

THE HARMS OF SOCIAL MEDIA

An Evidence Based Policy Brief

Prepared by Analyze Research & Insights Group | August 2026

INTRODUCTION

This document presents a structured synthesis of scientific and institutional evidence on the documented harms of social media. It is intended primarily for policymakers, public health officials, legislators, and senior decision-makers who require a concise, credible, and evidence-based overview of the current state of research in this field.

The findings presented here are drawn from a desk review of over 30 peer-reviewed studies, systematic reviews, meta-analyses, and official government health surveys. The evidence base spans the period 2014 to 2026, with particular focus on changes tracked since 2010, the year that marks the beginning of mass smartphone and social media adoption among adolescents globally.

The sources behind this review include some of the world's most authoritative research institutions and government bodies: the U.S. Surgeon General's Office, the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), NHS Digital (UK Government), the Australian Institute of Health and Welfare (AIHW), and peer-reviewed publications in journals including JAMA, JAMA Pediatrics, JAMA Psychiatry, Neuroimage, the BMJ, Preventive Medicine, and Perspectives on Psychological Science. Contributing academic institutions include Yale University, Columbia University, Weill Cornell Medicine, UC Berkeley, UC San Francisco, Johns Hopkins Bloomberg School of Public Health, UNC Chapel Hill, King's College London, and Oregon State University.

The findings from the review are organized into seven sections: Mental Health, Suicide and Self-Harm, Loneliness and Social Isolation, Brain Structure and Development, Cognitive Abilities, Physical Health, and Online Safety. A dedicated section documents the measurable changes in population-level mental health indicators since 2010 — changes that correlate directly with the period of social media's mass adoption. A full reference list appears at the end of this document.

The evidence presented here does not represent preliminary science. It represents the aggregated findings of government health agencies, longitudinal national surveys, and peer-reviewed neuroimaging and epidemiological research.

A comprehensive narrative review published in February 2026, synthesizing peer-reviewed evidence from 2007 to 2025, concluded that social media influences adolescent mental health through multiple, overlapping risk pathways, with effects that are modest at the individual level but meaningful at the population level due to the near-universal adoption of social media during a period of critical neurological and emotional development. **This framing is important: the evidence does not suggest that every child who uses social media will be harmed. It suggests that small but consistent effects, experienced by hundreds of millions of children simultaneously during the most vulnerable period of brain development, constitute a significant public health concern,** regardless of whether any single child's risk appears large in isolation.¹ The question before policymakers is no longer whether harm exists. It is what to do about it.

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC12967810/>

SECTION 1: THE DATA SINCE 2010- A POPULATION-LEVEL SHIFT

The year 2010 represents a critical inflection point in adolescent mental health data across countries where longitudinal records exist. Prior to 2010, the major mental health indicators tracked by government health agencies, including anxiety, depression, self-harm, eating disorders, and loneliness, were either stable or declining. After 2010, they rose sharply and have not recovered.

This shift coincides precisely with a convergence of technological and commercial development that fundamentally changed the nature of digital engagement: the mass adoption of smartphones with front-facing cameras, normalizing self-documentation and appearance comparison; the rise of image and short-form video platforms built around idealized, curated content; the introduction and rapid refinement of engagement-maximizing algorithms designed to keep users scrolling indefinitely; the commercialization of social media platforms through advertising revenue models that created a direct financial incentive to maximize time on screen; and the emergence of the 'like' and public metrics culture that tied self-worth to measurable social validation. These were not passive technological developments. They were deliberate design decisions, made by commercially motivated companies, that reshaped the daily experience of adolescence, particularly for girls, at a scale and speed that no generation had previously encountered.

The following figures are drawn exclusively from over 30 publications and peer-reviews, not from advocacy sources or single studies. They document a sharp, simultaneous deterioration in adolescent mental health indicators beginning around 2010, a period that also coincides with broader social and economic changes, which is why the systemic evidence in the sections that follow is essential context.

