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# The social problems and its relationship to the attitudes of young athletes towards digital drug addiction

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**Abstract:**

Digital drugs stimulate sounds capable of modifying brainwave rhythms and manipulating the mental state. This phenomenon has recently emerged as a red flag for Arab countries. Therefore, the current study aims to determine the relationship between the social problems and young athletes' attitudes toward digital drug addiction. It also aims to Determine the nature of the relationship between some demographic variables of young athletes' the social problems and attitudes toward digital drug addiction. A simple random sample of (300) individuals, including (152) males and (148) females, was selected.

The study concluded that there is a correlation at statistical significance between problems in social relations and young athletes' addictive attitudes toward digital drugs. It also found a positive correlation between social problems and demographic variables (i.e., the educational level and mother's job) at a significance level (0.05), while the relationship is inverse with the place of residence variable at a significance level of (0.01).

The study also found a positive correlation between attitudes towards digital drug addiction and variables of the gender and educational level at a significance level of (0.05), while the relationship is inverse with the age variable at a significance level of (0.01). The study also found that there are statistically significant differences between attitudes toward digital drug addiction in terms of gender in favor of females at a level of (0.05).

**Key words:**

the attitudes towards digital drug addiction - young athletes - the social problems - digital drugs.

**Introduction:**

Digital drugs constitute a new concept on the internet; they are audio files that, when listened to with headphones, produce hallucinogenic effects that alter emotional and biological states. These files contain subsonic frequencies that can be addictive if some people become dependent on them. If a person prioritizes the sounds over their daily needs and responsibilities, their behavioral pattern becomes problematic, leading to serious consequences (The Freedom Model Retreats, 2018).

The most common reasons for choosing digital drugs are the belief that they are helpful because they can help individuals with sleep difficulties, anxiety, depression, relaxation, and stress relief,

enhance their sexual performance, promote their confidence, and simulate the effects of ecstasy or cocaine. However, digital drugs can also simulate the effects of more powerful and fatal drugs such as cocaine, peyote, heroin, opium, and ecstasy. The side effects of these illegal and recreational drugs are harmful regardless of how they are administered, whether in substance or sound (Rachael, 2016).

The binary pulse effect was first discovered in 1839 by the Prussian scientist Heinrich Wilhelm Dove and later gained public attention due to claims that this effect could be used for medical purposes, including relaxation, meditation, and other mental states. Claims that the pulses can produce a drug-like effect are disputed as "binary pulses "which are apparently used" as a means of achieving a simulated mood or experience," are the subject of legal measures in each country (Alabd et al., 2019, p.39).

Digital drugs have, thus, become the most widely used by people around the world for their easy accessibility and lack of laws to control their sale or consumption. These drugs comprise binary pulses that stimulate the brain to get the same effect as using drugs. When binary pulses are used, they stimulate a frequency range that will generate a specific response of brain waves, shifting to a frequency that is either in the alpha or beta range, depending on the individual. These binary bets have been used as drugs to calm the mind and increase brain power (Philipose & Karthik, 2023, p. 299).

Aniţei and Chraif (2011) found that the group that listened to music administered using i-dosing performed statistically significantly lower on a cognitive task perception test and higher in physiological reactivity than the control group as measured by a polygraph. People who listen to i-dosing files should be warned about the effects of these files on their mental and biological health.

Al-Barbar (2018) indicated that distributed movement support patterns significantly improve adolescents' awareness compared to traditional support. Significant effects were found between the distributed multi-movement support pattern and distributed movement support based on students' requirements in improving their awareness of the side effects of digital drugs.

Alabd's (2019) results demonstrated the effectiveness of an educational program in improving students' knowledge and attitudes regarding digital drugs. Therefore, Alabd recommended the necessity of educational programs for all undergraduate nursing students and adolescents to enhance their awareness of digital drug hazards.

Similarly, Qutishat (2022) indicated that there is an average level of awareness among Omani nurses about digital drugs. The participants in this study were highly aware of the effect of digital drugs on the body's systems, yet they were less aware of how to use this type of drug and the tools, programs, and environments required.

In addition, El Shouny (2019) revealed that coordination between governmental and non-governmental organizations, as determined by officials of government organizations, is highly required to deal with problems experienced by young drug users. El Shouny also confirmed that this coordination reflects the part the knowledge of government and non-governmental organizations play in making the appropriate decisions and achieving the goals. Arrests and market closures redirect digital drug trafficking to other vendors and markets, and monitoring electronic hotspots may yield temporary results. However, this may be ineffective in the long run, as actors use the unique capabilities of ICT to reorganize (Ladegaard, 2019, p. 113).

