INCIDENCE OF ALCOHOLISM AMONG TERTIARY INSTITUTIONS MALE STAFF MEMBERS IN OVIA NORTH-EAST LGA: CASE STUDY OF UNIVERSITY OF BENIN

BY

Osakpolor James IDEHEN
EDU1703636

FACULTY OF EDUCATION
UNIVERSITY OF BENIN
BENIN CITY

JULY, 2021

INCIDENCE OF ALCOHOLISM AMONG TERTIARY INSTITUTIONS MALE STAFF MEMBERS IN OVIA NORTH-EAST LGA: CASE STUDY OF UNIVERSITY OF BENIN

BY

Osakpolor James IDEHEN
EDU1703636

A RESEARCH PROJECT SUBMITTED TO THE EPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN EDUCATION [B.SC.(ED.)] HEALTH EDUCATION, UNIVERSITY OF BENIN, BENIN CITY

JULY, 2021

CERTIFICATION

We, hereby certify that this project work was carried out by Osakpolor James IDEHEN with Mat. No. EDU1703636 of the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Nigeria and that, it is adequate in scope and quality in partial fulfilment for the award of the Degree of Bachelor of Science Education [B.Sc.(Ed.)] in Health Education.

……
DR. S. O. OLIKIABO
Project Supervisor

Date:……..

……..
DR. S. O. OLIKIABO
Project Co-ordinator

Date:……...

……
PROF. E. O. S. IYAMU
Dean, Faculty of Education

DEDICATION

This research work is dedicated to God Almighty, the author of knowledge, wisdom and understanding; whose grace enabled me to complete this research successfully.

ACKNOWLEDGEMENTS

The Researcher is grateful to God Almighty for His sustenance, providence, grace, mercy and protection throughout his stay in the University of Benin.

He is grateful to his Supervisor, Dr. S. O. Olikiabo, who is also the Project Co-ordinator - for his advice and direction, despite his busy schedule; he still took his time to scrutinize this research work. The Researcher also wish to express his gratitude to the Head of Department, Dr. E. O. Igudia for his father role, listening ears and care, God bless you. Also to his able lecturers in the Department of Health, Safety and Environmental Education, who taught him during the course of his study in the University of Benin.

He is saying, a big thanks to his parents, Mr. and Mrs. Idehen for their endless support and advice throughout his years in school. The Researcher wish to sincerely appreciate his Brothers: Mr. John Osamase Aimuanmwosa and his lovely wife, Mrs. Loveth Ibomhen; Mr. Osamase Osarobo and Dr. F. O. Idehen; and also his Sister, Mrs. Egharevba Faith and her husband, Mr. Egharevba Osaro for their words of encouragement and financial supports throughout his course of studies in this great institution, God bless you all. And also to Mrs. Effiong Rebecca for her support.

The Researcher's sincere appreciation goes to his friends: Ewureje Iji Matthew, John Osazee Eseosa, Iroegbu Vitory Amarachukwu, Owie Osagiaro and Desmond Ndubuisi.

TABLE OF CONTENTS

ABSTRACT

This research was aimed at investigating the incidence of alcoholism among tertiary institutions male staff members of Ovia North-East Local Government Area: Case study of University of Benin. The study adopted the descriptive survey research design. The population of this study consisted of two hundred and fifteen (215) male staff members (academics and non-academics) of Faculty of Education, University of Benin in Ovia North-East Local Government Area of Edo State. The sample size of this study was one hundred (100) male staff members drawn from the population using the systematic random sample technique. Research instrument in form of questionnaire was designed and validated by the researcher's supervisor and two other experts, which was used to collect data from the male staff members for the purpose of this study. The descriptive statistics of simple frequency counts and percentage was used to analyze the data collected.