Mental Health Disorders:

52%	Global: Increase in anxiety disorders among adolescents aged 10-24 (1990-2021), with the sharpest acceleration occurring post 2010 and post 2019. (Bie et al., <i>Frontiers in Psychiatry</i> , 2024-GBD 2021) ²
+134%	US Adolescents: increase in anxiety disorders since 2010 (SAMHSA/NSDUH)
62.9%	Global: Increase in incidence of depressive disorders among adolescents and young adults (1990-2021) (BMC Psychiatry, 2025) ³
+106%	US Adolescents: increase in depression since 2010 (SAMHSA/NSDUH · CDC YRBS)
+145%	US Adolescents: increase in major depression girls; +161% for boys (SAMHSA/NSDUH, as synthesized in Haidt J., <i>The Anxious Generation</i> , 2024)
+72%	US Undergraduates: increase in ADHD ⁴ diagnoses since 2010 (American College Health Association)*
+57%	US Undergraduates: increase in bipolar disorder diagnoses since 2010 (American College Health Association)
+67%	US Undergraduates: increase in schizophrenia-related disorders since 2010 (American College Health Association)
+100%	increase in anorexia and eating disorders since 2010 (NHS Digital MHCYP · SAMHSA/NSDUH)
+33%	increase in substance abuse and addiction since 2010 (SAMHSA/NSDUH)

² (*Frontiers in Psychiatry*, 2024, GBD 2021, 204 countries) <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2024.1489427/full>

³ (*BMC Psychiatry*, 2025, GBD 2021, 204 Countries) <https://pmc.ncbi.nlm.nih.gov/articles/PMC12187749/>

⁴ Globally, the prevalence of ADHD is estimated at 8% in children and adolescents. ([https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(25\)00348-5/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(25)00348-5/fulltext))

Self-Harm and Suicidal Behavior:

- +188%** increase in US emergency room visits for self-harm, girls since 2010 (AHRQ/HCUP · JAMA 2017)
- +48%** increase in US emergency room visits for self-harm, boys since 2010 (AHRQ/HCUP · JAMA 2017)
- +78%** increase in self-harm episodes, teen girls (ages 13-16) since 2010 (The Anxious Generation, Haidt, J)
- +134%** increase in self-harm episodes, teen boys (ages 13-16) since 2010 (The Anxious Generation, Haidt, J)
- 2.25 x** Self-harm incidence among UK adolescents in 2018 vs 2003- girls aged 13-16 recorded the highest rates of any age or gender group.(Cybulski et al., BMC Psychiatry, 2021)
- +81%** increase in mental health hospitalizations girls in Australia (ages 12–17) (AIHW, Australian Government)
- +51%** increase in mental health hospitalizations boys in Australia (ages 12–17) (AIHW, Australian Government)
- +76.3%** rise in high psychological distress, girls across Nordic nations since 2010 (WHO/HBSC Nordic data)
- +51.3%** rise in high psychological distress, boys across Nordic nations since 2010 (WHO/HBSC Nordic data)

Loneliness:

- +17.1% - 30.9%** school loneliness among adolescents globally, rising in 36 out of 37 countries between 2012 and 2018 (Twenge, Haidt et al., Journal of Adolescence, 2021)
- 70%** drop-in time spent with friends — youth aged 15–24 since the mid-2000s (U.S. Bureau of Labor Statistics, American Time Use Survey)

Taken together, these figures do not establish causation in isolation. What they establish is a pattern: every major mental health indicator worsened, in every country where data was collected, beginning at the same historical moment, the mass adoption of smartphones and social media by adolescents between 2010 and 2015. The independent peer-reviewed literature, reviewed in the sections below, provides the mechanistic evidence that links these trends to social media use.

SECTION 2: MENTAL HEALTH

According to the WHO, globally, it is estimated that one in seven (14.3%) of 10-19-year-olds experience mental health conditions, yet these remain largely unrecognized and untreated.⁵ The causal relationship between social media use and mental health deterioration is now supported by multiple independent study designs, including cross-sectional surveys, longitudinal cohort studies, and randomized controlled experiments.

Riehm et al. (2019), published in JAMA Psychiatry, found that adolescents spending three or more hours per day on social media faced double the risk of internalizing mental health problems including depression and anxiety⁶. This finding was sufficiently robust to be cited by the U.S. Surgeon General in his 2023 advisory on youth social media use.