Society must enact laws and legislation that deter dealers and vendors from reducing the risks of digital drugs and follow up on their implementation in coordination with all local and international parties. Bakri, Mursalim, and Budimawan (2020) indicated that the level of digital media literacy of youth in the general district was rated as average. Their technical skills ability was rated as high, while their ability to critically understand and communicate was average. Nevertheless, Hartogsohn and Vudka (2022) showed that the effects of digital media may be more malleable than we typically assume and that digital presence does not necessarily lead to drug-related illnesses. Jabr and Saleh (2022) found a statistically significant inverse relationship between self-monitoring and digital drugs. They also observed that the absence of self-monitoring leads the individual to engage in aggressive behaviors such as assault, violence, crimes, or deviant behaviors such as digital drug addiction.

The state provides the youth with scientific and technological opportunities and involves them in the economy to raise them as educated and healthy individuals. These efforts attempt to create environments where they can make the most of their free time, especially in the information age with rapid and continuous developments in science and technology, education, and training in all areas of life. Thus, practicing recreational activities that will reduce social, economic, and psychological problems over time should be provided.

Leisure time is important for the daily well-being of the youth, and freely chosen activities for this period of time provide more opportunities for satisfaction (Broughton & Beggs, 2006). Youth centers are public institutions where lifelong learning takes place, and young people can enjoy their free time practicing activities in painting, music, theater, and sports education, and scouting within the Regional Directorates of the Ministry of Youth and Sports (Karabulut & Pulur, 2011, p.72).

Yilmaz and Orhan (2020) studied users' attitudes toward Youth Centers in Turkey and revealed that the highest mean was found in the psychological sub-factor. The results showed that male users evaluated YCs more positively than females in the physiological sub-factor analyses conducted. Namli and Demir (2020) illustrated that increasing attitudes toward digital games leads to a decrease in attitudes toward sports, and digital games that contain physical activities increase this contribution to their mental and physical development. Roza and Sinaga (2022) also found that there is a significant relationship between adolescents' behavior regarding drug risks and health behavior.

Social relations are constitutive of practices and interactions that do not necessarily have health implications. These interactions have deleterious health effects on those at the cross-over points with higher positions. The concept of social relations is particularly relevant and adapted to the analysis of the particular social profile of those people affected by anorexia nervosa and bulimia nervosa; specific social relationships promote eating (Codellaro, Shon, & Legleye, 2017, pp. 3,4).

Omar and Elsayed (2017) tested hypotheses to determine if there were differences between youth users and non-users of social media from natural science and social science disciplines, as well as their social relations with the surrounding systems, such as friends and family. The study found that there are more young users of social media than non-users.

Teo, Choi, and Valenstein (2013) that the quality of social relationships is a major risk factor for major depression, which usually targets individuals with low-quality social relationships. In line with this study, Barger, Bürgy, and Barth (2014) found an association between social relationships and depression, but there was less evidence regarding which aspects of social relationships are most predictive of illness. The association of four social relationship

domains (i.e., emotional support, tangible support, social integration, and loneliness) with major depressive problems and symptoms was assessed. Loneliness and perception of emotional support had the most significant and most consistent associations across depression outcomes. All social relationship domains except marital status were independent. Hamdan (2020) found an inverse relationship between shyness and social interaction and concluded that there were no differences between males and females in the social interaction level.

Nabdi et al. (2023) indicated that participants who practiced physical activity did not suffer from a depressive episode, and the age factor was negatively associated with the likelihood of depression. Thus, having social contact with a spouse and children and spending time with friends with a healthy diet significantly reduces depression, while maintaining positive social relationships can play a serving role in the prevention of depression.

Furthermore, Mehrpour, et al. (2024) referred to positive associations between the number of significant ties and social identification in the concordant domain. Moreover, the model displays significant indirect effects in the friend domain, but not in the family domain. Having more friends as significant social ties predicted higher social identification with friends, and this was longitudinally associated with higher life satisfaction and self-esteem. When social relations are negative within the institution due to daily life events and stresses, the individual faces instability and poor security that affects his psychological and social condition (Abd El-Hussein, 2016, p. 152).

