Prevalence of Alcohol Abuse among Nigerian Youths

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Abstract: In Nigeria, the rate of alcohol consumption is not different from the rest of the world because alcohol and illicit drugs are easily accessible to the youth. The frequency on the use of alcohol in Nigeria has become a national concern. This paper discussed the prevalence of alcohol abuse among the youths in Nigeria. Theoretically, this paper was predicated on the Alcohol Expectancy Theory and the Gateway Drug Theory (GDT). Methodologically, qualitative and quantitative research methods were used. The research methods adopted were qualitative with a combination of descriptive and narrative research designs. The sources and method of data collection for were secondary. Data were analysised with the use of simple percentage. Findings revealed that the Nigerian cultural and traditional milieu is favourably inclined and perpetuates alcohol use and within this context, it is difficult for government agencies to formulate, implement and enforce strong alcohol control legislation. It is recommended among others that government at all levels in Nigeria should develop and implement an all-inclusive national policy on alcohol and other substances to regulate their production, marketing, advertising and availability, which are the key factors that are giving rise to the changing patterns of alcohol and other substance abuse among the youths.

Keywords: Prevalence, Alcohol, Alcohol Abuse, Youth, Alcoholism.

1. INTRODUCTION

Globally, alcohol remains the most used and abused psychoactive substance especially, among the youths. Nigeria is confronted with a high prevalence of alcohol use. Evidence from the 2016 Global burden of disease study estimated that Nigeria was one of the countries with the highest prevalence of current alcohol use among adults 15 years and older in sub-Saharan Africa (SSA), 40 to 59.9% at a population level, for both males and females (Global Burden of Disease, 2016). According to the World Health Organization (WHO) (2019, p. 3), "alcohol is the most widely used psychoactive substance, and its use remains a significant public health concern."

Evidences to this global problem is confirmed by the WHO (2014), as it explains that consumption of alcohol by underage adolescents is a major public health problem threatening many countries globally. In 2010, the World Health Organization's Regional Report on alcohol showed that the proportion of adolescents from the age 15 to 19 years drinking alcohol was 34.1% globally; 69.5%, 52.7%, 37.3% and 29.3% in Europe, America, Western Pacific Region and Africa respectively. WHO went further to highlight that the prevalence of monthly Heavy Drinking Episodes (HED) among adolescence between the age of 15 and 19 years was 11.7% globally; 31.2%, 18.4%, 12.5% and 6.3% in Europe, America, Western Pacific Region and Africa respectively (WHO, 2014). In another development, National Institute on Drug Abuse (2000), explained that alcohol is the most abused psychoactive drug globally even in the advanced countries, with approximately 90% of students using it before they leave high school.

In Nigeria a report by National Agency for Food and Drug Administration and Control (NAFDAC) (2008) found that alcohol is also the most commonly abused drug with about 61% of the population engaging in its use. For Chweya and Auya (2014), alcohol abuse is the wrong use or inappropriate use of chemical alcohols that are capable of changing functions of cells in the body. Igidi (2016) explains that the abuse of alcohols particularly within the family has become a real social threat that cuts across all parts of Nigeria with youth bearing the brunt mostly.

An empirical review of literature has demonstrated that a substantial proportion of youths in Sub-Saharan Africa have ever consumed alcohol or are currently consuming alcohol. The empirical data show that alcohol use and abuse remain significant issues that influence the lives of most Nigerians, especially the youths. For example, consumption of alcohol and other substances among Nigerian youths indicates that alcohol has 85%, smoking cigarette 83%, and drinking of coffee 74% among were the most consumed substances by the youth. This result supports those of earlier research that reports more use of alcohol (47.9%), tobacco (43.8%) and marijuana (20%) among their sample (Olusola & Adegboyega, 2012).

The need for this study becomes inevitable and it tends to achieve three specific objectives, which are to: (1) Discuss factors responsible for the prevalence abuse of alcohol among Nigerian youths; (2) Explain the consequences of alcohol abuse to the youths and the nation at large; (3) Explain how to reduce and control the use of alcohol among youths.