Xiao et al. (2025), published in JAMA and conducted across Weill Cornell Medicine, Columbia University, and UC Berkeley, followed over 11,000 young people and found that addictive patterns of screen use, characterized by an inability to stop, distress when not using, and using devices to escape problems, were associated with approximately double the risk of suicidal behavior, depression, anxiety, and aggression.⁷ Critically, this study distinguished between total screen time and addictive use patterns, finding that it is compulsive, habitual use, not duration alone, that drives the risk. Note that not all studies in this review distinguish between total time spent and compulsive-use patterns; where a study measures hours per day rather than addictive-use markers, this is indicated.

⁵ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

⁶ <https://pubmed.ncbi.nlm.nih.gov/31509167/>

⁷ <https://alert.psychnews.org/2025/06/screentime-addictive-behaviors-in-children-common-tied-to-later-suicidality>

Instagram's own internal research, suppressed by Meta and revealed via the Wall Street Journal in 2021, found that 1 in 3 teenage girls reported that Instagram made them feel worse about their bodies.⁸ The platform was aware of this finding and chose not to disclose or act on it.

Problematic social media use among adolescents rose from 7% in 2018 to 11% in 2022; a 57% increase in four years, according to the WHO's Health Behavior in School-Aged Children (HBSC) study, which surveyed 280,000 young people across 44 countries. Girls are disproportionately affected, with 13% reporting problematic use compared to 9% of boys.⁹

SECTION 3: SUICIDE AND SELF-HARM

The evidence linking social media use to suicidal behavior and self-harm is among the most robust in this field, spanning multiple methodologies and multiple countries.

Xiao et al. (JAMA, 2025) established that addictive social media use is associated with approximately double the risk¹⁰ of suicidal behavior and ideation in adolescents, a finding based on the largest longitudinal brain development study in U.S. history, the Adolescent Brain Cognitive Development (ABCD) Study, with over 11,000 participants.¹¹

Chu et al. (Preventive Medicine, 2023), from UCSF and Johns Hopkins Bloomberg School of Public Health, examined 11,633 pre-adolescent children aged 9 to 11 and found a clear dose-response relationship: each additional hour of daily screen time was associated with a 9% increase in the odds of suicidal behavior two years later.¹² This dose-response relationship (where more exposure produces more harm in a measurable, quantifiable way) is the same evidentiary standard used in pharmaceutical safety regulation. The consequences of these risks are visible in government hospital and emergency room data across three continents, as documented in Section 1 of this review.

SECTION 4: LONELINESS AND SOCIAL ISOLATION

Social media was designed to connect people. The evidence consistently shows it has made people, and especially young people lonelier.

Twenge, Haidt et al. (Journal of Adolescence, 2021) analyzed PISA data from 1,049,784 students across 37 countries and found that school loneliness nearly doubled between 2012 and 2018, rising in 36 out of 37 countries¹³. The increase was largest in countries with the highest rates of smartphone and internet adoption. The researchers noted that this generation is simultaneously the most digitally connected and the loneliest in recorded history.

Primack et al. (American Journal of Preventive Medicine, 2017), cited in the U.S. Surgeon General's 2023 Loneliness Advisory, found that adults spending two or more hours per day on social media were more than twice as likely to feel socially isolated¹⁴. Gorman et al. (Oregon State University, 2025) confirmed this finding extends to adults aged 30 to 70, not only to teenagers, with those in the top 25% of social media usage frequency more than twice as likely to report loneliness.¹⁵

⁸ <https://www.wsj.com/tech/personal-tech/facebook-knows-instagram-is-toxic-for-teen-girls-company-documents-show-11631620739>

⁹ <https://www.who.int/europe/news/item/25-09-2024-teens--screens-and-mental-health>

¹⁰ <https://www.contemporarypediatrics.com/view/addictive-screen-use-tied-to-youth-mental-health-risks>

¹¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC12177733/>

¹² <https://medicalxpress.com/news/2023-02-excessive-screen-linked-suicidal-behaviors.html>

¹³ <https://www.sciencedirect.com/science/article/pii/S0140197121000853>

¹⁴ [https://www.ajpmonline.org/article/S0749-3797\(17\)30016-8/abstract](https://www.ajpmonline.org/article/S0749-3797(17)30016-8/abstract)