There is a growing awareness of the need to prevent digital drug-related problems. Accordingly, the skills of the social worker should be developed to strengthen the links between citizens, parents, health agencies, schools, law enforcement agencies, and hospitals to help the community design and implement its prevention program. Efforts should be directed to facilitate the vested interests of the community in a way that is consistent with people's needs and health issues related to self-determination. Therefore, the community is likely to integrate these efforts in the field of drug prevention using cognitive theory, research skills, and teaching skills (Fawzi & Mansouri, 2017). Addictive behavior should be treated by cognitive behavioral therapy because the therapist will guide the patient toward identifying the distorted thoughts that may lead him to believe that he should use these digital drugs in the first place. The therapist will help

him modify his disturbed thoughts and behaviors so that he can overcome the need to use these digital drugs (The Treatment Specialist, 2018).

**Through the previous presentation, the problem of the study can be addressed with the following question:** "What is the relationship between social problems and the attitudes of young athletes toward digital drug addiction?"

**Theoretical Guidelines of the Research:**

**1- The ecological theory**

that theory focuses on the person in the environment and the ongoing interactions and transactions between people, families, groups, and communities. The social worker seeks to achieve a full understanding of the complex interactions between the client and all levels of social and physical systems, as well as the meaning that the client assigns to each of these interactions (Teater, 2014, p.23).

The the social problems of sports youth is the stress of external life may lead to internal pressures for them (psychological, physical, mental), which also increases the number of external pressures and vice versa according to the circular relationship between the systems, the environmental theory explains the relationship between the person and the surrounding social environment, and from The important thing is to determine the level of strategies facing pressure Among young people who suffer from problem and their environment to achieve personal and social compatibility.

**2- Cognitive theory:**

Cognitive theory aims to correct misconceptions associated with discordant behavior, it seeks monitor the negative effects of irrational thought, work on their interpretation and start changing the pattern of misconceptions associated with these ideas, thus, changing their quality of life. Then assessing and following up on behavior, using self-talk and teaching cognitive and behavioral skills to confront difficult situations (Kuper, 1996, p98).

Through this theory, the study seeks to explain and know the irrational trends and ideas that the young sportsman embraces, which leads to addiction to digital pans through his knowledge, emotional and behavioral components.

**Study Objectives:**

**1.** Determine nature of the relationship between the social problems and the attitudes of young athletes toward digital drug addiction**.**

2. Determining nature of the relationship between some demographic variables of young athlete's the social problems, and attitudes toward digital drug addiction.

3. Studying the differences between males and females the scales of the social problems and attitudes toward digital drug addiction.

4. **Study Concepts.**

**1) social relationship problem:**

Social relations defined as the mutual bonds between individuals and the society arising from their interactions and exchange of feelings, or The way in which two people groups or countries behave towards each other or deal with each other (Deuter, 2015, p.1301)

**The social problems are measured procedurally** by the degree that young athletes get in terms of the dimensions on the social problems scale represented in the following: the social problems with (family, colleagues, and neighbors).

**2) attitudes Towards the drugs addiction digital:**

Digital drugs are a series of audio files that can cause hallucinogenic effects modifying emotional and biological states and the mental ability to focus or pay attention. These files contain stereo sounds and infrasound waves that, according to some experimental studies, synchronize with brain waves, resulting in the effect of simulated experiences or emotional tones. After listening to these files, a person may experience effects similar to the consumption of marijuana, cocaine, or opium that can be addictive if some people become dependent on them (Aniţei & Chraif, 2011, p. 1). The current study focuses on the attitudes of some young athletes toward addiction to these digital drugs.

**Attitudes toward digital drug addiction are measured procedurally** by the degree that young athletes get in terms of the dimensions of the attitudes toward digital drug addiction scale represented in the cognitive, affective, and behavioral components.

**Methodology:**

This study belongs to the pattern of descriptive and analytical studies that determine the relationship between two variables the social problems and the attitudes of young athletes towards addiction digital drugs. This study relied on the method of the social survey by sample**.**

**Study hypothesis:**

1. There is a positive statistically significant relationship between the social problems and the attitudes of young athletes towards drugs addiction digital.
2. There is statistically significant relationship between some demographic variables (Gender, Age, educational level, income, Place of residence, Mother's job) and the social problems of young athletes.
3. There is statistically significant relationship between some demographic variables (Gender, Age, educational level, income, Place of residence, Mother's job) and attitudes towards digital drug addiction of young athletes.
4. There are statistically significant differences between the mean scores of male and female young athletes on the scale of the social problems.
5. There are statistically significant differences between the mean scores of male and female young athletes on the scale of attitudes towards drugs addiction digital.

