

AUDIT REPORT

Addressing digital technologies addiction of children and adolescents

Performance audit

Audit period: 1 January 2018 to 31 December 2021







Excessive use and addiction to digital technologies



Excessive use

is beyond the recommended use of digital technologies mainly due to boredom whereby one can limit or stop the use at any time since the addiction is not yet developed.

Digital addiction

is dependence on digital technologies to cope with emotional distress and one is unable to limit the use despite its harmful effects.

Consequences of excessive use and addiction



insomnia, dieting and hygienic disruptions



loss of sense for time and lying about digital technologies use



extreme tiredness and exhaustion



gaining weight and obesity



emotional reactions when digital media use is not possible, withdrawal, irritability



loss of interest in other activities, attention deficit



eyesight problems, headaches



depression, anxiety, psychosis occurrence

Is the State aware of the digital addiction dimensions?



MDDSZ Ministry of Labour, Family, Social Affairs and Equal

Opportunities



MZMinistry
of Health



MIZŠ
Ministry of Education,
Science and Sport



The State is actively involved in surveys and analyses \longrightarrow



Survey PISA 2018



Survey HBSC 2020



Survey KiDiCoTi 2020

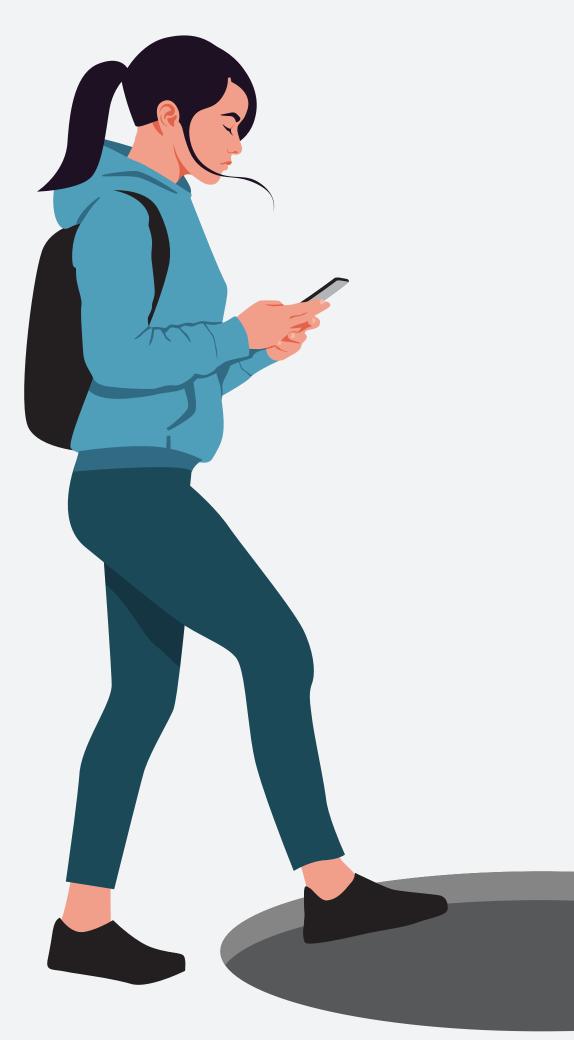


Survey IRSSV 2020



Survey ZRSŠ 2021

but are mostly referred to children and adolescents up to 18 years in the period of COVID-19 pandemic





Nevertheless, the analyses do not offer an answer



HOW MANY

children and adolescents are addicted or have problems with excessive use of digital technologies?



WHERE IN THE COUNTRY

the problems are bigger and the needs are pressing?

Due to presented weaknesses the conditions for the efficient measures planning are not provided.