¹⁵ <https://health.oregonstate.edu/news-and-stories/2025-10/loneliness-us-adults-linked-amount-frequency-social-media-use>

The U.S. Surgeon General's Advisory on the Loneliness Epidemic (2023) documented that social disconnection carries a health risk equivalent to smoking up to 15 cigarettes per day, increases heart disease risk by 29%, and raises dementia risk by approximately 50% in older adults.¹⁶ If social media use is contributing to rising loneliness, as the evidence above suggests, then the established physical health consequences of loneliness (outlined below) apply. Loneliness itself, regardless of cause, is not merely an emotional inconvenience; it is a documented physical health risk.

SECTION 5: BRAIN STRUCTURE AND DEVELOPMENT

Perhaps the most alarming body of evidence concerns what social media use does to the developing brain. The findings reveal that this is no longer a theoretical concern, as it is visible on MRI scans.

Neophytou, Manwell and Eikelboom (International Journal of Mental Health and Addiction, Springer Nature, 2021¹⁷) conducted a scoping review of 20 years of literature and found that excessive screen time causes thinning of the prefrontal cortex (the brain region governing decision-making, impulse control, and cognitive function) and the temporal cortex, which governs memory and language. They identified a potential link to early-onset dementia risk.

Ganson, Chu, Baker et al. (Neuroimage, Elsevier, 2026), from UCSF, conducted the largest neuroimaging study on social media and the adolescent brain ever undertaken: 7,614 structural MRI scans from the U.S. government-funded ABCD Study.¹⁸ They found that higher social media use was associated with lower cortical thickness across four brain regions, the prefrontal cortex, temporal lobe, occipital lobe, and parietal lobe (in children aged 10 to 13).¹⁹ These are the regions governing executive function, attention, memory, and visual processing.

Maza, Telzer et al. (JAMA Pediatrics, 2023), from UNC Chapel Hill, tracked 169 middle-school students over three years using fMRI (the gold standard for neuroimaging) and found that adolescents who habitually checked social media 15 or more times per day showed increasing neural sensitivity to social rewards and punishments over time.²⁰ This is the opposite of normal developmental trajectory: healthy adolescent brain development involves decreasing sensitivity to peer feedback.²¹ Habitual social media checking is associated with a reversal of this typical developmental trajectory over the three-year study period; whether this effect persists into adulthood has not yet been established.

Park, Potenza et al. (Neuroimage, Yale University School of Medicine, 2026) demonstrated that brain connectivity patterns, specifically activity across cognitive control and perceptual-motor networks, can predict which adolescents go on to develop problematic social media use, before the behavior fully manifests. Distinct from current prevalence figures, which show that approximately 11% of adolescents already meet clinical thresholds for problematic use (WHO/HBSC, 2024), this Yale study found that approximately 35% of adolescents show brain connectivity patterns that indicate neurological vulnerability to developing problematic social media use in the future.²² This study's contribution is showing that vulnerability can be identified neurologically in advance, opening the door to earlier, targeted intervention rather than universal restriction. If correct, it means the harm from social media is not evenly distributed: some children are significantly more at risk by neurobiology, and they cannot be identified or protected without systemic, evidence-based policy intervention.

¹⁶ <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

¹⁷ <https://link.springer.com/article/10.1007/s11469-019-00182-2>

¹⁸ <https://pubmed.ncbi.nlm.nih.gov/41831540/>

¹⁹ <https://lifestylemedicine.stanford.edu/what-excessive-screen-time-does-to-the-adult-brain/>

²⁰ <https://pubmed.ncbi.nlm.nih.gov/36595277/>

²¹ <https://www.ncbi.nlm.nih.gov/books/NBK545476/>

²² <https://medicine.yale.edu/news-article/social-media-and-youth-mental-health/>

SECTION 6: COGNITIVE ABILITIES

Social media and smartphone use have produced a measurable and accelerating collapse in sustained human attention. Professor Gloria Mark, Chancellor's Professor of Informatics at the University of California, Irvine, has tracked screen attention behavior for over 20 years. Her research, synthesized in *Attention Span* (HarperCollins, 2023), documents a collapse from an average of 2.5 minutes on a single screen before switching in 2004, to 75 seconds in 2012, to 47 seconds in the 2020s.²³ After an interruption, it takes an average of 25 minutes to fully re-engage with the original task. These findings represent a systemic erosion of the cognitive capacity required for sustained reading, analytical thinking, professional problem-solving, and academic performance. The generation growing up with social media is being cognitively formatted by it.