**Place and time field:**

The study was implemented in centers the following: (helwan youth center, badr sports youth center, Al-Gezira youth center, Ain shams youth center, cultural Club in Ain shams housing, Al-maasara youth center, dar al-salam youth Center, al-salam youth Center 3, Saft Al-Laban Youth Center, Sheikh zayed youth center, al-salam youth center in Haram, Al-Safa youth center for youth development, al-mashabek Youth Center, ard al-liwa youth center), The study lasted five months during the period from (15/2 to 15/6/2024).

**Sample:**

The number of young people benefiting from the services of the aforementioned youth centers in the Place field was (4500) young, and was applied to young people practicing sports to a greater extent, Have a high score on attitudes towards digital drug addiction scale, and the sample frame became (1385) after applying the conditions, and a simple random sample of (300) individuals was drawn, including (152) males and (148) females using (Stephen Sampthon equation) **according to the following conditions:**

A. The age must be between (18-35) years
B. To be affiliated with youth centers and practice sports.

**Tools:**

**1. The social problems scale:** (Prepared by: The Researcher)

The social problems scale has been legalized in terms of language, content, reliability and validity The scale consisted of (36) statements before conducting validity and reliability, and (6) non-statistically significant phrases were deleted, so the number of the scale's phrases became (30) statements consists of three dimensions of three dimensions contains each (10) statements, and includes three responses and they are (agree, agree to some extent, disagree) and their weights are respectively (3, 2, 1) and the opposite for the negative statement.

**Validity of the social problems scale:**

A. **Scale reliability:** The researchers used to ensure the stability of the scale, namely by Cronbach Alpha coefficient it applied by (50) young from outside of the study sample.

**Table (1) illustrates Cronbach's alpha reliability coefficient for the dimensions of the social problems scale of young n = 50**

| Serial Number | Tool dimensions | Stability coefficient |
|---|---|---|
| 1. | The social relations problem with family | .890** |
| 2. | The social relations problem with colleagues | .975** |
| 3. | The social relations problem with neighbors | .924** |
| **Total stability** | | **.918**** |

**** Significant at (0.01)** *** Significant at (0.05)**

The previous table shows that the reliability for each dimension of the tool, and for the tool as a whole, is acceptable at significant (0.01).

**B. Scale honesty**: The researchers has relied on two types:

**1) The validity of arbitrators:** The measure the social problems scale of the athlete's young was presented to a number of professors of sociology, social work, psychology, and field practice, Accordingly the general dimensions of the scale have been modified, and some expressions have been amended, and expressions on which the percentage of agreement is less than 85% have been deleted, and the percentage of agreement was calculated according to the (Getman)

**2) Validity of internal consistency:** The researchers calculated the internal consistency of the scale paragraphs on a sample of (50) young, in order to calculate the correlation coefficients between each paragraph and the total degree of its field, and we will deal with each area separately, as shown in **the following tables:**

**Table (2) the correlations of the dimensions and the total score of the social problems scale using the Pearson correlation coefficient n = 50**

| Tool dimensions | problem with family | problem with colleagues | problem with neighbors |
|---|---|---|---|
| problem with family | | .895** | .913** |
| problem with colleagues | .839** | | .893* |
| problem with neighbors | .882** | .919** | |
| **The whole scale** | **.892**** | **.959**** | **.806**** |

The previous table shows that the internal consistency of the study scale is valid at significant (0.01).

**A. Internal consistency of statements:**

**Table (3) the validity of the internal consistency of the statements the social problems scale using the Pearson correlation coefficient n = 50**

| N | Dimension | The scale | N | Dimension | The scale |
|---|---|---|---|---|---|
| **1** | .895** | .831* | **19** | .371 | .433 |
| **2** | .884** | .722* | **20** | .860** | .803* |
| **3** | .495 | .301 | **21** | .887** | .874** |
| **4** | .905** | .742* | **22** | .891** | .731** |
| **5** | .398 | .459 | **23** | .971** | 725*. |
| **6** | .895** | .722** | **24** | .875** | .822* |
| **7** | .875** | .739* | **25** | .905** | .803** |
| **8** | .871** | .789* | **26** | .492 | .524 |
| **9** | . 910** | .799* | **27** | .845** | .788** |
| **10** | .944** | .766** | **28** | .943** | .892** |
| **11** | .871** | .877** | **29** | .771** | .766* |
| **12** | .991** | .731** | **30** | .860** | .703* |
| **13** | .771** | .528* | **31** | .981** | .779** |
| **14** | .895** | .722* | **32** | .299 | .481 |
| **15** | .815** | .898** | **33** | .862** | .748** |
| **16** | .422 | .524 | **34** | .876** | .778** |
| **17** | .895** | .788** | **35** | .925** | .898** |
| **18** | .845** | .892** | **36** | .795** | .788** |

The previous table shows that the scale that statements (3, 5, 16, 19, 26, 32) are not statistically significant and have been deleted, while the scale as a whole has a high degree of validity.