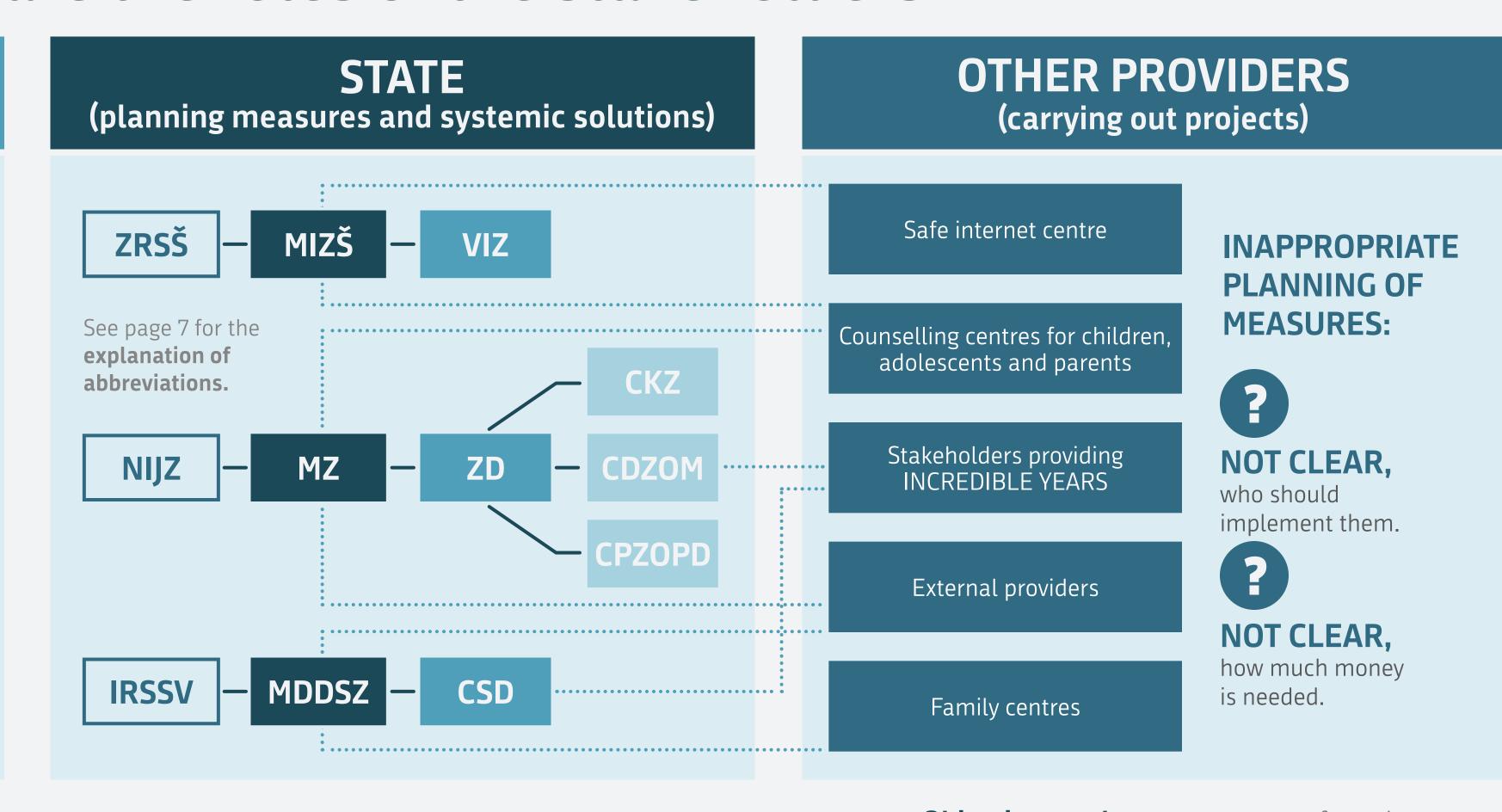
What are the roles of the stakeholders?







Key role in addressing the addiction is played by **parents and guardians** while the State offers support!



7 strategic documents

9 implementing documents

12 measures/indicators



Objectives and measures are referred to non-chemical addiction and not specifically to digital addiction.