SECTION 7: PHYSICAL HEALTH

The physical health consequences of social media use are documented across eyesight, sleep, cardiovascular health, and longevity, and are consistent across multiple independent research programs.

Myopia: Xiong et al. (BMC Public Health, 2024), in a systematic review and meta-analysis of 19 epidemiological studies, found that heavy screen users aged 6 to 7 are five times more likely to develop myopia than light users. The research addresses screen time broadly rather than social media specifically, but social media use is a major driver of adolescent screen time. The Brien Holden Vision Institute's Lancet Digital Health meta-analysis projects that myopia will affect half the global population by 2050, driven primarily by screen use and reduced outdoor time.²⁴

Sleep: The American Academy of Sleep Medicine and research by Carter et al. (JAMA Pediatrics, 2016) identify screen use in general (including but not limited to social media) as the primary driver of sleep deprivation in adolescents, through five documented mechanisms including blue light suppression of melatonin, behavioral displacement of bedtime, and alerting notifications disrupting sleep architecture. In the US, 70% of high school students do not get the minimum recommended hours of sleep.²⁵ This is not a uniquely American phenomenon. Khan et al. (Journal of Adolescence, 2024), studying adolescents across 40 countries, found that intense and problematic social media use was directly associated with sleep difficulties in every country studied.²⁶ A 2025 review of 32 international studies (Journal of Pediatric Health Care) confirmed that prolonged screen use before bedtime is consistently associated with shorter sleep duration, insomnia, and daytime sleepiness across geographies and age groups.²⁷

Cardiovascular and Dementia Risk: Holt-Lunstad et al. (Perspectives on Psychological Science, 2015) the foundational meta-analysis cited by the U.S. Surgeon General, found that social disconnection carries a mortality risk equivalent to smoking up to 15 cigarettes per day²⁸, and that chronic loneliness increases dementia risk by approximately 50% in older adults. Valtorta et al. (Heart/BMJ, 2016) separately established that social isolation increases the risk of heart disease by 29%.²⁹

²³ <https://ics.uci.edu/2023/01/12/cnn-your-attention-span-is-shrinking-studies-say-heres-how-to-stay-focused/>

²⁴ <https://pubmed.ncbi.nlm.nih.gov/26875007/>

²⁵ <https://www.sciencedirect.com/science/article/abs/pii/S1056499317301384?via%3Dihub>

²⁶ <https://onlinelibrary.wiley.com/doi/10.1002/jad.12321>

²⁷ [https://www.jpeds.org/article/S0891-5245\(25\)00251-2/abstract](https://www.jpeds.org/article/S0891-5245(25)00251-2/abstract)

²⁸ <https://www.julianneholtlunstad.com/15-cigarettes>

²⁹ <https://heart.bmj.com/content/102/13/1009>

SECTION 8: ONLINE SAFETY

Social media platforms have created environments in which children are routinely exposed to bullying and harmful content at ages their developing brains are entirely unprepared to process.

Cyberbullying: The Cyberbullying Research Center (University of Wisconsin–Eau Claire and Florida Atlantic University, 2022) found that 23.2% of US students reported being cyberbullied in 2021, up from 17.2% in 2019, with rates increasing rather than decreasing during the COVID-19 pandemic.³⁰ Cyberbullying is directly linked to depression and anxiety.³¹ In Jordan, Save the Children's 2024 study "Behind the Screens: Safety in Digital Spaces for Children aged 10-17 in Jordan" found that 15.8% of children aged 10 to 17 had experienced some form of digital abuse, with cyberbullying, account hacking, and blackmail identified as the most common threats, and 75% of parents unaware that their children had been subjected to online abuse.³² A separate peer-reviewed study of 1,143 students across three major Jordanian universities, published in *Violence and Gender* (SAGE Journals, 2023), found that bullying and cyberbullying victimization were prevalent at 58%, with female students disproportionately affected.³³