Findings show that majority of male staff members of tertiary institutions consume alcoholic beverages. The investigation also show that Guilder, Heineken, Goldberg, Legend, Salvebraul, Harps, Star, Origin spirit, Alomo Bitters, Palm Wine of two or three days old and Hennessy are the most commonly used alcoholic beverages among male staff members of tertiary institutions. While the

major alcohol associated health experiences in the last three months among them are definite shakiness of the hand and blurred vision.

It is therefore recommended that policy makers and government should support and enforce policies that would ensure control of alcohol beverages in the society; the institution authorities should actively support or contribute to the effort of the government to control alcoholism and seminars, workshops and orientations or enlightenment on alcoholism, its abuse and side effects or dangers should be organized for the members of staff in our tertiary institutions..

CHAPTER ONE

INTRODUCTION

Background to the Study

The natural soothing taste of water is pleasant and enjoyable notwithstanding man is yet to be satisfied with it to quench his thirst. Man right from the dim distant age has to the present has spent much of his time in inventing and labor in producing alternative draught more pleasing to his palate hence the advent of alcohol.

Alcohol is believed to provide pleasure because they give inner peace, satisfaction, relax the muscles and heighten sensation (Cloniger, Sigcardson Bohman, 2010; Santrock 2015). The use of alcohol among adults is a growing global phenomenal. Studies from different western countries reveal that majority of student and teachers consume alcohol (Malta, 2012). In Nigeria cultural control prevented young people from consuming alcohol in the traditional era. However, recent study shows that young people now consume alcohol and other harmful substance (Obot, 2013).

Akindutire and Adeboyega (2012) said that alcohol is one of the commonest psychoactive substances used. Currently one of the most serious discussions in substance use literature globally is hazardous alcohol consumption (Foxcraft, Ireland, Liaster-sharp, Lowe and Breen, 2013). This has led to many

problems and has been attributed to many predators; one of such is a growing culture of intoxication in western countries (Piacentini and Banister, 2009).

William (2007) stated that in chemistry, alcohol is an organic compound which the hydroxyl functional group (-OH) is bound to a carbon atom. Many forms of alcohol exist though not all are consumable as there are toxic ones.

Alcohol is a leading cause of mobility and mentality among college student in the United States (Hingson, Heem, winter and Wechsler, 2015). Several studies have shown very high rates of alcohol use and abuse among students in secondary and tertiary institutions in Nigeria, (Awoyinfe, 2012; Odejide, 2009) some of this studies have also found that alcohol use begin in childhood or early adolescence (Pela, 2009; Abiodun, 2004).

The harmful use of alcohol is a worldwide problem resulting in millions of death. It is not only a casual factor but also a precursor to injuries and violence. Its negative impact can spread throughout a community or a country and beyond by influencing the patterns and levels of alcohol consumption across boarder. This harmful use of alcohol has led to cases of alcoholism even among tertiary institution staff members ranging from teaching to non-teaching staff members.

According to Madu and Malta (2013) hazardous use of alcohol has also been related to high risk of contracting sexually transmitted diseases, infections, unwanted pregnancy, poor academic performance and even poor working

conditions among staff members. There is little agreement to the reasons for increased alcohol use in Nigeria. According to Hathaway (2017) some researchers say it was ignited by the oil boom in the 1970s that led to the proliferation of breweries. Ikesuan (2014) argued that it was due to the effects of modernization. While recent studies noted that alcohol consumption increment is as a result of influence of media, advertisement, sophisticated marketing, and lack of alcohol consumption policy (Dumbili, 2018; Jernigan and Obot , 2016, Obot, 2017; Odejide, 2018).

Alcohol is a drug; a drug refers to a substance that could bring about a change in the biological function through its chemical actions (Okoye, 2011). It is also considered as a substance that modifies perceptions, cognition, mood, behaviour and general body functions (Balogun, 2016). They could thus, be considered as chemical modifiers of the living tissues that could bring about physiological and behavioural changes (Nnachi, 2017).

According to World Health Organization (2011), there has been 61% abstention from alcohol among Nigerians due to socio religious factors and high episodic alcohol consumption also exists among Nigerians. This case has been found common among university students and even staff members thereby resulting to poor academic performance in students and poor working condition among staff members.