2. METHODOLOGY

This work was based on a rapid review of the existing literature in order to better understand the issue of prevalence of alcohol abuse among youths in Nigeria. The paper adopted qualitative historical and descriptive research designs. The method and sources of data

were secondary (indirect) sources through extensive studies and review of textbooks, newspapers, magazines, journals, periodicals, the internets-based materials, archival materials, bulletins and other documented materials that have treated the subject matter of this study or/and other related topics. The paper is purely non-statistical research based.

The secondary data for the study were reliable since they were collected by the researcher himself according to the research objectives and unrelated information were neglected. These data were also reliable since they have satisfied publication criteria and subjected to public examination. The researcher was also thorough in selection of relevant data for the study; hence, the problems of unsuitability, reliability, inadequacy and invalidity were taken care of.

3. CONCEPTUAL REVIEW

3.1 Alcohol

Alcohol is a member of a class of organic compounds containing carbon, hydrogen and oxygen. It is considered to be hydroxyl derivatives of hydrocarbons produced by the replacement of one or more hydrogen atoms by one or more hydroxyl (OH) groups. Under the International Union of Pure and Applied Chemistry (IUPAC) naming system, the name given to an alcohol is derived from the parent hydrocarbon with the final '*e*' changed to '*ol*'. Thus, methane-methanol, ethane-ethanol etc. The principal alcohol in fuel and beverage use is ethanol (otherwise known as ethyl alcohol). The lower molecular weight alcohol (methanol), the higher alcohols are more toxic (Jacques, 2003).

Alcohol comes in the form of beer, wine, spirit and other alcoholic beverages. Beer includes malt beer, wine from grapes, spirits from distilled beverages and other fermented beverages made from cereals such as maize, millet and sorghum (Osei-Bonsu, 2017). In terms of alcohol content, Foundation for Free-Drug World International (2020) explains that fermented drinks, such as beer and wine, contain from 2% to 20% alcohol. Distilled drinks, or liquor, contain from 40% to 50% or more alcohol. The usual alcohol content for each is:

> ➢ Beer 2–6% alcohol
> ➢ Cider 4–8% alcohol
> ➢ Wine 8–20% alcohol
> ➢ Tequila 40% alcohol
> ➢ Rum 40% or more alcohol
> ➢ Brandy 40% or more alcohol
> ➢ Gin 40–47% alcohol
> ➢ Whiskey 40–50% alcohol
> ➢ Vodka 40–50% alcohol
> ➢ Liqueurs 15–60% alcohol

3.2 Alcohol Abuse

Alcohol abuse encompasses a variety of unhealthy alcohol drinking behaviors, ranging from binge drinking to alcohol dependence, in extreme cases resulting in health problems for individuals and large scale social problems such as alcohol-related crimes. Alcohol abuse was a psychiatric diagnosis in the DSM-IV, and has been merged with alcohol dependence into alcohol use disorder in the Diagnostic and Statistical Manual (DSM-5) (American Psychiatric Association, 2013). With alcohol abuse, an individual is dependent on alcohol and it causes serious problems with their health, home life, career or schoolwork. There are two types of alcohol abuse: binge drinking and heavy alcohol use. Binge drinking is when excessive amounts of alcohol are consumed in a short period of time, resulting in a spike in blood alcohol content. For example, a man who has 5 drinks in 2 hours, or a woman who has 4 drinks during that time (Mental Health America, 2014). People who binge drink are especially prone to "blackouts" or lapses in memory. Heavy alcohol use is defined as binge drinking on at least five days in the past month (Addiction Campuses, 2020).

Alcohol abuse is a disease of the mind. Alcohol abuse now categorised as a disease and disorder under the Diagnostic and Statistical Manual of Mental Disorders (DSM). Here, alcohol abuse is known as 'alcohol use disorder'. When alcohol is consumed in large amounts, it causes the user to inflict a range of damages on his or her personal life and health. The users are not able to stop drinking alcohol despite these negative consequences (Ocean Recovery, 2020).