A study published in *Nature Mental Health* in August 2026, among the most recent and significant findings in this field, found that one in three adolescents aged 11 to 18 (34.5%) reported seeing self-harm content online in the past month. Crucially, nearly three quarters of those exposed (72%) encountered it passively, without seeking it out. The most common route of exposure was algorithmically suggested feeds, accounting for 66.2% of cases. Only 8% of students had actively searched for self-harm content. The study, drawing on data from 32,102 students across England, found that exposure was associated with elevated psychosocial risk: higher loneliness, greater experience of online harms, and poorer mental health, regardless of how the content was encountered. The finding fundamentally shifts accountability: it is the algorithm, not the child, that is primarily responsible for exposure to self-harm content.³⁴

Pornography exposure: *Frontiers in Child and Adolescent Psychiatry* (2025), supported by the British Board of Film Classification's UK government-commissioned research (2020) and the Institute for Family Studies, found that 93% of boys and 63% of girls are exposed to internet pornography before the age of 18, with an average first exposure age of 12. Crucially, 75% of parents believe their children have never been exposed, a critical awareness gap that makes parental supervision alone an insufficient safeguard. Early exposure has been linked to depression, social isolation, distorted relational expectations, and impaired decision-making.³⁵

These figures are drawn from multiple independent studies and national surveys across different countries and methodologies; individual prevalence rates vary by region, age group, and study design, and should be interpreted as indicative of a broad, well-documented global trend rather than as a single universal finding.

SECTION 9: WHAT THE PLATFORMS KNEW

In November 2025, unredacted US federal court filings part of a multidistrict litigation brought by a bipartisan coalition of 33 state attorneys general and hundreds of school districts against Meta, Google, Snap, and TikTok, revealed that Meta had conducted its own internal research in 2020, known as Project Mercury, in partnership with Nielsen.³⁶ That research found that people who stopped using Facebook for one week reported lower feelings of depression, anxiety, loneliness, and social comparison.

³⁰ <https://cyberbullying.org/facts>

³¹ <https://pubmed.ncbi.nlm.nih.gov/28049453/>

³² <https://savethechildren.org/jo/en/news-listing/news-details/80>

³³ https://www.researchgate.net/publication/373122258_The_Prevalence_and_Gender_Differences_of_Bullying_and_Cyberbullying_Victimization_Among_University_Students_in_Jordan

³⁴ <https://www.nature.com/articles/s44220-026-00682-w>

³⁵ <https://ifstudies.org/blog/what-happens-when-children-are-exposed-to-pornography>

³⁶ <https://www.businesstimes.com.sg/companies-markets/telcos-media-tech/meta-buried-causal-evidence-social-media-harm-us-court-filings-allege>

According to the filings, Meta halted the research, did not disclose the results publicly, and later told Congress it had no ability to quantify whether its products caused harm to teenage girls, a claim the internal findings appear to contradict. Internal employee communications, also revealed in the filings, described the company's products in terms typically applied to addictive substances.³⁷

In March 2026, a Los Angeles County Superior Court jury delivered a historic verdict in *K.G.M. v. Meta Platforms and Alphabet*, finding Meta (Instagram) and Google (YouTube) liable for negligently designing platforms that addicted a young user and caused serious mental health harm. The jury awarded \$6 million in total damages, \$3 million compensatory and \$3 million punitive, with Meta held 70% responsible and Google 30%. The punitive damages finding is legally significant: it requires a jury to conclude the companies acted with malice, oppression, or fraud. The plaintiff had begun using YouTube at age six and Instagram at age nine, below the platforms' own stated minimum ages. TikTok and Snap settled before the trial began. This was the first time a jury has found social media companies liable for the addictive design of their platforms. Over 1,600 similar lawsuits were pending at the time of the verdict.³⁸

The Project Mercury findings above remain allegations from ongoing litigation and have not yet been adjudicated by a court. The *K.G.M.* verdict is a civil jury finding and is subject to appeal.

³⁷ <https://www.cnn.com/2025/11/23/meta-internal-research-social-media-harm-court-filing.html>

³⁸ <https://www.npr.org/2026/03/25/nx-s1-5746125/meta-youtube-social-media-trial-verdict>

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