial source of health information and emotional support, especially when circumstances limit access to in-person services.⁴³ There are four primary health-seeking strategies Aboriginal and Torres Strait Islander communities enact: soliciting health-related information, gaining emotional support, producing social health-seeking collectives, and connecting

with formal health sources.⁴⁴ It is important Aboriginal and Torres Strait Islander children are empowered to use these strategies and engage online with their communities.

For those from culturally and linguistically diverse backgrounds, social media can also be a place of language and cultural learning, information sharing and community building.⁴⁵ Social media access is also important for connectivity for children living in isolated regions, such as those living in rural and remote areas of Australia.⁴⁶

An eSafety Commissioner study of children with disability found the internet is an excellent equaliser for people with disability, enabling users to take part in activities without the physical barriers they may encounter in the offline world.⁴⁷ Online platforms allow those with a disability to have control over how they engage with others. It is also an asset for seeking information on physical, sexual and mental health, and is a place to gather emotional support and seek social interaction with like-minded peers.⁴⁸

(c) the important role of Australian journalism, news and public interest media in countering misinformation and disinformation on digital platforms

Tackling misinformation

The AMA recommends it is essential to dispel medical misinformation being perpetuated through digital media. During the COVID-19 pandemic, medical misinformation was distributed on a large scale.

The AMA calls for the Australian government to invest in long-term, robust online advertising to counter health misinformation, including on social media channels, by working with Australian news outlets on digital platforms. This should include promotion of vaccine safety, as well as campaigns on the health risks associated with alcohol, junk food, online gambling, tobacco, and other drugs. We also implore social media platforms to acknowledge their public health responsibility and work actively to counter health misinformation on their platforms.⁴⁹

Improving digital literacy skills

A person's digital literacy can assist with their overall health literacy. The AMA's position statement [Health Literacy \(2021\)](#) outlines actions to assist in improving health literacy outcomes across Australia more broadly. The AMA calls for a multisector approach to addressing the health inequalities associated with poor health literacy. Funding for health research and easily accessible, accurate health information on digital platforms must be addressed when looking to improve health literacy across society.⁵⁰

The Australian government must collaborate with state and territory governments to extend the current [Health Direct](#) website to provide a single, accessible national source of verified health information. The website should incorporate the ability for individuals in each state and territory to find appropriate health services in their local area and provide a full range of translated material for those from linguistically diverse backgrounds. Reputable health sources need to be the first sites to show up on search browsers to help counter access to misinformation.⁵¹

Equity and access on digital platforms

The AMA recognises not all Australians have the same access to digital technologies, and certain individuals and communities are more at risk of online harms and harassment.

Some of the factors behind a lack of equity, access and safety, include race, religion, cultural background, gender, sexual orientation, disability, and mental health conditions.⁵² A concerted effort must be made to ensure regulations that impact the diverse communities of Australia, work in the best interest of all needs, accessibility and digital literacy levels, and across all social media platforms.

(d) the algorithms, recommender systems and corporate decision making of digital platforms in influencing what Australians see, and the impacts of this on mental health

The AMA recognises the use of individual data to create algorithms can lead to harmful behaviours such as addiction and targets particularly vulnerable groups such as children.⁵³ Algorithms created by digital platforms using trait-based personalisation collect data from a digital action such as an individual's 'likes' to be able to target content directly towards them.⁵⁴ This is evident in rulings, such as that of the Australian Competition and Consumer Commission (ACCC), which found international digital platforms guilty of misleading consumers about the collection and use of their data.⁵⁵

The ACCC found Facebook, Instagram and YouTube account for more than 50 per cent of the spending on digital advertising. They are among the largest advertiser-funded media companies in the world.⁵⁶ The commercial relationship between international digital platforms and the advertising industry drives the imperative to share data with financial gains for both parties, but it is a relationship that ultimately harms the consumer.⁵⁷

Addiction and algorithms

The AMA is concerned by the rapidly evolving landscape of online advertising and algorithm creation, and the lack of fit-for-purpose regulation to keep pace with emerging platforms and technologies. The AMA regards substance dependence and behavioural addictions (SDBA) as serious health conditions, with high mortality and disability rates. People experiencing addiction should be offered the best available treatments and supports to recovery.⁵⁸ The AMA is supportive of addiction treatment services that are also considering online sources of addiction, to assist with treatment and recovery. This also includes the positive use of algorithms to help identify those needing support, directing them to the right services online.⁵⁹

In its [submission](#) to the parliamentary inquiry into online gambling and its impacts on those experiencing gambling harm, the AMA suggested better regulation was needed with the ever-changing digital landscape and legislative frameworks needed to be updated frequently. The AMA also called for stronger monitoring of advertising to counter any breaches of code.⁶⁰ The AMA holds serious concerns that targeted content frames gambling as a desirable, trustworthy, and fun activity, while looking to build brand awareness and normalise gambling for consumers.⁶¹

Screen addiction

There are growing concerns in the medical profession around a lack of data and oversight of the harms that can arise from screen addiction. Further information is needed to explore and understand the link between digital platforms and addictions such as internet (or screen) addiction,⁶² internet gaming disorder,⁶³ online gambling addiction,⁶⁴ and problematic online porn

use (POPU)⁶⁵ relating to broader addictive sexual behaviours. Those experiencing the harms of these addictions can be manipulated by the content being shown to them online,⁶⁶ with advertising on the social media platforms, a risk to those looking to seek help and change their addictive behaviours.⁶⁷