This study paid attention to tertiary institution male staff members in Ovia North East Local Government Area of Edo State.

Statement of the Problem

Psychoactive substances are chemical substances that when taken have the health ability to change an individual consciousness, mood and thinking processes, and alcohol is one of the most proactive substance used. Alcohol use and its negative health effects are very high among general population globally. Continuous use of alcohol has been linked to morbidity, mortality and even inefficiency at workplace.

Tertiary institution staff members are very vital to every nation and their wellbeing is essential to national development. Alcohol use especially when excessive and uncontrollable is a major threat to work efficiency and their optimum health. A lot of studied have been made in the prevalence of alcohol use among student and staff members in Nigeria and other States in Nigeria. However none has been conducted to check the incidence of alcoholism among tertiary institution's male staff members in Ovia North-East Local Government Area of Edo State.

Research Questions

In conducting this study the following research questions were answered:

1. How often do tertiary institution male staff members consume alcoholic beverages?
2. What are their most commonly used alcoholic beverages?
3. What are the alcohol-related health problems experienced in the last three months?

Purpose of the Study

The purpose of the study is to determine the incidence of alcoholism among male staff members in tertiary institutions: case study of University of Benin in Ovia North-East Local Government Area of Edo State. Specifically,

1. To determine how often tertiary institution male staff members consume alcoholic beverages.
2. To know their most commonly used alcoholic beverages.
3. To find out the alcohol-related health problems experienced in the last three months.

Significance of the Study

This study will serve some benefit both at present and in the future, some of which will be of benefit to both health workers and tertiary institution staff members as a guide to those involved in alcohol consumption; and create awareness on the health damage caused by alcoholism. This study would also be

beneficial to scholars, researchers and students who are willing to develop further studies on the subject matter.

Scope and Delimitation of the Study

The geographical location of this study is Ovia North-East Local Government of Edo State. This study was delimited to tertiary institution male staff members in the Faculty of Education, University of Benin. It included both teaching and non-teaching staff members.

Limitation of the Study

One of the major limitations of the study is financial constraint as insufficient fund tends to impede the efficiency of the researcher in sourcing for the relevant materials, literature or information and in the process of data collection (internet, questionnaire and interview). While another limitation is time constraint because the researcher will simultaneously engage in this study with other academic work especially as it is examination period. This in no doubt will cut down on the time devoted for the research work.

Definition of Terms

Alcohol: this is an intoxicating beverage that is made by the fermentation of sugar or sugar related material.

Alcoholism: this is habitual consumption of alcoholic beverages.

Alcoholic: A person who is unable to give up the habit of drinking alcohol very often or in large amount.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter attempts to review the work of some researchers that are related to this study. It will address aspects that are prominent to this study such as:

- Concept of Alcohol and Alcoholism
- Alcohol Tolerance
- Standard Drinking
- Blood Alcohol Concentration
- Clinical Symptoms Associated with Blood Alcohol Concentration
- Traditional Alcoholic Beverages
- Kinetics of Ingested Alcohol
- Toxic Effect of Alcohol
- Policies and Interventions
- Summary of Literature Reviewed

Concept of Alcohol and Alcoholism

The role of alcohol as a major factor in traumatic death globally is considerable and include mortality due to road traffic accidents(RTA), falls, fire, drowning, homicides and suicide(appreciate review by Ehikhamenor and Ojo, 2014)

According to Oxford Advanced Learners' Dictionary "alcohol is a colorless, volatile, flammable liquid which is produced by sugar and is the intoxicating constituent of wine, beer, spirit and other drinks and is also used as industrial

solvent and fuel. In chemistry, alcohol is any organic compound in which the hydroxyl functional group is bound to a saturated carbon atom. Alcohol is a prime tongue loosener that makes an individual loses control of his words when taken (Knight, 2018). Many individuals use alcoholic beverage to enjoy the feeling of pleasure, this act has become a societally acceptable one in almost all cultures.