3.3 Alcoholism

This is also known as alcohol dependence. It is a disorder characterized by an uncontrollable urge to drink, inability to stop drinking once started, need to drink more and more to feel the effects (tolerance), and withdrawal symptoms if one does not consume alcohol. Withdrawal symptoms can include anxiety, sweating, nausea or shakiness. Alcoholism is the inability to control drinking due to both a physical and emotional dependence on alcohol. Symptoms include repeated alcohol consumption despite related legal and health issues. Those with alcoholism may begin each day with a drink, feel guilty about their drinking and have the desire to cut down on the amount of drinking (American Psychiatric Association, 2013).

4. THEORETICAL REVIEW: THE ALCOHOL EXPECTANCY THEORY, AND THE GATEWAY DRUG THEORY (GDT)

Theoretically, this paper was predicated on the Alcohol Expectancy Theory, and the Gateway Drug Theory (GDT).

4.1 Alcohol Expectancy Theory

Alcohol expectancies refer to the anticipated behavioural, cognitive, and affective consequences of drinking. They are an individual's expectations about the effects that alcohol consumption will have on him or her. Alcohol expectancy theory relies heavily on behavioural explanations of drinking, and social influences such as family, peers, and modeling of alcohol use and these are purported to heavily impact alcohol related beliefs (Christiansen, Goldman & Inn, 1982). Subsequent research has demonstrated that alcohol expectancies influence drinking patterns across a number of populations, including children, adolescents, college students, and alcoholics. That is, a child's beliefs about the effects of alcohol predict his or her consumption later in life (Dumbili, 2013; Yu, 2003).

4.2 The Gateway Drug Theory (GDT)

The second theory on which this study was premised is the Gateway Drug Theory (GDT). The GDT is a proclamation that the use of softer drugs will lead to the use of harder drugs. Pudney (2002) propounds that the use of less harmful substances may lead to a future risk of using more dangerous hard drugs and/or lead to crime. To corroborate Pudney's hypothesis, Choo, Roh, and Robinson (2008), reported that increased involvement with legal drugs such as alcohol precedes initiation into the use of hardest drugs.

5. DISCUSSION OF FINDINGS

5.1 Factors Responsible for the Prevalence Abuse of Alcohol among Nigerian Youths

5.1.1 Lack of Government Policy on Alcohol: The major contributor to the prevalence of abuse of alcohol in Nigeria is the absence of alcohol policy. Oluwaniyi (2010) laments that Nigeria is beleaguered with myriads of health and development challenges and alcohol control does not top the priority of policy imperatives. Unfortunately, the neglect of the alcohol policy has an extensive history; successive Nigerian governments continue to avoid the regulation of harmful alcohol use.

Unfortunately, according to World Health Organization (WHO), Nigeria has not made much progress in articulating and implementing policies to decrease harmful alcohol use. According to the WHO Global status reports on health and alcohol, Nigeria has no comprehensive, stand-alone policy document to regulate the production, advertisement, availability and promotion of alcohol in line with WHO recommendations. Furthermore, there are no national and state level monitoring systems to track alcohol consumption and monitor its health and social consequences (WHO, 2014) despite the country's contribution and approval of the declarations at the 2008 World Health Assembly (Dumbili, 2013).

This situation has contributed to easy access to alcoholic drinks, and lack of implementation of a minimum drinking age by both the government and the brewers (Dumbili, 2013). According to Bada and Adebiyi, (2014), it is not rare for Nigerian secondary school students to consume alcoholic drinks; this consumption could be due to their curiosity as adolescents, an irresistible urge, emotional disturbances such as anxiety, the subculture, and the influence of advertisements. A lack of appropriate law enforcement has been found to contribute to the prevalence of teenage drinking Agnello-Linden, 2001).

5.1.2 Individual Characteristic Factors: This also contributes to the prevalence of abuse of alcohol in Nigeria. The factors consist of poor academic achievement, which has been found to influence alcohol and/or other drugs use (Andrew et al., 2001; Fisher & Harrison, 2000). Psychological variable such as self-esteem, motivation, developmental factors, and depression can also contribute to drug use (Andrews et al., 2001; Barrett, 2000; Linden, 2002). Thompson et al. (2001) found that, students who are employed during the school year are more susceptible to drug and substance use than those who do not work. Several individual factors have been found to lead to substance use. Andrews et al. (2001) found that poor academic achievement and low academic aspirations significantly influence the onset of drug and substance abuse.