**2. The attitudes towards digital drug addiction scale** (Prepared by: Researchers) The attitudes towards digital drug addiction scale has been legalized in terms of language, content, reliability and validity.

The scale consisted of (33) statements before conducting validity and reliability, and (3) non-statistically significant phrases were deleted, so the number of the scale's phrases became (30), and each dimension (10) statements, it includes three responses, (agree, agree to some extent, disagree) and their weights are respectively (3, 2, 1), and the opposite for the negative statements.

**A. Scale reliability:** The researchers used to ensure the stability of the scale, namely by Cronbach Alpha coefficient it applied by (50) young from outside of the study sample.

**Table (4) reliability at The attitudes towards digital drug addiction scale by Cronbach's alpha coefficient n = 50**

| Serial Number | Tool dimensions | Stability coefficient |
|---|---|---|
| 1. | Cognitive component | .841** |
| 2. | Affective component | .859* |
| 3. | Behavioral component | .912** |
| Total stability | | .907** |

The previous table shows that the reliability for each dimension of the tool, and for the tool as a whole, is acceptable at significant (0.01).

We conclude from this that the scale depends on the validity of its results and its moral significance, as the researchers explained what the scale includes and the correct way it.

**B. Determine the validity of the scale:**

The internal consistency validity of the study scale was calculated due to the fact that the scale as a whole is consistency, as the scale was applied to a sample of (50) young outside of the study sample, and the internal consistency of the scale was calculated as follows:

**1) Internal consistency of dimensions**

**Table (5) the correlations of the dimensions and the total score of at attitudes towards digital drug addiction scale using the Pearson correlation coefficient n = 50**

| Tool dimensions | Cognitive component | Affective component | Behavioral component |
|---|---|---|---|
| Cognitive component | | .714** | . 858** |
| Affective component | . 911** | | .931** |
| Behavioral component | .812** | .898** | |
| The whole scale | **.953**** | **.856**** | **.857**** |

**2) Internal consistency of statements:**

**Table (6) the validity of the internal consistency of the phrases at the attitudes towards digital drug addiction scale for using the Pearson correlation coefficient n = 50**

| Phrase number | Dimension | The whole scale | Phrase number | Dimension | The whole scale |
|---|---|---|---|---|---|
| 1 | .443 | .366 | 18 | .782** | .728** |
| 2 | .981** | .788** | 19 | .744** | .621* |
| 3 | .896** | .601* | 20 | .625* | .612* |
| 4 | .855** | .642* | 21 | .852** | .619* |
| 5 | .898** | .634* | 22 | .803** | .732* |
| 6 | .895** | .832** | 23 | .889** | .719* |
| 7 | .795** | .619* | 24 | .721** | . 772** |
| 8 | .316 | .355 | 25 | .635* | .554* |
| 9 | .741* | .634* | 26 | .401 | .314 |
| 10 | .787** | .691* | 27 | .710** | .631* |
| 11 | .226 | .455 | 28 | .689** | .719** |
| 12 | .771** | .781** | 29 | .688** | .582* |
| 13 | .744** | .731** | 30 | .796** | .733** |
| 14 | .825** | .612* | 31 | .745** | .632* |
| 15 | .758** | .619* | 32 | .636* | .794* |
| 16 | .753** | .732** | 33 | .893** | .802** |
| 17 | .785** | .619* | | | |

The previous table shows that the scale that statements (8, 11, 26) are not statistically significant and have been deleted, while the scale as a whole has a high degree of validity.