Contrary to the common misconception, alcohol is not a stimulant but a depressant. It acts on the brain centers and impairs judgement and other rational processes, causes drowsiness, lack of concentration, and slowness in thinking, impaired interpersonal relationship and leads to intoxication (Hodge, 2011). This psychoactive substance when taken has the ability to change an individual's consciousness, mood and thinking process (World Health Organization, 2014).

When taken it is rapidly absorbed in the guts and reaches the brain soon after drinking. This quickly leads to changes in co-ordination, that increased the risk of accidents and injuries, particularly when driving a vehicle or operating a machinery. Its adverse effects on moods and judgements can increase the risk of violence and violent crimes. Heavy alcohol consumption can lead to mental health disorders, domestic violence, child abuse, neglect, absenteeism, and job loss (Drummond, 2010, Head, 2012, Velleman and Orford, 2009).

Alcohol is one of the commonest psychoactive substances used (Akindutire and Adeboyega, 2012). Currently one of the most serious discussions in substance

use literature globally is harzardous alcohol consumption (Foxcraft, Ireland, Liaster-sharp, Lowe and Breen, 2013). This has led to many problems and has been attributed to many predators; one of such is a growing culture of intoxication in western countries (Piacentini & Banister, 2009).

William (2007) stated that in chemistry, alcohol is an organic compound which the hydroxyl functional group (-OH) is bound to a carbon atom. Many forms of alcohol exist though not all are consumable as there are toxic ones. Ethanol has been produced and consumed by humans for millennia, in the form of fermented and distilled alcoholic beverage. It is a clear flammable liquid that boils at 78C.

Another form of alcohol is methanol which is the simplest form of alcohol. Robert (2004) pointed that methanol (CH3OH) was formally obtained by the distillation of wood and therefore called “wood alcohol. It is a clear liquid resembling ethanol in smell and properties with a slightly lower boiling point of 64.7C and is used mainly as a solvent, fuel, and raw material. Unlike ethanol, methanol is extremely toxic a sip as little as 10ml can cause permanent blindness by destruction of the optic nerve, and 30ml (one fluid ounce) is potentially fatal.

There are two other alcohols whose uses are relatively widespread (though not as those of ethanol and methanol), like ethanol can be produced by fermentation processes. The most widely acceptable form of alcohol which is

transformed into different form of drinking beverages is ethanol or ethyl alcohol. Excess consumption of alcohol was not widely tolerated in many societies but few permitted it (Wills, 2016).

Alcohol was reserved only for men in the traditional era and played a crucial role in political, religious and socio economic relationship (Oshodin, 2000). Alcohol was a key requirement for bridal price to be paid in order to consummate marriages in many villages. It is consumed at almost all ceremonies including cultural festivals, chieftaincy, enthronement, child dedication, and even funerals (Shading 1995). Alcohol did not just play the role of fostering social cohesion as people drank locally brewed beverages together in groups.

According to Korieh (2013), it was also a tool for imperial control and revenue resources for western traders. It was used by traditional rulers to exert power over their subject (Bowdich, cited in Wills 2015). With colonization and influx of western cultures, alcoholic beverages from western countries become readily available to old and young, male and female on a commercial basis.

Alcoholism

Alcoholism, the continued, excessive and usually uncontrollable use of alcoholic drinks is problems that result from alcohol misuse. In clinical diagnosis,

alcoholism refers to alcohol dependence (AD) and it requires evidence of phenomenal in three clinical domains:

- Physiological dependence- tolerance and withdrawal
- Loss of control of alcohol use- craving
- Decline in physical functioning

In every society, alcohol is the most widely abused drug. Onuha (2012), stated that despite all focus on illegal drugs, alcohol remain the number one problem in Nigeria. Alcoholism is a disease, until recently a hidden and unrecognized one. In 1957 the World Health Organization recognized alcoholism as a disease and the American Medical Association followed suit in 1956. This condition has led to cases of homicide, suicide, domestic violence, etc. different terms and terminologies have been associated to this general concept Alcoholism.