5.1.3 Socio-economic Factors: Under these factors are the influence of the family, peers, and the environment. Many studies suggest that, in families where the use of alcohol and other drugs is high, the adolescent is also more likely to become involved (Barrett, 2000; Johnson et al, 2003; NACADA, 2004; Kiiru, 2004). A study on the relationship between parents' alcohol consumption behavior and their children's alcohol abuse demonstrates a significant positive association between fathers' alcohol consumption and their children alcohol use. When all factors were considered, students whose fathers use alcohol are 2.7 times more likely to have consumed alcohol at least once in the past, compared with students whose fathers do not use alcohol. Similarly, students whose mothers currently consume alcohol are 2.6 times more likely to have consumed alcohol compared with their counterparts whose

mothers are nondrinkers. Other studies further reveal that, adolescent from dysfunctional or disturbed families are more likely to become alcohol abusers (Stein et al, 1989; Oetting & Beauvais, 2000). Youths whose peer groups are involved in alcohol and other drugs are also more likely to become involved (Agnello-Linden, 2001; Barrett, 2000; Schilling & McAlister, 2000).

5.1.4 Demographic Factors: Analysis of demographic risk factors suggests that, age and gender can predict the course of substance abuse. Several studies have found that, males have a higher rate of alcohol and/or illicit drug use than do females (Johnson et al, 2003; Johnston et al 1991; Lang, 2001; Thorne and DeBlassie, 1985). Callen (1985) reports that the period of major risk for initiation into alcohol and marijuana reaches its peak between the ages of 16 and 18, and is completed by age 20. Callen also reports that the risk of trying other illicit alcohol is highest at age 18 and declines by age 21. It is also suggested that, there are "ages of susceptibility" to alcohol abuse.

5.2 Consequences of Alcohol Abuse to the Youths and Society
Alcohol use and its negative effects on health are very high among the general population globally. Globally, alcohol is responsible for 3.2% of all deaths annually and 5% of deaths in people between the ages of 5 and 29 years (WHO, 2007; Murray & Lopez, 1997). Many of these deaths resulted from injuries caused by heavy drinking. Starting to drink at an early age has also been associated with alcohol dependence during adult life, unintentional injuries such as falls, burns and drowning and with increased tendencies towards involvement in unprotected sex (Hingson, Heeren & Winter, 2006; Waweru, 2011; Hingson, & Heeren, 2000).

In Nigeria, alcohol is the sixth leading risk factor contributing to most death and disability (Institute of Health Metrics and Evaluation, 2017) and the alcohol-attributable deaths in both sexes for liver cirrhosis, road traffic accidents, and cancer in 2016 was 42,120, 15,365 and 4,687 respectively (WHO, 2018). Prevalence of drinking of alcohol according to the 2018 National Survey on Drug Use and Health (NSDUH) shows that 86.3% of people ages 18 or older reported that they drank alcohol at some point in their lifetime; 70% reported that they drank in the past year; 55.3% reported that they drank in the past month. The misuse of alcohol is a far greater social problem than the misuse of other drugs (Udoh, 2005) World Health Organization also claims that alcoholism is the world's third major disease and is twenty times more prevalent than all other drugs combined (Priest, 2008).

In Nigeria, based on the empirical statistics of alcohol abuse, the Northwest has 37.47% of the alcohol abusers, whereas the Southwest is ranked second with 17.32%. The south-East has been ranked third with 13.5%, while the North-Central is 11.71%, and the North-east zone is rated 8.54% of the alcohol users (Akannam, 2008; Mamman, Othman, & Lian, 2014). Recent evidence also indicates that alcohol consumption is now the world's third largest risk factor for disease and disability; almost 4% of all deaths globally are attributed to alcohol (WHO, 2011). However, alcohol is the most commonly used psychoactive drug in both young people and adults in Nigeria (Gureje, Degenhardt & Olley, 2007; Makajuola, Aina & Onigbogi, 2014; Adekeye, Adeusi, & Chenube, 2015).