**Sample properties:**

**Table No. (7) Characteristics of the research sample n = 300**

| Variable | responses | Frequency | (%) | The social problems scale | attitudes of towards addiction digital drugs |
|---|---|---|---|---|---|
| **Gender** | Male | 152 | 50.7 | .007 | .128* |
| | Female | 147 | 49.3 | | |
| **Age** | 18- | 157 | 52.3 | -.077 | -.183** |
| | 22- | 104 | 34.7 | | |
| | 26- | 26 | 8.7 | | |
| | 30-35 | 13 | 4.3 | | |

| Variable | responses | Frequency | (%) | The social problems scale | attitudes of towards addiction digital drugs |
|---|---|---|---|---|---|
| Educational level | Illiterate | 4 | 1.3 | .115* | .178* |
| | Read and write | 29 | 9.7 | | |
| | Intermediate degree | 51 | 17 | | |
| | University degree | 206 | 68.7 | | |
| | Postgraduate degree | 10 | 3.3 | | |
| Job level | Working | 161 | 53.7 | .039 | -.009 |
| | Not working | 139 | 46.3 | | |
| Number of family members | 2- | 50 | 16.7 | -.031 | -.099 |
| | 4- | 184 | 61.3 | | |
| | 6-8 | 66 | 22 | | |
| Housing type | rent | 99 | 33 | .046 | .065 |
| | ownership | 201 | 67 | | |
| Father's job | Government employee | 107 | 35.7 | .027 | -.002 |
| | Private sector employee | 116 | 38.7 | | |
| | Freelance | 77 | 25.6 | | |
| Mother's job | Housewife | 277 | 75.7 | .128* | .016 |
| | Government employee | 39 | 13 | | |
| | Private sector employee | 20 | 6.6 | | |
| | Freelance | 14 | 4.7 | | |
| Place of residence | Rural | 230 | 67.7 | -.160** | -.087 |
| | Urban | 18 | 6 | | |
| | Random | 52 | 17.3 | | |
| Average household income | 1000 - | 42 | 14 | .027 | -.045 |
| | 2000 - | 35 | 11.7 | | |
| | 3000 - | 49 | 16.3 | | |
| | 4000 more | 174 | 58 | | |

**General results of the study:**

**The first hypothesis** " There is a positive statistically significant relationship between social problems and attitudes of young athletes towards drugs addiction digital ".

**Table No. (8) The correlation between the social problems and attitudes of young athletes towards drugs addiction digital using Pearson correlation coefficient**
**n = 300**

| The social problems / attitudes of young athletes towards addiction digital | social relations problem with family | social relations problem with colleagues | social relations problem with neighbors | The social problems |
|---|---|---|---|---|
| **Cognitive component** | .528** | .461** | .467** | .540** |
| **Affective component** | .299** | .070 | .050 | .155** |
| **Behavioral component** | .271** | .103 | .126* | .200** |
| **The whole scale** | **.534**** | **.334**** | **.334**** | **.445**** |

The previous table shows the validity of the study first hypothesis, which performed (There is a positive statistically significant relationship between the social problems and the attitudes of young athletes towards drugs addiction digital) at significant level (0.01) in all dimensions.

**The second and third hypothesis**

2-"There is statistically significant relationship between some demographic variables (Gender, Age, educational level, income, Place of residence) and the social problems of young athletes".

3-"There is statistically significant relationship between some demographic variables (Gender, Age, educational level, income, Place of residence) and attitudes towards digital drug addiction of young athletes". (See Table No.7)

the previous table proved validity of the study second hypothesis, the results indicated there is a positive relation between (educational level - mother's job) and the social problems of young athletes at significant level (0.05), while there is a negative relationship between place of residence variable and the social problems of young athletes at significant level (0.01)

the previous table proved validity of the study third hypothesis, Where the results indicated there is a positive relation between (gender - educational level) and between attitudes towards digital drug addiction at significant level (0.01), it means a negative relationship between with the age variable and between attitudes towards digital drug addiction at significant level (0.05), as the age increases the attitudes towards digital drug addiction decreases and vice versa.

**The Fourth and Fifth Hypothesis:**

4- "There are statistically significant differences between the mean scores of male and female young athletes on the scale of the social problems".

5-"There are statistically significant differences between the mean scores of male and female young athletes on the scale of attitudes towards digital drug addiction".

**Table No. (9) The differences between males and females on the social problems scale and attitudes of young athletes towards addiction digital drugs using a coefficient (T) n = 300**

| Scale | Indicators | % | Mean | Std. Deviation | (t) test F |
|---|---|---|---|---|---|
| the social problems scale | Male | 50.7 | 61.4342 | 15.76973 | .173 Significant at 0.678 |
| | Female | 49.3 | 62.1757 | 15. 08422 | |
| attitudes of young athletes towards addiction digital drugs | Male | 50.7 | 71.8553 | 10.35042 | 4.196 Significant at 0.041** |
| | Female | 49.3 | 74.2365 | 9.76692 | |

The previous table proved the invalidity of the study fourth hypothesis, as there were no statistically significant differences between males and females on the social problems scale.