Keller (2000) viewed alcoholism as a condition marked by some combination of physical dependence, loss of control over the use of alcohol and the continuous use of alcohol despite knowing that it is harmful to both mental and physical health. Akijiaku (2001) observed that alcoholism is a disease and in the classical disease model it followed a progressive course. If a person continues to drink, their condition will worsen and this will lead to harmful consequences in their life, physically, mentally, socially, and emotionally. Alcoholism progresses from simple to complex.

It increases the risk of mental disorders including depression, anxiety, psychosis, etc. according to World Health Organization (WHO) harzardous use of alcohol was responsible for 2.3 million deaths globally in 2004, accounting for 3.8% of all global mortality. Excessive use of alcohol could make an individuals need for alcohol increase and hence become alcohol tolerant.

Alcohol Tolerant

Alcohol tolerance refers to the bodily response to the functional effect of ethanol in alcoholic beverage. This include direct tolerance, speed of recovery from insobriety and resistance to the development of alcoholism. Alcohol tolerance is increased by regular drinking. This reduced sensitivity requires that higher quantities of alcohol be consumed in order to achieve the same effect as before tolerance was established.

Standard Drink

A standard drink is defined as the amount of any particular alcoholic beverage that contains approximately 10 grams (12.5ml) of ethanol and which is generally equivalent to the usual drinks served in hotels or restaurants. Alternatively, a standard drink is 0.5OZ of alcohol. Most beverages are labeled by percentage of alcohol by volume (i.e. 5%).

Stages of Alcoholism

Jellinck (2012) identified three stages of alcoholism which are the early stage, the middle stage and the final stage. However the introductory stage is the stage that early alcoholics go through.

The introductory stage

Jellinck (2012) called this the pre alcoholic symptomatic phase. The prospective alcoholic begins as a social drinker, who discovers the ability to experience some relieve from tension through drinking. The more the individual drinks, the greater his tolerance for alcohol. Changes are not noticeable to both the drinker and people. This stag e last for 6 months to 2 years before the individual graduates to the next stage.

The early stage - This is also called the pre normal stage. The drinker starts to have blackouts. Harlem (2010) and Akajiaku (2016) defined blackout as an attack of amnesia or memory loss, but quite different from passing out. The craving for alcohol metamorphoses into consumption of heavy quantities of alcoholic beverages, drinking alone, drinking early in the morning and late night.

The middle stage - This stage which Jellinck (2012) termed the crucial phase is characterized by loss of control over drinking. Drinkers consume alcohol until the supply is gone. Cornelius (2013) observed that the more alcoholics try to control their drinking habit by changing their drinking pattern, switching types of liquor, altering speed of consumption, the more they lose control. Consequently

they begin to invent excuses and rationalization for drinking. They may shift blames to their spouses or bosses for so much tension caused.

The final stage - This is the chronic phase; alcoholic show bizarre behavior. Tracy and Sarah (2015) pointed that drinking and intoxication at this level becomes a daily routine to the extent that alcoholics are always in the mood" staggering even when large quantity of alcohol has not been taken. Thombs (2009) concluded that when the alcoholic reached the deterioration stage, various organs are damaged due to long term drinking. Medical treatment will be required otherwise the pathological changes could cause death.

Signs and Symptoms of Alcoholism

Alcoholism signs are very apparent to the alcoholic and others around him, while others are subtle (Strahon, 2016). Dhalla and Kopec (2017) on their part revealed important symptoms and signs associated with alcoholism:

- Feeling a strong desire to drink- a compulsion or an intense craving that will not go until satisfied
- Inability to limit or stop drinking- the drive is beyond control. Stressguth (1997) noted that this is part of addiction and compulsion to drink that comes with alcoholism
- Hiding how much you drink- drinking in secret or alone.
- Lack of interest in things that used to bring pleasure

- Needing more alcohol to feel the effect- long consumption and dependence on alcohol builds up the body to a level of tolerance to the substance, as a result, it takes more to feel the effect.
- Problem at work or family- failure to show up at work, poor job performance, habitual late night coming back home and abuse of family members.
- Blackout, not remembering what you did or said
- Withdrawal symptoms.