Alcohol consumption negatively affects human health across the lifespan. Previous studies show that alcohol consumption is associated with a burden of diseases such as cancer (Schütze, Boeing, & Pischon, 2011), pancreatitis, liver cirrhosis, tuberculosis, pneumonia, diabetes mellitus, alcohol use disorder, malignancies, psychiatric morbidity, and injury (Rehm, Mathers & Popova, 2009).

Summarily, findings in literature accessed by this study on the negative effects of alcohol consumption and abuse on human health show the following (Eze et al., 2017):
   i.   excessive drinking can cause alcoholic hepatitis;
   ii.   heavy alcohol intake increases the risk of many forms of cancers;
   iii. excessive alcohol intake can result in sleep disturbances;
   iv.   alcohol abuse can increase the risk of injuries and accidents;
   v.   alcohol abuse can cause liver disease;
   vi.   alcohol abuse can damage the salivary glands;
   vii. alcohol abuse can lead to gum disease and tooth decay;
   viii. people who abuse alcohol suffer from malnutrition;
   ix.   excessive alcohol intake can cause a woman to stop menstruating and become infertile; an immune system weakened by alcohol abuse has difficulty fighting off illness;
   x.   heavy drinking can cause damage to your heart;
   xi.   excessive alcohol intake can affect coordination, interfering with balance and the ability to walk;
   xii. heavy alcohol use can result in alcohol dependence; alcohol use can make people with depression feel worse; and
   xiii. erectile dysfunction is a side effect of alcohol abuse in men.

These outcomes support previous studies, which show that alcohol increases the risk of numerous diseases and all injury outcomes.

5.3 How to Control and Reduce the use of Alcohol among Nigerian Youths

The most unfortunate thing in Nigeria concerning government role to reduce and control the prevalence use and abuse of alcohol is that there is no national policy to regulate the production, marketing, advertising and availability of alcohol, which are the key factors that are giving rise to the changing patterns of alcohol consumption and subsequence abuse among the youth. Farke (2011) explains that in developed societies, policy makers always set the standard measurement of alcohol in volume and value. This helps to determine what responsible consumption is for adults who are legally qualified to drink. Though, globally, alcohol producers often frown at strict measures to regulate the production and marketing of alcohol through legislation due to economic interest (Miller et al, 2010). But in the UK for instance, the standard value of the unit of alcohol is 7.8grams and women and men's maximum of drinks per week are 14 and 21 standard drinks respectively. While according to Obot (2007), Nigeria relies on the 'self-regulatory' drink responsibly campaign by brewers (2007).

This campaign in the view of Dumbili (2013), is arguably regarded as an advertisement and public relations to boost the image of the brewers rather than anti-drinking. This is because the campaigners wear branded T-shirts bearing the names and products of the brewers and it does not recommend zero consumption even to drivers that are the target. Additionally, the campaign has been championed by the brewers and the International Centre for Alcohol Policy (ICAP). ICAP is an organisation financed by multinational alcohol producers to influence policies that favour consumption rather than abstinence (Babor, 2010; Babor & Xuan, 2004). The campaign, therefore, is strategically loaded. It is driven by a hidden agenda and represents a paradox of deception as it aims to create a good image of their companies via what superficially appears as social.

The use of mass media campaigns as an alcohol abuse prevention intervention is relatively common, but it is not without controversy. Both policymakers and practitioners have debated the effectiveness of such campaigns in reducing drug use among young people, and there is a possibility that they may be counter-productive (European Monitoring Centre for Drugs and Drug Addiction, 2013). Media campaigns can be successfully applied to the reduction of alcohol use and abuse, and the promotion of road safety. This approach will moderately bring about positive results in a number of areas including: the promotion of healthier nutrition, physical activity, participation in screening for breast and cervical cancer, organ donation and pre-hospital response times for potential heart attack symptoms (Wakefield et al., 2010).

