

Digital addiction: Evidence and policy implications

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Digital addiction: Evidence and policy implications

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Abstract

Many people report spending more time on social media than they would prefer, and social media and smartphone use rank among the top activities for which people perceive self-control problems. In this brief, we present evidence from a field experiment with two interventions that tested whether people are addicted to social media and, if so, how much of their use is driven by digital addiction. In one intervention, a financial incentive to reduce use led to persistent reductions in time spent on social media even after payments ended. In the second intervention, using an app to set screen time limits led to substantial reductions in use and revealed a willingness to pay for such a commitment device. We find that self-control problems, exacerbated by habit formation, account for about one-third of social media use on average, though the extent differs among different types of users. We also find that short-term reductions in social media use modestly improve outcomes on self-reported measures of addiction and well-being. Drawing on these findings, we discuss policy responses such as mandating that apps include built-in time-limiting features, design restrictions focused on potentially addictive features, and age-based limitations.

Introduction

Over 5 billion people worldwide use social media, spending an average of more than two hours per day on these platforms, roughly equivalent to a full waking day each week (Kemp 2025). Anecdotally and in surveys, many people report spending more time on social media than they would prefer. Indeed, our own survey found that social media and smartphone use rank among the top activities in which people perceive self-control problems, alongside saving money, exercising, and managing their diet (see [figure 1](#)).

Thousands of lawsuits have alleged that social media platforms were deliberately designed to be addictive. In March 2026, the landmark *K.G.M. v. Meta et al.* decision found that Meta and Google were liable for deliberately designing addictive social media platforms. State and federal legislation has also targeted allegedly addictive design features (Duffy 2026).

In this brief, we present evidence from a field experiment (Allcott, Gentzkow, and Song 2022) that addresses two related questions: whether people are addicted to social media and, if so, the extent to which digital addiction affects their use. We find that many people exhibit meaningful self-control problems in their social media consumption, and habit formation compounds these problems over time. Together, self-control problems exacerbated by habit formation account for a substantial share, about a third, of observed social media use for the participants in our experiment.

When a meaningful share of social media consumption is beyond what people would choose for themselves in advance, there may be a case for policy intervention. Moreover, if individual overuse imposes costs on others—for example, by drawing peers into higher use—then individual self-control problems can have broader widely-felt consequences. Interventions should help users align their behavior with their own long-run preferences while preserving their agency and retaining flexibility as much as possible. To that end, we discuss a range of policy tools including commitment devices, digital literacy initiatives, and regulatory approaches such as design restrictions and age-based limitations.

Defining digital addiction

The term “addiction” is used informally in everyday discourse, but its meaning is often imprecise. In economics, addiction is understood through two key components. The first is *habit formation*: Current use increases future use, or conversely, reducing current use reduces future use. For example, consuming a drug like nicotine today increases an individual’s demand for it in the future. The second is *self-control problems*: Individuals intend to reduce their use in the future but find

it difficult to follow through when the future arrives. For example, nicotine users often express a desire to quit in the future but find the temptation to continue using too strong to resist in the present. These two forces interact: Self-control problems increase current use, which in turn increases future use through habit formation.

In clinical psychology and psychiatry, the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) serves as the primary diagnostic reference for mental disorders. Its “Substance-Related and Addictive Disorders” chapter recognizes gambling disorder as a behavioral addiction, characterized by persistent engagement in a behavior despite harmful consequences and difficulty exercising control (American Psychological Association 2013, 2022). These features closely map onto the economic concepts of habit formation and self-control problems.

Social media addiction is not a formally recognized disorder in the DSM–5, and its definition remains contested across disciplines (Brand et al. 2024). Nevertheless, the economic definition of addiction and its components are well-defined, quantifiable, and applicable to different types of behavior. The objective of our experiment is to directly measure the extent to which self-control problems and habit formation drive digital media use, using standard approaches that social scientists have applied to addictive behaviors such as smoking, alcohol use, and exercise (see for example Chaloupka, Levy, and White 2019; Charness and Gneezy 2009; Schilbach 2019).

Experimental evidence on digital addiction

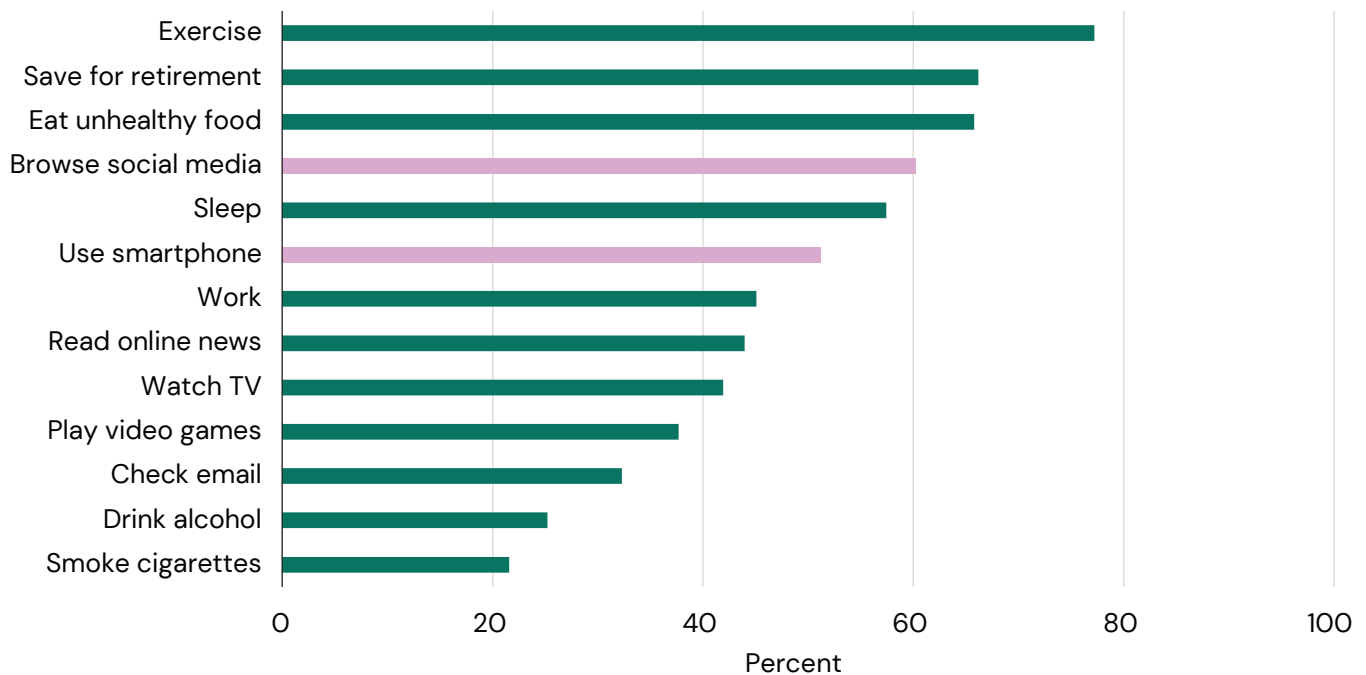
To quantify digital addiction, we conducted a large online field experiment in 2020. We recruited around 2,000 American adults ages 18–64 through Facebook advertisements and asked them to install Phone Dashboard, a custom Android application that objectively measures smartphone screen time. The study focused on six apps—Facebook, Instagram, Twitter/X, Snapchat, browsers, and YouTube—that we refer to as “FITSBY”.