These symptoms are determinant factors that can be used to identify an alcoholic or the developmental status of alcoholism.

Blood Alcohol Concentration

The proportion of alcohol in the blood is expressed as blood alcohol concentration (BAC). It measures the percentage of alcohol in the blood, so a blood alcohol concentration of 1% is equivalent to one part of alcohol for every 1000 parts blood. The span of physical and mental impairment widens in correlation with the increase of blood alcohol concentration in the body.

Blood alcohol concentration is determined by two main factors

1. The amount of alcohol consumed in a given time
2. The rate of elimination.

Other factors include

1. Sex of a person
2. Medical status
3. Drinking with meals

4. Nature of alcoholic drink

Many drinkers, especially chronic drinkers do not start on a drinking session with a zero blood alcohol concentration. One can only generalize in predicting the likely blood alcohol concentration. In a male weighing 70 kilograms, 10grams of alcohol usually raises the blood alcohol concentration by 0.02grams per 100ml of blood. The rate of elimination is about 8grams per hour, resulting in a fall in the blood alcohol concentration of about 0.015grams per 100ml per hour.

Clinical Symptoms Associated with Various Levels of Blood Association Concentration

Blood Alcohol Concentration(g/100ml of Blood	**Stage**	**Clinical Symptoms**
0.01-0.05	Sub clinical	Behavior nearly normal by ordinary observation
0.03-0.12	Euphoria	Mild euphoria, sociability, talkativeness, increased self-confidence, decreased inhibition, diminution of attention, sensory motor impairment, loss of efficiency and fine performance test

0.09-0.25	Excitement	Emotional instability, loss of critical judgement, impairment of perception, decreased sensory response, sensory motor incordination, impaired balance, drowsiness, etc.
0.18-0.30	Confusion	Disorientation, mental confusion, dizziness, exaggerated emotional state, disturbances of vision, increased pain threshold, slurred speech, apathy, lethargy, etc.
0.25-0.40	Stupor	General inertial, approaching loss of motor function, decreased response to stimuli, vomiting, sleeping, inability to stand or walk, complete unconsciousness, etc.
0.35-0.50	Coma	Depressed or abolished reflexes, subnormal body temperature, incontiness, impairment of circulation, etc.
0.45+	Death	Death from respiratory arrest.

Traditional Alcoholic Beverage in Nigeria and Other Parts of the World

Globally alcoholic beverage consumption pattern varies considerably among different countries and even among ethnic groups within the same country. The variation in drinking patterns according to Bennett, (2014) include for

example the types of alcohol beverages consumed preferentially, occasions on which it typically occurs, drinking level that are considered moral, and population subgroups for whom drinking is considered acceptable.

World Health Organization (2014) reported that alcohol beverage preference of a particular area depends on the type of alcoholic beverages produced in that area. For instance beer is preferred in several European and Africa countries, wine is preferred in wine producing countries of Europe and spirit is preferred in Eastern Europe, Asia and some island states.

In Mexico, some differences exist in the alcoholic beverage preference on various populations on sub groups. For example, although both men and women drink PULGUE women tend to prefer wine. Also young people tend to consume beer and wine more frequently than other alcoholic drinks (Medina-Mora, 2010). Overall, Mexicans prefer beer and distilled alcoholic beverage such as Tequila and Rum. On the contrary, Greenfact (2016) stated that alcoholic beverage preference of an area are no longer dependent on the type of alcoholic beverages produced in an area, due to increasing importation of beverages other than those produced in the area or country.