Media campaigns have been widely used for the prevention of illicit drug use in young people. They often address specific substances with the aim of reducing use and raising awareness about the associated problems. These types of campaign typically target young people because evidence shows that drug use often starts during adolescence, a time in life when young people may experiment with cigarettes, alcohol and illicit drugs (European Monitoring Centre for Drugs and Drug Addiction, 2013). The paper believes that proper health education as contained in the recommendations, the cases of drug abuse in Nigeria will be reduced. At the national level, education sector involvement is most effective in the context of a long-term integrated substance use alcohol inclusive, prevention and control system or strategy that targets various ages and levels of vulnerability through a full range of sectors. Within the education sector, there is a diversity of actors and systems that constitute a rich education sector response 'ecosystem'. The ecosystem can be best viewed as the range of protective opportunities that can be organized by the education sector to address substance use (UNESCO, 2017).

United Nations Office on Drugs and Crime (UNODC) outline the health educational components of a school alcohol abuse prevention programmes. Among which include the following (United Nations Office on Drugs and Crime (UNODC), 2004, pp. 13-14):

> ➢ A programme based on the guiding principles for school-based education for alcohol abuse prevention that forms a core component of the school curriculum and focuses on equipping young people with information about alcohol, the life skills necessary to enable them to deal with different situations without turning to alcohol, the ability to resist pressure to use drugs and an understanding of what alcohol are.
> ➢ A safe and supportive school environment made possible by a set of clearly communicated policies and procedures that provides care, counselling and support for all students and ensures a cooperative approach among staff, students, parents, and related professionals, agencies and the police.
> ➢ Strategies for ensuring that all members of the school community contribute to and support school policies and procedures for dealing with alcohol and substances matters.
> ➢ Appropriate professional development and training for relevant staff Information and support for parents, in particular parents of students involved in illicit and other unsanctioned alcohol use.
> ➢ Mechanisms for continuous monitoring and review of the school's approach to education for alcohol abuse prevention and incident management.

6. CONCLUSION

Nigeria has high levels of alcohol consumption, and little or no regulation of the alcohol industry. The review has shown that there is an urgent need to formulate policies in line with 10 proposed targets of WHO 2008 resolution on 'strategies to reduce the harmful use of alcohol' (WHO, 2009) in Nigeria. Policy makers and brewers should reconsider their economic interests and arise to the global call for action against the rising alcohol-related problems, of which Nigeria is a major contributor. There is a need to define what constitutes a standard drink and mandate labels to convey this definition. Campaigns should focus on rural areas initiatives rather than focus on the cities. This is because the majority of Nigerians live in the villages and they are the ones involved in local brews of ogogoro. Prices of beverages should be raised and, the activities of the brewers that have been making alcohol available to all should be curtailed.

As research findings have revealed that the use of salient posters, pictorials and interchangeable messages on the cigarette are effective in encouraging behavioural change (Argo & Main, 2004; Hammond et al, 2004; Borland et al., 2009), these should be part of the policy. This is because many Nigerians are still below literacy level and may not be able to understand textual warnings. Until these remedial measures outlined above are taken seriously, other harmful patterns and reasons for alcohol consumption in Nigeria may continue to emerge.

7. RECOMMENDATIONS

i. Government at all levels in Nigeria should develop an all-inclusive national policy on the use of alcohol and substances to regulate the production, marketing, advertising and availability of alcohol and other substances, which are the key factor that are giving rise to the changing patterns of alcohol consumption and subsequence abuse among the youth.

ii. There should be a total ban of advertising that paints alcohol consumption as good for youth and promotions that promise to offer free drinks should be also be banned.

iii. There is also a need to ban night events organised by brewers and re-orientate youth' perceptions of alcohol use.

iv. Health education component on the danger of the use and abuse of alcohol and other dangerous substances should be incorporated school curriculum at all levels of education by all the tiers of government.

v. The media should act as agents of social and mass orientation on the dangers of the use and abuse of alcohol and other substances.

vi. Parents and guardians should use the mother tongues at home to discourage their children and wards from the use and abuse of alcohol.

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