In a baseline survey of the participants in our experiment, we gathered evidence on potential markers of digital addiction. Nearly a quarter of respondents expressed interest in setting time limits on their smartphone apps, and more than half felt they used their smartphone too much. While about 42 percent of respondents did not express a desire to change how much time they spend on their phone, about 40 percent expressed a desire to reduce their use by more than 20 percent (see [figure 2](#)).

Over 70 percent of participants reported often or always checking their phone immediately upon waking, more than a third reported using it longer than

FIGURE 1

Share of people who say they're doing too much or too little of each activity



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Results are from a survey of 1,933 participants in a field experiment on social media use.



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intended, and nearly as many reported telling themselves “just a few more minutes” before setting it down (figure 3). Such behaviors map onto the six core components of addiction identified in the literature: salience, tolerance, mood modification, relapse, withdrawal, and conflict (Griffiths 2005). Eighty-four percent of participants often or always experienced at least one component of moderate addiction, while 41 percent experienced at least one component of more severe addiction (see figure 3). While most participants felt their smartphone use made their life better, 19 percent felt it made their life worse. Taken together, these results suggest substantial heterogeneity: Many people report experiences consistent with addiction, while others do not.

The experiment

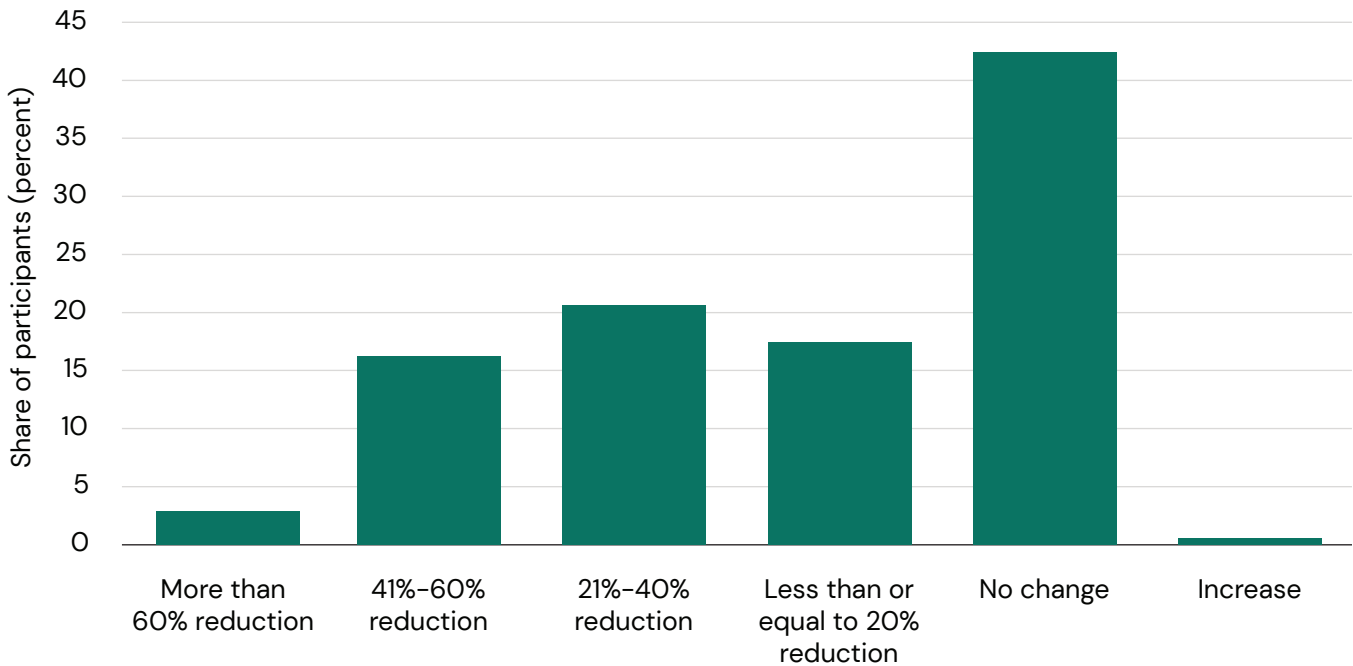
To study digital addiction, we ran an experiment with two interventions. Participants were randomly assigned to treatment and control conditions and completed regular surveys over a three-month period.

Intervention 1: Pay people to reduce their social media use (Bonus treatment)

To measure habit formation, we introduced a social media reduction bonus (the Bonus treatment). Those assigned to the treatment group were paid to reduce their social media use: For three weeks, participants were paid \$2.50 for each hour they reduced their social media use relative to the baseline period. We found that paying people to reduce their social media usage was effective: During the incentive period, treated participants reduced their social media use by 39 percent on average, or approximately 56 minutes per day. For assessing habit formation, the question is whether these effects persisted beyond the three weeks where participants were paid. We found that they did: Six weeks after the incentive period concluded, participants who had previously been paid to reduce their social media still used social media 12 minutes per day, or about 8 percent, less than those in the control group. Put simply, reducing use today makes it easier to use less tomorrow, a key signature of habit formation.

FIGURE 2

Desired change in phone use time



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Results are from a survey of 1,933 participants in a field experiment on social media use. Participants were first asked whether they felt their overall smartphone use over the past three weeks was too much, too little, or about the right amount. Those who did not report the right amount were then asked by what percentage they would have ideally reduced (if too much) or increased (if too little) their use relative to their actual use over the past three weeks. Participants who reported the right amount were coded as zero.