The previous table shows validity of the study fifth hypothesis is correct, as there are statistically significant differences at (0.05) between males and females on the towards addiction digital drugs scale in favor of female with a mean of (74.2365).

**Discuss results:**

The study found the validity of the first hypothesis “at a statistical significance of (0.01) in all dimensions, where the increase in the social problems among the study sample leads to an increase in their attitudes towards digital drug addiction on the cognitive, affective, and behavioral components.

This is consistent with Abdul Hussein's (2016) results that social relationships are negative due to daily life events and pressures that the individual faces, such as instability and weak security, which affect the psychosocial state. The study, in addition, agrees with Barger, Bürgy, and Barth (2014): There is an association between social relationships and depression. The association of four social relationship domains (i.e., emotional support, tangible support, social integration, and loneliness) with major depressive problems and

symptoms was assessed. Loneliness and perception of emotional support had the most significant and consistent associations across depression outcomes. While Namli and Demir (2020) indicated that increasing attitudes toward digital games leads to a decrease in attitudes toward sports, Roza and Sinaga (2022) showed a significant relationship between behavior regarding drug risks and health behavior. The researchers believed that young athletes' problems in social relations led to difficulties in establishing and maintaining healthy and satisfactory relationships with others, and this can appear in the form of social isolation or difficulty in social interaction and communication with others. This problem can significantly impact mental health and general well-being.

The study confirmed the validity of the second hypothesis: The results indicated a positive relation between both the young athletes' educational level and the mother's job and their social problems at a significant level (0.05), while there is a negative relationship between the residence place variable and the social problems of young athletes at a significant level (0.01) This differs from the results of Mehrpour et al. (2024) who showed positive associations between the number of significant ties and social identification in the concordant domain. Having more friends as significant social ties predicted high social identification with friends, and this was longitudinally associated with higher life satisfaction and self-esteem.

The ecological theory explains that the family affects the young man's social relationships, especially when the mother is absent for long periods and is busier with work than caring for the children. Also, the place of residence and the feeling of security in it reduce disturbances in social relationships.

The study also confirmed the validity of the third hypothesis: The results indicated a positive relation between the gender and educational level and attitudes towards digital drug addiction at a significant level of (0.01), Which means a negative relationship between the age variable and the attitudes towards digital drug addiction at a significant level (0.05). This follows the results of Nabdi et al. (2023) that the age factor of the participants who practiced physical activity was negatively associated with the likelihood of depression. Thus, having social contact and a healthy diet significantly reduces depression, while maintaining positive social relationships can play a serving role in the prevention of depression. This is consistent with Namli and Demir's (2020) results which indicated that increasing

attitudes toward digital games leads to a decrease in attitudes towards sports.

The ecological theory explains the behavior of digital drug addiction as a negative behavior that the individual shows as a result of the strong alienation of society and the rejection of every other subculture. It builds the culture of digital drug addiction in all societies to the change in the structure of the family and its functions, accompanied by the weakness of spiritual values and the trend towards absolute addiction. Because the addict generally feels insecure and distrustful of the society to which he belongs, he rebels against it and begins to form his own subgroups. Drug addiction makes him feel that he is an effective individual with value, but in reality, his movements are nothing but deviant behaviors that are dangerous to his life and to the lives of those around him.

The study did not confirm the fourth hypothesis: There were no statistically significant differences between males and females on the social problems scale. Similarly, Hamdan (2020) indicated that there were no differences between males and females in the level of social interaction.

The study found the validity of the fifth hypothesis is correct, as there are statistically significant differences at (0.05) between males and females on the attitudes toward addiction digital drugs scale in favor of females with a mean of (74.2365). This differs from Yilmaz and Orhan's (2020) findings, which showed that regarding users' attitudes towards Youth Centers, the highest mean was found in the psychological factor, and male users evaluated YCs more positively than female users in the physiological sub-factor analyses.

There are differences between males and females on the digital drug addiction trend scale, potentially due to the difference in the nature of society, whether rural or urban. Moreover, the extent of awareness of digital drugs, through cognitive theory, to explain and know the irrational trends and ideas adopted by the young athlete may lead to his addiction to digital drugs through its cognitive, emotional, and behavioral components.