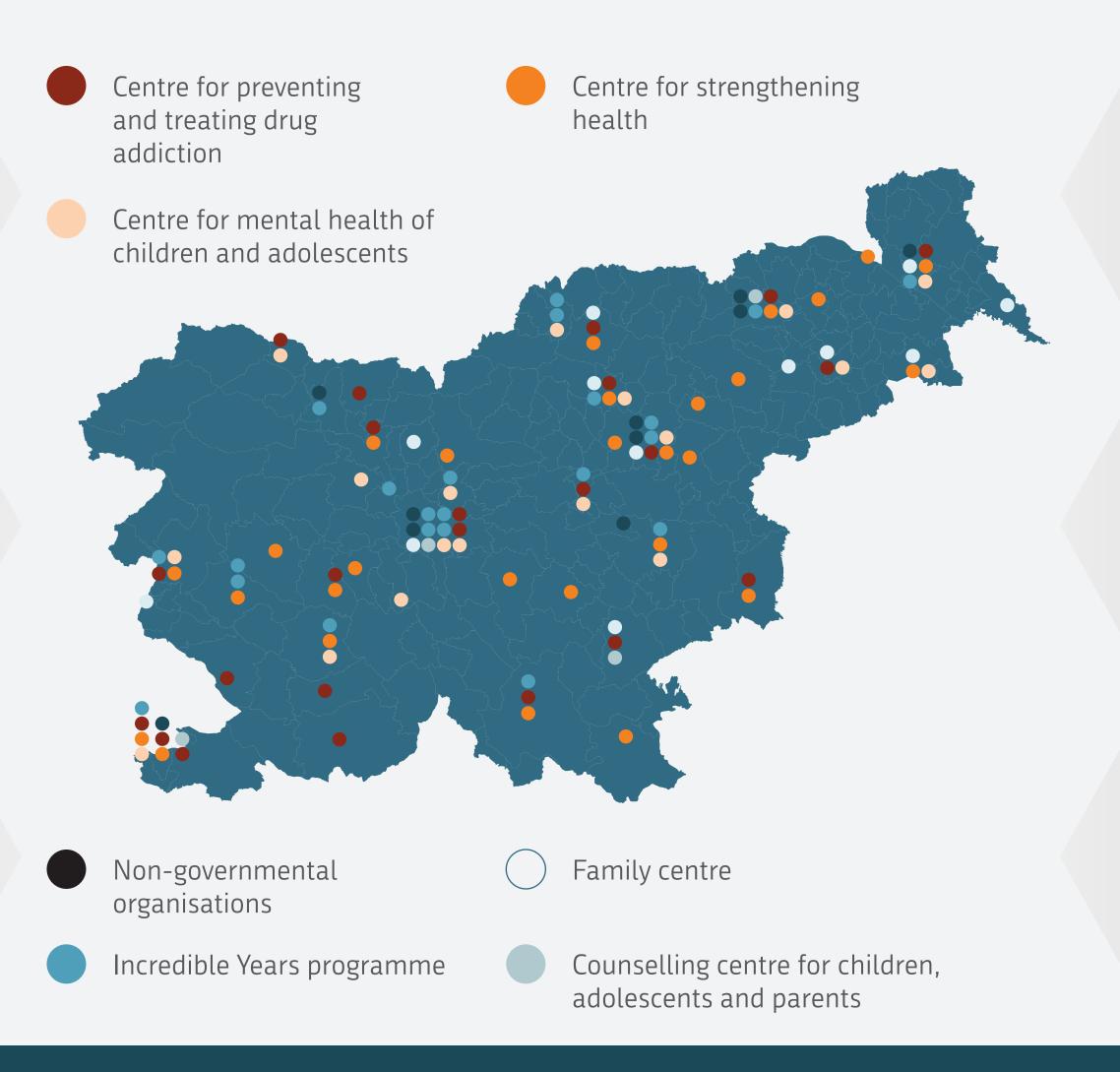
Due to presented weaknesses the conditions for the efficient measures implementation are not provided.

Is the organisation of the stakeholders transparent?

Stakeholders' tasks not clearly defined. Consequently, it is not clear which stakeholders should implement preventive measures and which measures respectively which stakeholders should undertake action to reduce digital addiction and how.



None of the stakeholders monitors which activities for preventing and treating digital addiction are already in place and how many children and adolescents are included.



None of the stakeholders monitors the needs for specific type of help so it is not possible to assess whether or in which geographical areas certain types of help are lacking.



Many stakeholders are activated but cooperation protocols and treatment paths are not specified, while MZ, MDDSZ and MIZŠ do not provide the stakeholders the instructions, guides and recommendations to address digital addiction.



Most of the activities are implemented by external providers selected by public calls, but **project approach is not appropriate** since it does not reflect the needs in each part of the state.



Due to presented weaknesses actions of the relevant stakeholders are not uniform.

Opinion of the Court of Audit

Ministries (MZ, MIZŠ and MDDSZ) recognised increasing problems of children's and adolescents' digital addiction since they in cooperation with several stakeholders planned and implemented many measures and activities, but they were only partially efficient in addressing digital

addiction of children and adolescents.



RECOMMENDATIONS OF THE COURT OF AUDIT

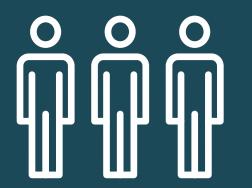


Auditees should carry out a survey on the use of digital technologies by children and adolescents for school and free time purposes.





Planning documents should be developed by precisely defining the measures to be implemented in the frame of a certain field and authorised stakeholders should be precisely defined for implementing the measures within the field.





The roles of the stakeholders within the network of the public sector should be specifically defined, as well as the role of external project providers in relation to public sector stakeholders.

Explanation of abbreviations

ZRSŠ – National Education Institute

NIJZ - National Institute of Public Health

IRSSV - Social Protection Institute of the Republic of Slovenia

MIZŠ - Ministry of Education, Science and Sport

MZ – Ministry of Health

MDDSZ - Ministry of Labour, Family, Social Affairs and Equal Opportunities

VIZ – education centres

ZD – health centres

CSD – social work centres

CKZ - Centres for strengthening health

CDZOM - Centres for mental health of children and adolescents

CPZOPD – Centres for preventing and treating drug addiction