Intervention 2: Self-selected app-based time limits (Limit treatment)

To measure self-control problems, we introduced a tool that participants could use to set their own limits on social media use by setting app-specific daily screen time limits enforced by Phone Dashboard (the Limit treatment). All participants installed the app, but the limit feature was made available only to the treatment group. The limit feature allowed participants to set personalized daily time limits for each app that became effective the following day; once a limit was reached, the app would be blocked. These screen time limits combat self-control problems by allowing people to follow through on their plans to spend less time on particular apps. Participants were not required or even incentivized to use the feature, but 89 percent of those in the treatment group did so, and average social media use fell by 22 minutes per day, or about 16 percent, over 12 weeks for the treatment group compared to the control group. Further, participants were willing to pay an average of \$4.20 for continued access to the tool for three weeks, revealing a demand for such a commitment device: People value external constraints precisely because they anticipate their

own future difficulty in following through. All of these are hallmarks of self-control problems.

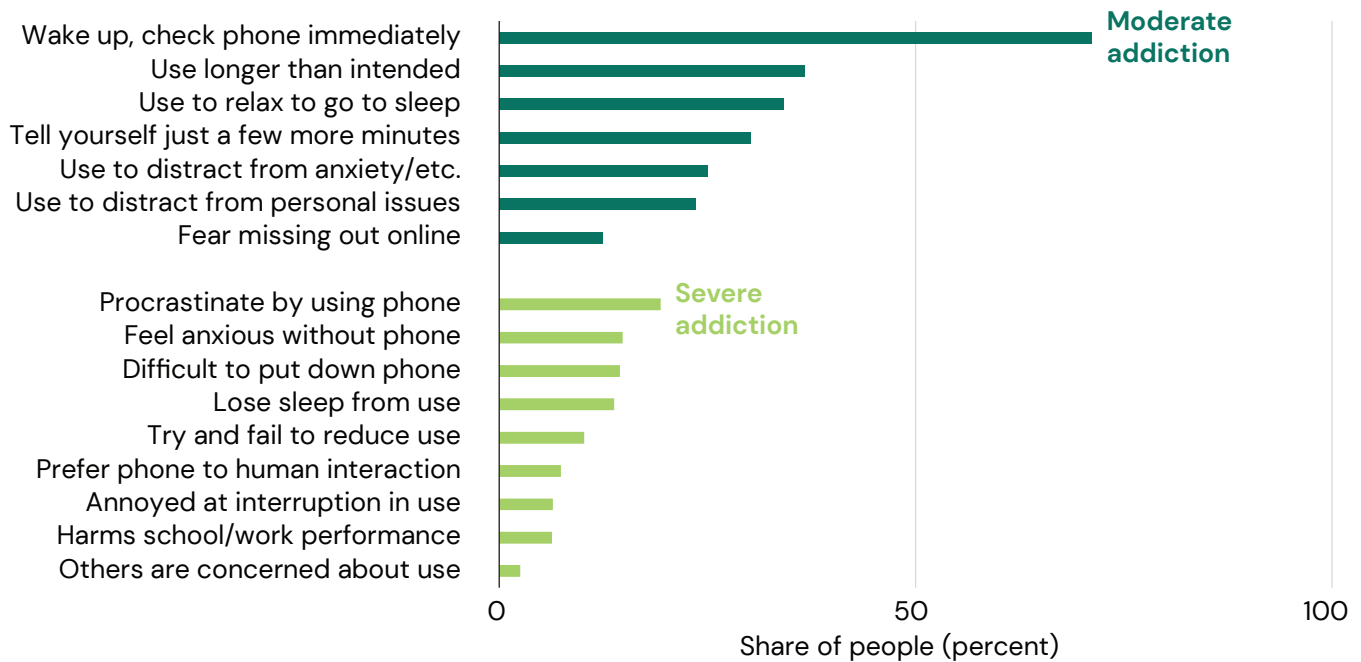
Figure 4 illustrates the outcomes of the two interventions. Panel A presents the effect of the Bonus treatment, showing that its effects decay gradually after the incentive period ends rather than reverting immediately to baseline, evidence of habit formation. Panel B shows the Limit effect, which remains stable across periods, persisting six weeks after the final survey—suggesting that adoption of limits reflects genuine demand for commitment rather than temporary novelty or confusion.

Impact of addiction on use

To quantify the overall contribution of digital addiction to social media use, we combine the experimental estimates with an economic model. The model captures how individuals make choices about social media use. We use our experimental results to estimate the model's key parameters and then assess how much of our participants' social media use is attributable to self-control problems and habit formation. Habit formation alone does not necessarily make people worse off—it could reflect learning or investment that

FIGURE 3

Share of people reporting various phone use behaviors



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Results are from a survey of 1,933 participants in a field experiment on social media use. Shares are the share of participants who responded “often” or “always” to survey questions about the frequency of each behavior. Behaviors are categorized as moderate or severe addiction based a survey questions modified from the Mobile Phone Problem Use Scale (Bianchi and Phillips 2005) and the Bergen Facebook Addiction Scale (Andreassen et al. 2012).



benefits users. However, when combined with self-control problems, excess use compounds over time, and habit formation amplifies the harms. As shown in figure 5, our model estimates indicate that self-control problems, exacerbated by habit formation, account for 31 percent (48 minutes per day) of social media use. That is, people in our sample would use 31 percent less social media if they had no self-control problems.

There is substantial heterogeneity across people. While most people in our experiment use at least somewhat more social media than they would without self-control problems, for 22 percent of participants, self-control problems contribute to less than 10 minutes per day of use, while for 13 percent they contribute more than 100 minutes per day (see figure 6).