Consumers are increasingly opening up to beverages other than those produced in their country. Nevertheless, in many developing countries, traditional home made beverages are likely to be cheaper than factory made branded

beverages, thus ensuring their continuous popularity, especially among poorer population group (Ellison, 2015). Specifically in Africa they tend to be cheaper than factory made drinks.

In Nigeria various types of alcohol are consumed, they range from beer, wine and spirit categories. Some of the alcohols are traditionally produced at the local level. However, various types of homemade or locally produced alcoholic beverages such as sorghum, palm wine or sugarcane spirit continue to be the main available beverage types (WHO, 2014). The traditionally produced alcohols include palm wine, pito, burukutu and ogogoro (also known as kaikai or kindana). These types of local alcoholic beverages produced locally are produced in different sections of the country and beyond.

Obot (2010) opined that before the arrival of western factory made drinks, alcohol consumption was limited to a variety of beverages produced from palm trees and food grains. He further remarked that beer has become the most popular drink in the country, but traditional beverages (Ogogoro, palm wine, burukutu, and pito) are still widely consumed in rural and urban areas. For example:

Palm wine: this drink is to the Southern Nigeria what burukutu is to the Northerners. It is the whitish sap obtained from the topmost part of a palm tree from where some fronds have been removed. In Ibadan area of Nigeria, the most commonly consumed alcoholic beverage is palm wine (Oshodin, 2000). Fresh

palm wine from palm tree is sweet and contains little alcohol, but upon fermentation, the alcohol content increases with time. The most commonly tapped palms are raffia palms and oil palms. It has an alcoholic content of around 5% (Haard, 2001).

Burukutu: This is a popular alcoholic beverage of vinegar like flavor prepared from sorghum grains and fermented guinea corn (Kolawole, 2017) and consumed in the Northern Guinea Savanna region in Nigeria (Haard, 2001, Bennett, 2010). It is widely consumed as food (because it is thick and heavy) in the rural areas of northern Nigeria and in poor urban neighborhoods because it is more affordable than commercially brewed beer. The percentage of alcohol content of Burukutu is between 3-6% (Bennett et al, 1998). Burukutu has been reported to contain vitamin, iron, magnesium, manganese, phosphorous, calcium, 26.7g starch, and 5.9g of protein per liter (Egemba and Etuk, 2017). The producers of burukutu are overwhelmingly women (Obot, 2010).

Ogogoro: (Also known as kaikai) is a gin like drink distilled from oil palm or raffia palm. In Nigeria, distillation takes place in a small sheds dotted along the coastal areas and in villages across the south. The end product is a clear liquid with alcohol content often higher than 40% (Obot 2010). The native drink which is also called kaikai, akpuruachia, or sapele water is widely consumed especially in Niger delta area (Korieh, 2013).

Kinetics of Ingested Alcohol

Women absorb and metabolize alcohol differently from men. In general women have less body water than men of similar weight, so that women achieve high concentration of alcohol in the body after drinking equivalent amount of alcohol (Frezza, 2000, Taylor, 2001). In addition, women appear to eliminate more alcohol from the blood faster than men. The findings may be explained by women's higher liver volume per unit lean body mass (Kwo, 2018) and alcohol is metabolized almost entirely in the liver (Levitt, 2011; Demaster, 2013).

Processing of alcohol by the body begins with absorption by the stomach and small intestines, a process that generally requires some one to three hours depending on the type and quantity of alcoholic beverage, the drinkers gender, body temperature, presence of certain medications in the body and type of spices in food. Distribution is largely governed by the water content of various organs and tissues. Body fat and skeletal mass absorb very little alcohol, thus an identical quantity of alcohol per unit body weight will induce a higher BAC in women than in men because of differences in body constitution (Bode and Bode, 2017).