Broader protections are needed to keep children and young people safe and healthy online

The AMA is concerned the safety and wellbeing of children is particularly at risk due to the way in which children are targeted with profiling and behavioural advertising as well as other digital marketing avenues. The UN Child's Rights Committee observes the digital environment was not originally designed for children, yet it plays a significant role in children's lives. Globally all actors should ensure that, in all actions regarding the provision, regulation, design, management and use of the digital environment, the best interest of every child is a primary consideration.⁶⁸

Targeted marketing towards children

The AMA is concerned about the prevalence of unhealthy products children are being exposed to through international digital platforms. Gambling, alcohol, soft drinks, junk food and e-cigarettes are actively marketed across digital platforms. This includes profiling and targeting children for marketing purposes.⁶⁹

Smoking and e-cigarettes

Reset Australia reports Facebook uses data it collects about underage users to create profiles of children with harmful or risky interests, such as 13–17-year-olds interested in smoking, gambling, alcohol or extreme weight loss.⁷⁰ To reach 1,000 children profiled as interested in alcohol costs advertisers about \$3.03, \$38.46 for those interested in extreme weight loss, or \$127.88 for those profiled as being interested in smoking.⁷¹

Digital platforms such as TikTok have seen a rise in videos promoting e-cigarettes, with 63 per cent of the total e-cigarette videos depicting the product positively, and a total of more than 1.1 billion views.⁷² A major public health concern is the ease of access to purchase e-cigarettes through platforms such as Snapchat, Instagram or Facebook.⁷³ The AMA has called for a targeted federal response to monitor and act on illegal advertising and promotion of vaping products, particularly online and on social media.⁷⁴

Gambling

Gambling advertising has been shown to appeal to children, using a variety of techniques, most of which lack transparency under the current digital platform regulations.⁷⁵ These sorts of advertisements have become integrated into digital platforms, becoming part of the ordinary internet landscape. When combined with the constant presence of these ads on the digital platforms, due to targeted algorithms, and the advertisements promoting of immediate and urgent gambling behaviours, children are becoming increasingly aware and involved in gambling online.⁷⁶

Alcohol

During the COVID-19 pandemic, the marketing and accessibility of alcohol online boomed. Due to the increased use of digital advertising, children are more likely to see alcohol marketing in their day-to-day lives than adults due to digital platform use,⁷⁷ with the lack of age-restriction regulation allowing easy access to alcohol companies' social media accounts, websites and points of sale by default.⁷⁸ The alcohol industry collects data through loyalty programs which can be matched with social media data, to generate models that link purchase patterns with time of day, week or month, mood and social events.⁷⁹ These algorithms can identify those who consume at a high-volume and target them. In the

case of addiction this means vulnerable consumers are targeted disproportionately, because the algorithms work to identify the most susceptible consumers.⁸⁰

The World Health Organisation *European Charter on Alcohol (1995)* states all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.⁸¹ This must include the right to use digital platforms, free from alcohol advertising and algorithms pushing the alcohol sales.

Junk Food

The AMA has long called for a ban on the marketing of unhealthy food to children, as noted in our [Obesity \(2016\)](#) position statement. Research suggests on average children see 17.4 food promotions each hour they are on the internet, meaning an average of 168.4 food promotions are seen each week. Of these promotions, 99.5 per cent would not be permitted to be marketed based on nutrient profiling criteria.⁸² This goes against the intent of the [National Preventative Health Strategy 2021-30](#), which states that by 2023 children's exposure to unhealthy food and drink marketing, branding and sponsorships should be further restricted across all forms of media, including through digital media.⁸³

How to better regulate data and algorithm creation

In its (2023) position statement [Data Governance and Patient Privacy](#), that the AMA says there are three key aspects of effective data governance that must complement each other:

- (a) legal and regulatory framework
- (b) technical data framework – data in a format that is appropriate, available at the right time, to the right person, with appropriate levels of data access control
- (c) ethical framework for data use.⁸⁴

When considering what regulations are needed to ensure digital platforms remain a safe and healthy place for Australian children, much can be learnt from the implementation of the EU's data privacy and security law: The General Data Protection Regulation (GDPR).⁸⁵ The GDPR is seen as the benchmark for digital governance regulation globally. It clearly defines the individuals as the owner of their data and clearly states consent to data use must be freely given, specific, informed, and unambiguous.⁸⁶

In Australia, the lack of transparency by international digital platforms and the ways in which they collect, share, and use data, leaves individuals exposed to algorithms based on their online habits. There is a perception that regulating the collection and use of data collected by digital platforms is complex. However, digital platforms are predicated on rules and processes, and as such may be amended accordingly. The AMA suggests regulation like the GDPR is introduced in Australia, helping individuals to better protect and own their data. The AMA also suggests the recommendations from both the Privacy Act and Online Safety Act reviews are swiftly and effectively enacted to safeguard the Australian community against the harms of unsafe online environments.

Conclusion

The AMA welcomes the chance to engage with this inquiry into the influence and impacts of social media on Australian society, and implores the committee to consider the influence that cohesive and pragmatic regulation has on broader health outcomes related to social media use by Australians.

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