Digital addiction and well-being

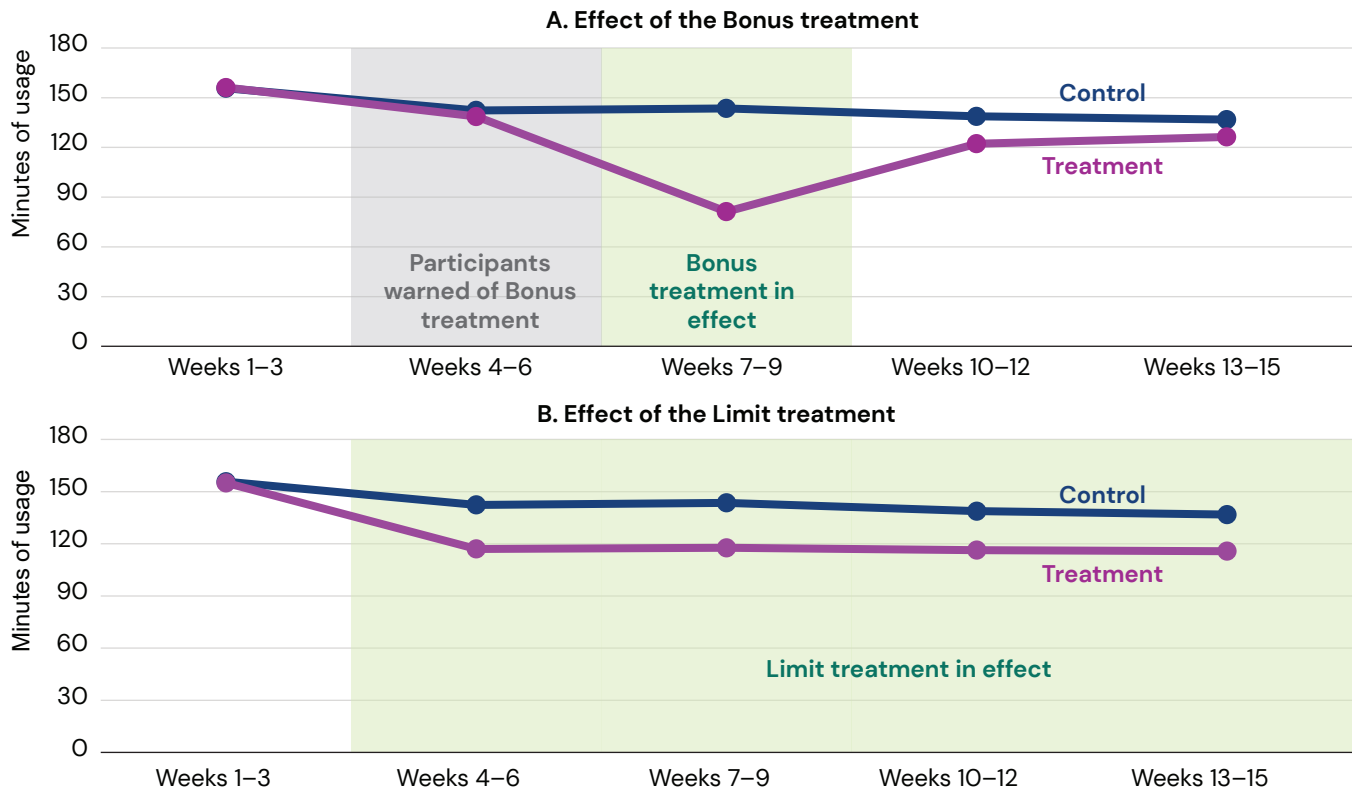
A major reason for concern about many addictive behaviors, such as drinking, smoking, and gambling, is that they reduce well-being. We assess whether this is true for addiction to social media.

Both of our experimental interventions, paying people to spend less time and giving people a tool to set time limits, substantially reduced social media use.

The Bonus group reduced social media use by 56 minutes per day (39 percent relative to the control group) during the incentive period, while access to the Limit functionality reduced use by an average of 22 minutes per day (16 percent relative to the control group). Thus, we can use our experiment to measure the effects of short-term reductions in social media use on survey reports of compulsive behavior and subjective well-being.

Reducing social media use significantly improved self-reported measures of addiction, with modest positive effects on well-being. We find that both interventions reduced the extent to which participants reported behaviors associated with addiction, including using smartphones to fall asleep, losing sleep from use, using longer than intended, using to distract from anxiety, having difficulty putting down their phone, and using mindlessly. Both the Bonus and Limit interventions increased self-reported overall subjective well-being, by 0.09 standard deviations and 0.04 standard deviations respectively, with the latter estimate being statistically insignificant. A 0.09 standard deviation improvement in subjective well-being is roughly 25 to 40 percent of the effect of psychological interventions such as self-help therapy, group training, and individual therapy (Bolier et al. 2013).

FIGURE 4
Effect of treatments on social media use



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Results are from a field experiment on social media use with 1,933 participants. Each period is three weeks. The Bonus treatment was a temporary subsidy of \$2.50 per hour for reducing social media use in period 3. Participants were informed whether or not they were assigned to the bonus treatment at the beginning of period 2. The Limit treatment made a screen time limit function available on participants’ phones. The function allowed participants to set personalized daily time limits for each app on their phone that could not usually be immediately overridden.



It’s worth emphasizing that our interventions were brief: Our survey measured the effects of at most six weeks of reduced use (less for some participants). The well-being changes were driven particularly by improved concentration and reduced distraction; effects on happiness, life satisfaction, depression, and anxiety were insignificant for both interventions. As a comparison, a four-week deactivation of Facebook in Allcott et al. (2020) improved an overall index of subjective well-being by 0.09 standard deviations, and a five-week additional deactivation of Facebook or Instagram in Allcott et al. (2025) improved a related index by about 0.05 standard deviations. [Figure 7](#) presents the treatment effects on survey outcomes.