**Recommendations for future research**

**A.** Methods of dealing with pressures and their relationship to the trend of young people towards digital drugs among young people

**B.** The effectiveness of cognitive behavioral therapy in alleviating the disturbances of social relations for young athletes

**C.** The effectiveness of a selective program in modifying to the attitudes of young athletes towards addiction digital drugs.

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**The attitudes towards digital drug addiction scale** (Prepared by: Researchers)

| | |
|---|---|
| Dimension One: Cognitive Component | |
| 1. | Impact on Eye Health |
| 2. | Digital drug addiction leads to tinnitus |
| 3. | Digital drug addiction leads to headaches |
| 4. | Digital drug addiction leads to decreased physical activity |
| 5. | Digital drug addiction leads to sleep disturbances in the long term |
| 6. | I believe that digital drugs cause neuronal dysfunction in the brain |
| 7. | Digital drug addiction leads to severe epileptic seizures |
| 8. | Digital drug addiction leads to decreased concentration |
| 9. | Digital drugs cause an inability to exercise |
| 10. | Digital drugs may lead to loss of appetite |
| Dimension Two: Psychological Component | |
| 11. | I believe that digital drug addiction leads to depression |
| 12. | Digital drugs cause excessive nervousness in daily life |
| 13. | I believe that digital drug addiction leads to constant anxiety |
| 14. | Digital drug addiction causes a feeling of distraction |
| 15. | Digital drugs lead to a person's detachment from reality |
| 16. | Digital drugs create a feeling of frustration |
| 17. | Digital drug addiction leads to a loss of self-confidence |
| 18. | Digital drugs cause a feeling of distress |
| 19. | I believe that digital drug addiction leads to feelings of remorse |
| 20. | Digital drugs lead to a loss of self-control |
| Dimension Three: Behavioral Component | |
| 21. | Leads Digital drugs lead to isolation from others. |
| 22. | Digital drugs contribute to identifying bad friends. |
| 23. | Digital drugs lead to decreased social engagement with relatives. |
| 24. | Digital drugs lead to weakened family cohesion. |
| 25. | Digital drugs contribute to decreased communication skills. |
| 26. | Digital drug addiction leads to the loss of good friends. |
| 27. | Digital drugs lead to a lack of cooperation in social events with neighbors. |
| 28. | Digital drugs lead to weak social interaction with family. |
| 29. | Digital drugs lead to a lack of participation in family activities. |
| 30. | Digital drugs result in a lack of desire to make new friends. |

**The social problems scale** (Prepared by: Researchers)

| | |
|---|---|
| The first Dimension: Social Relationships Problem with Family | |
| 1. | Parents' Loud Conversations |
| 2. | Being Beaten by Parents Without Justification |
| 3. | Lack of Privacy for Family Members |
| 4. | Being Kicked Out of the Home for the Most Insignificant Reasons |
| 5. | Discrimination Among Children Within the Family |
| 6. | Being Forced to Work Alongside Study |
| 7. | Being Ridiculed at Family Gatherings by Siblings |
| 8. | Comparison with Cousins and Friends |
| 9. | Being Beaten by Older Siblings |
| 10. | Not Listening to Children's Opinions in Important Family Life Situations |
| The Two Dimension: Social Relationships Problem with Peers | |
| 11. | Peers' Ridicule of Private Opinions |
| 12. | Peers' Lack of Respect for the Young Person's Decisions |
| 13. | Peers' Refusal to Participate in Activities |
| 14. | Peers' Lack of Respect for Personal Privacy |
| 15. | Peers Helping to Solve Problems |
| 16. | Unfair Competition Among Peers |
| 17. | Peers Exploiting Their Own Interests Without Considering the Interests of Others |
| 18. | Giving Up Rights to Please Colleagues |
| 19. | Abuse among colleagues using bad language |
| 20. | Cooperation among colleagues to complete the required work |
| The third dimension: social relations Problem with neighbors | |
| 21. | Lack of cooperation among neighbors during times of hardship |
| 22. | Neighbors causing problems |
| 23. | Not talking among neighbors |
| 24. | Not participating in happy social events with neighbors |
| 25. | Avoiding playing with neighbors' children |
| 26. | Constant quarrels between neighbors outside the home |
| 27. | Neighbors playing loud music and not taking exam time into account |
| 28. | Financial exploitation of neighbors |
| 29. | Not visiting neighbors when sick |
| 30. | Not feeling safe around neighbors |