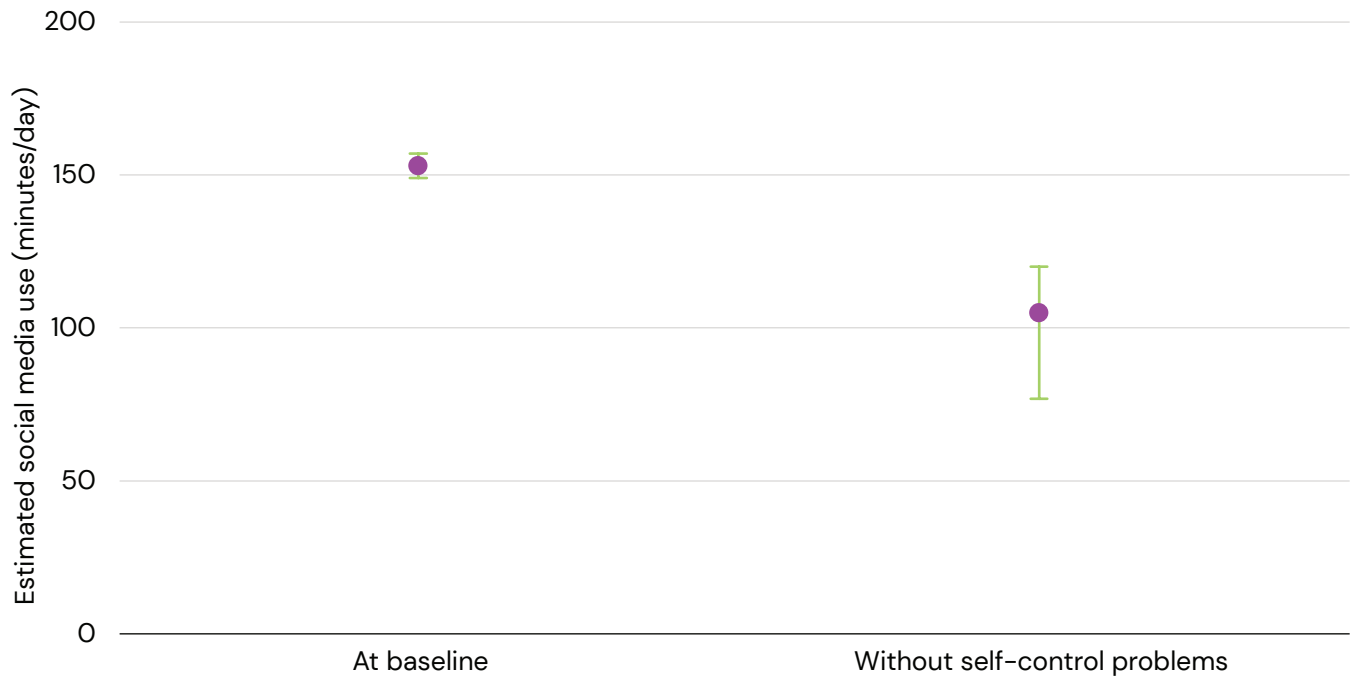
In addition to survey outcomes, our design allows us to quantify the effects of addiction on consumer welfare measured in dollars, or what economists call consumer surplus. Under simplifying assumptions, we estimate that self-control problems generate a welfare loss of roughly \$4.62 per person over three weeks, or approximately \$20.3 billion per year when aggregated

across the Kemp (2026) estimate of 254 million American social media users in 2025. However, this overuse from self-control problems does not imply that social media use harms consumers overall. People can use a product more than they would like and still derive substantial value from it. Estimates from our own work as well as others imply that individual social media platforms generate from \$50 billion to over \$300 billion in consumer surplus per year in the United States (Allcott et al. 2020; Aral et al. 2025).

As with any study, these findings come with important limitations. First, the experiment took place in 2020 at the onset of the COVID-19 pandemic, a period when overall screen time increased. However, survey evidence on participants’ feelings toward their phone use in 2019 and 2020 does not suggest that the pandemic materially affected the magnitude of self-control problems, and treatment effects remained relatively stable as the pandemic evolved over the three-month study period.

FIGURE 5

Effects of self-control problems on social media use



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Estimates are from a model of social media use, calibrated based on a field experiment. Green bars display 95 percent confidence intervals, i.e., the extent to which estimates could vary due to sampling variation.



Second, social media platforms have also evolved considerably since then, with new features potentially altering both the nature and magnitude of addictive use. Short-form video, for example, has grown dramatically in popularity since the study was conducted. With the adoption of this feature across platforms, curated short-form video feeds may be among the most engaging design elements in social media (European Commission 2026).

Third, our estimates apply to those who chose to participate in our experiment, and these participants are not representative of U.S. adults. When estimates are reweighted to match national demographic characteristics, the modeled effect of self-control problems increases, suggesting our baseline estimates may be conservative.

Fourth, our surveys walked participants through a guided process of setting screen time limits to align with their self-reported ideal use; simply offering limit functionality without this process would likely have produced smaller effects.

Finally, it is worth noting that our study focuses on adults (with an average age of 34), while much of the policy debate around digital addiction has centered on children and adolescents. Our main treatment effects are similar when we limit the sample to participants under 30 (with an average age of 24), but our data cannot speak directly to those under 18. Young

people may be more susceptible to habit formation and less aware of their own self-control problems, and in a critical period of cognitive and emotional development (U.S. Department of Health and Human Services 2023). Our findings may thus be conservative: If self-control problems are substantial among adults, the problems may be even larger among youth, though the benefits of social media use may also be greater for younger users who rely on these platforms for entertainment and social connection.

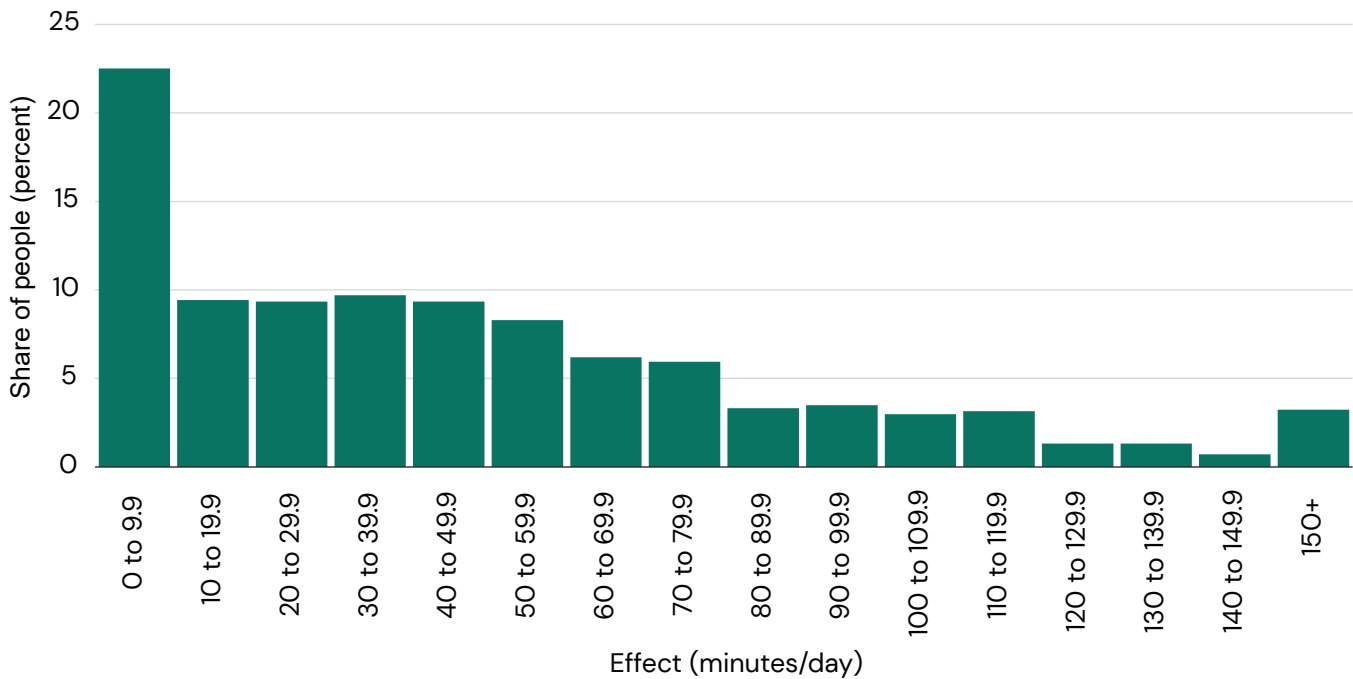
Considerations for regulating social media use

A key takeaway from our findings is that many people use more social media than they would like. This places digital media alongside other addictive goods—cigarettes, alcohol, consumer credit, and sugary beverages—where self-control problems have motivated policy intervention.

As a form of behavioral addiction, digital consumption does not involve digesting chemicals in the way that alcohol and cigarettes do. But social media shares important features with other behavioral addictions such as gambling. Like gambling apps, social media is available at all times and is continuously refined through A/B testing. Features such as infinite

FIGURE 6

Amount of social media use due to self-control problems



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Estimates are for 1,933 participants in a field experiment, based on a model of social media use calibrated using the field experiment results.



scroll, autoplay, and short-form video are introduced over time, and are often engineered to maximize engagement—which can increase consumer surplus, but may also amplify self-control problems (New York State Assembly 2025).

Our findings reveal substantial differences in the degree to which digital addiction affects individuals—a pattern that has important implications for policy design. While self-control problems contribute an average of 48 minutes per day to social media use across our full sample, they contribute less than 10 minutes of excess use per day for 22 percent of participants and more than 60 minutes for another 32 percent. There is also variation across platforms: In our study, Facebook was the app for which the desired reduction in use was largest, though this was less true for younger users in our study and likely differs today. This distribution suggests that broad, uniform interventions may be less well-suited to digital addiction than targeted tools that allow people to self-select into the level of support they need.

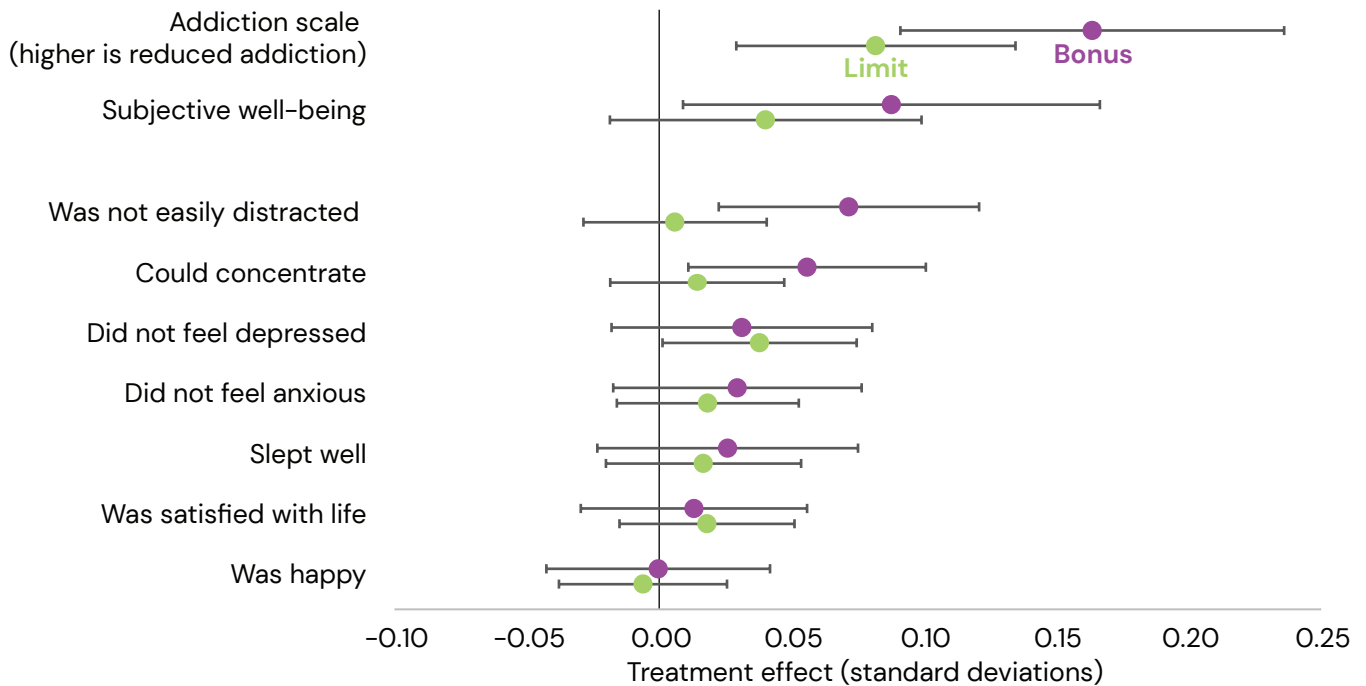
A growing body of evidence suggests the possibility of mental health and behavioral impacts of social media use, including among young people. Causal evidence on Facebook and Instagram use among college students and adults suggests modest negative impacts on happiness and increases in anxiety and depression (Allcott et al. 2020; Allcott et al.

2025; Braghieri, Levy, and Makarin 2022). Our experiment found that a reduction in social media use over just three weeks led to self-reported improvements in concentration and reduced distraction. Taken together, these potential impacts may warrant policy attention even for users who do not themselves report self-control problems, especially among younger populations. Children and adolescents are in a critical period of cognitive, social, emotional, and behavioral development (U.S. Department of Health and Human Services 2023), and are potentially more susceptible to habit formation and less able to accurately perceive their own self-control problems (O’Donoghue and Rabin 2001). This suggests a case for tools and interventions that help young people and their parents make more informed decisions about use and empower them to act in accordance with their own long-run interests.

Beyond digital addiction, several additional considerations are relevant to how policymakers might think about regulating social media use. First, social media platforms exhibit strong network externalities: The value of a platform to any individual user depends on how many others use it. These externalities contribute to an equilibrium where a small number of social media platforms capture the vast majority of user attention. The nature of these network effects has evolved over time: Early social media platforms

FIGURE 7

Effects of Bonus and Limit treatments on subjective well-being measures



Source: Adapted from Allcott, Gentzkow, and Song 2022.

Note: Results are from a survey of 1,933 participants in a field experiment on social media use. Results compare treatment and control group responses. The Limit treatment group reduced social media use by an average of 24 minutes per day (17 percent) over weeks 4–9. The Bonus treatment group reduced social media use by an average of 56 minutes per day (39 percent) during weeks 7–9 when the incentives were in effect. The Bonus effect is measured on survey 4 (end of week 9), while the Limit effect is measured on both surveys 3 and 4. Black bars display 95 percent confidence intervals, i.e., the extent to which estimates could vary due to sampling variation.



derived their value primarily from connections between users who knew each other in person, making network externalities particularly strong. More recent platforms rely increasingly on algorithmically curated content from creators, which still implies that the value of the platform depends on the number of content creators—though the growing role of AI-generated content introduces new uncertainties and may weaken these network effects. Having few social networks could also reduce the incentive to compete on dimensions that benefit users.

A further implication of network effects is that users may find themselves consuming more social media than they would collectively prefer. Burszty et al. (2025) show that while users report positive welfare from social media when evaluated in isolation, welfare turns negative once externalities to non-users are taken into account. This creates a collective action problem: Users who would prefer the platform not to exist, or who would prefer to use it less, find it individually rational to remain active because opting out risks social exclusion or “missing out”. This implies that users may consume more than is optimal not only because of digital addiction, but also because of social

externalities (this is also true of goods like cigarettes and alcohol to some degree).

Our model does not account for the interaction between social externalities and addiction. If each person’s social media use increases others’ use—by making it more attractive to use social media and less attractive to remain off these platforms—then any one user’s excessive use due to addiction will lead other people to use social media more as well, in turn leading to even more use due to habit formation. In this context, the costs individuals impose on their own future selves through self-control problems (“internalities”) and the harmful effects on other users (“externalities”) may be related and mutually reinforcing.

Policy tools

For individuals

Our evidence suggests that commitment devices—tools that allow people to align their behavior with their long-run preferences—can be effective for individual adults. Screen time limits of the kind studied in our experiment, whether provided by platforms, operating

systems, or third-party apps, introduce friction that helps users follow through on their own stated goals. Since the time of our experiment, the market for digital self-control tools has grown considerably, with a wide range of apps and built-in platform features now available to users. However, not all commitment devices are equally effective, and their design matters for whether they actually help users achieve their long-run goals.

A key challenge in the design of commitment devices is the commitment-flexibility tradeoff: A commitment that cannot be relaxed may lock people into choices they later regret—potentially leading them to abandon the tool altogether—while one that is too easy to relax may provide little meaningful constraint. In ongoing work with Peter Maxted and Carl Meyer (Allcott et al., forthcoming), we explore this tradeoff directly using data from our original experiment. In our experiment, participants in the Limit condition were randomly assigned to different versions of the app: All could impose daily limits on specific apps, but the versions varied in how those limits worked. When Phone Dashboard force-quit an app upon reaching a limit, some participants could immediately override and extend it, while others faced a delay of two, five, or 20 minutes, and others faced limits that could not be extended at all. For example, a participant assigned to the two-minute delay who had set a 30-minute limit on Instagram would, upon reaching that limit, see a reminder asking whether they wanted to extend it—but would have to wait two minutes before they could resume using the app.

The logic behind this design is similar to that of apps like One Sec, ScreenZen, and Unplug, which introduce a brief pause before opening an app. The key insight is that if temptation dissipates quickly, then even a short delay can be effective. When deciding whether to extend a limit for consumption minutes into the future, the user does not face the same level of temptation, and so their choice is likely to be closer to what they prefer. In this way, flexibility through delay preserves the user's ability to adapt and use the app when they genuinely need to, while reducing the likelihood that limits are overridden due to self-control problems. Most built-in tools such as Apple's Screen Time and Google's Digital Wellbeing currently allow limits to be immediately overridden; calibrating the right level of friction is an open question.

At the same time, commitment devices are most useful for people who are both aware of their self-control problems and motivated to address them. In our experiment, many users report being satisfied with their current level of use, and while on average participants show some awareness of their self-control problems, they also exhibit a degree of naïveté—they consistently underestimated their own future use. Digital literacy initiatives may help bridge this gap by raising awareness of how platform design features such as

infinite scroll, autoplay, and algorithmic content curation are specifically engineered to maximize engagement and capture attention. When users understand that their consumption patterns are shaped not only by their own preferences but also by deliberate design choices, they may be better positioned to reflect on whether their use aligns with their own long-run goals. Beyond awareness, digital literacy might also equip individuals with practical knowledge about the availability and effectiveness of commitment tools. For adults, who are more likely to be managing competing demands on their time and attention, such awareness may be a first and necessary step toward making meaningful changes in their digital habits.

For younger users, commitment devices may be less relevant. Adolescents may not yet have well-formed long-run preferences about how much social media is good for them, and may therefore show little demand for such tools. Other interventions may work better.

For parents, caregivers, and schools

Children and adolescents in the U.S. are adopting social media and smartphones at an early age, and often spend a large share of their free time outside of school on these platforms (U.S. Department of Health and Human Services 2023). To help their children manage their use and develop healthier habits, parents can draw on several tools. Parental controls—features that allow parents to set limits on device use, restrict access to certain apps, or monitor usage patterns—can serve as an external commitment device for children who are not yet equipped to regulate their own behavior. Modeling healthy use is also important: Children's digital habits are shaped in part by observing those of the adults around them. More broadly, caregivers can help children develop awareness of their own use patterns and of the design features that make social media engaging, fostering the kind of digital literacy that will serve them as they grow into more independent users.

Initiatives like "Wait Until 8th," a grassroots movement founded in 2017 that has since attracted over 145,000 families across the U.S., ask parents to collectively pledge not to give their children smartphones until at least the end of eighth grade (Wait Until 8th, n.d.). The pledge only becomes active once at least 10 families from the same grade and school sign on, directly addressing the collective action problem: Individual parents may feel pressure to give their child a smartphone earlier than they would prefer, out of concern that their child will be socially excluded if peers all have one. This delay could give children more time to develop the cognitive and emotional capacities needed to navigate social media more intentionally and reduce exposure during a window when they may be most susceptible to its adverse effects.

Schools represent another important lever, and one that has gained significant policy momentum in recent years. As of May 2026, at least 37 states and Washington, D.C. have enacted laws or policies restricting student smartphone use in K–12 schools, with 31 of those laws passed in 2025 and 2026 alone (Prothero, Langreo, and Klein 2026). Policies vary in scope: Some states such as Louisiana prohibit the possession of phones throughout the entire school day, while others such as California and New York require districts to develop their own plans to limit use during school hours. School-based restrictions may reduce exposure during a critical period of the day and may help establish norms around appropriate use. These restrictions are particularly relevant given the possibility that smartphone use could distract students from learning in class. A growing quasi-experimental literature provides evidence that school phone restrictions can improve student well-being and/or academic performance (Abrahamsson 2026; Allcott et al. 2026; Figlio and Özek 2025; Lichand et al. 2026). Importantly, school-based policies of this kind do not override students’ agency outside of school, but rather change the environment during a school day—making them a less intrusive intervention than broader bans while still potentially delivering benefits.

School-based curricula on digital wellness represent another tool for helping young people develop the awareness and self-regulation skills needed to manage their digital habits. These programs could complement structural interventions such as phone restrictions, extending healthy habits beyond the school day when restrictions no longer apply. Recent experimental evidence from college students suggests such programs reduce reported behaviors associated with addiction (Joshi, Kaur, and Song, forthcoming).

For policymakers

Beyond tools available to individuals, parents, and schools, policymakers have several options for addressing digital addiction at a broader scale.

Directly related to our experiment, policymakers could require platforms and device manufacturers to not only offer better limit-setting tools as a built-in feature, but also regularly prompt users to consider setting limits, or even introduce default limits that users can adjust or turn off. The high takeup in our experiment suggests that salience matters: When limits were made easily accessible and users were guided through setting them, 89 percent chose to set binding limits. This contrasts with current practice, where limit-setting tools exist on most major platforms and devices but are rarely used, in part because they are buried in settings menus and not actively surfaced to users.

A different approach is to restrict access by younger users. Australia’s 2024 social media ban for

children under 16 represents the most sweeping example to date, prohibiting minors from using major platforms entirely (Parliament of Australia 2024). Minimum age requirements of this kind are motivated by the developmental considerations outlined above— younger users may be more susceptible to habit formation and less able to perceive their own self-control problems—but they raise difficult questions about enforcement, platform verification of user age, and the potential for restrictions to push use toward less regulated spaces. Moreover, many young people may benefit from social media, either through its entertainment value or through the ability to connect with others outside their local area who may have similar backgrounds and life experiences. Given the potential benefits and costs of social media, it is unclear whether zero use is better than unregulated use.

A narrower alternative would instead prohibit the design features that may amplify self-control problems, rather than access itself. Such approaches could be limited to children, or applied more broadly. New York State’s SAFE for Kids Act, for example, prohibits platforms from serving algorithmically curated feeds to users under 18 without parental consent, directly addressing features such as engagement-maximizing algorithmic feeds that could exacerbate self-control problems (New York State Senate 2024). These types of restrictions on potentially addictive design features have the advantage of targeting the mechanism through which platforms may amplify self-control problems, rather than restricting access broadly.

A related approach would hold platforms liable if they deliberately introduce features designed to maximize engagement at the expense of user well-being. In March 2026, in the landmark case *K.G.M. v. Meta et al.*, a Los Angeles jury found Meta and Google negligent in the design of their platforms, awarding \$6 million in damages (Duffy 2026). This was the first social media addiction case to reach trial among thousands of pending suits. The legal landscape remains unsettled, but liability exposure of this kind could create stronger incentives for platforms to internalize the costs their design choices impose on users.

A key challenge is distinguishing between design features that are addictive—in the sense that users would prefer not to have them if choosing in advance, even though they use them in the moment—and features that are simply engaging. In other words, some features are entertaining in a way that would make people want to allow themselves more consumption in the future, while other features exacerbate self-control problems in a way that makes people want to restrict their future consumption. Both types of features could increase time spent on social media, but the former type improves user well-being, while the latter type harms long-run well-being. It would be useful to have

more research centered on this distinction to inform both policy and litigation.

Transparency and access to data

Given the importance of additional research, another important priority is transparency and access to platform data. Platforms collect extensive data on user behavior, and broader access to these data—whether through voluntary research partnerships or transparency mandates requiring data sharing with independent researchers under appropriate privacy protections—could enable studies at far greater scale and generalizability than is currently possible. Building this evidence base through public-interest experimentation and data sharing would help researchers evaluate the effects of design changes, measure the prevalence of self-control problems across populations, and assess the impact of policy interventions over time.

Conclusion

Our experiment provides evidence that many people are addicted to social media. A temporary financial incentive to reduce use led to persistent reductions even after incentives ended—the signature of habit formation. Access to screen time limits led to substantial reductions in use and revealed a willingness to pay for commitment—the signature of self-control problems. Combining these experimental estimates with an economic model, we find that self-control problems, amplified by habit formation, account for about a third of total social media use—with substantial heterogeneity across individuals. Policymakers could potentially improve user well-being by considering interventions that would help users act in accordance with their own long-run preferences, providing commitment while preserving flexibility and building awareness.

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Many people report spending more time on social media than they would prefer, and social media and smartphone use rank among the top activities for which people perceive self-control problems. In this brief, we present evidence from a field experiment with two interventions that tested whether people are addicted to social media and, if so, how much of their use is driven by digital addiction. In one intervention, a financial incentive to reduce use led to persistent reductions in time spent on social media even after payments ended. In the second intervention, using an app to set screen time limits led to substantial reductions in use and revealed a willingness to pay for such a commitment device. We find that self-control problems, exacerbated by habit formation, account for about one-third of social media use on average, though the extent differs among different types of users. We also find that short-term reductions in social media use modestly improve outcomes on self-reported measures of addiction and well-being. Drawing on these findings, we discuss policy responses such as mandating that apps include built-in time-limiting features, design restrictions focused on potentially addictive features, and age-based limitations.