The variability of absorption time is illustrated in a study by Friel, (2015), the study examined alcohol disposition in 77 females and 97 males' college seniors who were regular drinkers and exceeded legal intoxication level at least twice a month by history. After receiving a standard alcohol dose (lower for

females than males) over 10 minutes, after a four hour fast, breath alcohol concentration (BrAC) were measured for two hours. The time peal of breath alcohol concentration varied from 10 to 91 minutes after the start of the drinking and the breath alcohol concentration were significantly lower in females than in males.

Absorption and peak blood alcohol concentration vary by the type of food and the amount of food eaten. For example, a study of a small sample of women subject found that the peak blood alcohol concentration was significantly higher in those drinking alcohol and taking food with sodium (simulating salty food) than those drinking without sodium (Talbot and Lagrange, 2001).

Alcohol is metabolized primarily in the liver, but metabolism occurs also in the stomach and large intestines. Gastric alcohol metabolism which is significant only at low alcohol concentration is more efficient in men than in women, which help explain why the same amount of alcohol produces higher blood alcohol concentration in women than in men. There is also evidence that alcohol can be metabolized by bacterial in the large intestine (Talbot and Lagrange, 2011). Bode and Bode (2017) also noted that alcohol is not only degraded but produced in the gastro intestinal tract as a byproduct of bacterial break down of ingested carbohydrate. Other study indicates that food increases the rate of elimination of alcohol (Ranchandani, 2011).

Toxic Effect of Alcohol

The toxic effect of alcohol on the brain may cause impairments directly. In addition, some alcoholics may exhibit impairment as an indirect result of alcohol abuse, for example some may have experienced a trauma, they may be eating poorly and suffering nutritional deficiencies (such as Thiamine or Niacin deficiencies) or they may have cognitive impairment associated with liver damage (Jones, 2010).

Jones (2010), some alcoholics may have been cognitively impaired before they began drinking. There are some evidence that persons in groups considered to be at risk of alcoholism (example children of alcoholics) are less adept to certain learning test and visual partial integration than other persons in group not deemed at risk of alcoholism. This area of research is still under active investigation. Some researchers have observed that cognitive deficit in some alcoholic resemble those of elderly persons, leading to speculations that alcohols effect on cognition may be explained as pre mature aging (Levitt, 2011; Demaster, 2013).

However, it is more likely that such deficits are independent of any deficit associated with normal aging. Laying aside issues of etiology, evidence indicates that some cognitive impairment in alcoholics is reversible. Researchers reported apparent spontaneous recovery of cognitive function (recovery seen after the passage of time with no active intervention) among abstinent alcoholics, as a result

that may be due solely to the absence of alcohol, but that may also be due in parts to other changes such as better nutrition and opportunities for social interactions provided in alcohol treatment setting (Levitt, 2011; Demaster, 2013).

Even with prolonged abstinence, many alcoholic patient with chronic organic mental disorders may exhibit only modest clinical improvement in brain functioning, there is a need for behavioral modification and improvement of lifestyle.

Alcohol Related Problems

In the traditional Nigeria culture, male social drinking is approved. Women's drinking was determined, however by the quantity they were allowed by men to take in certain occasions**.** Since these controls are no longer in force, more uncontrolled drinking occurs in both sexes, which might result in increasing prevalence of alcohol related problems. The absence of detailed records in most hospitals makes accurate estimate of alcohol related morbidity difficult. Only a few hospitals keep records that would allow for the determination of such disorders such as liver damage, thus allowing a full determination of the contribution of alcohol to health problems.

Findings from the ICAA (1998) study point to the fact that disproportionate part of total admissions in tertiary hospital beds is linked to alcohol misuse. Problem drinkers experience more accidents, disruption of family, work and social

relationship. Research shows that women are more vulnerable than men to alcohol related organ damage, trauma, legal and interpersonal difficulties (Ibanga, 2012).

1. Liver Damage

Long term heavy alcohol use is the most prevalent single cause of death and illness from liver disease in United States (National Centre for Health Statistics, 2014). The liver is particularly susceptible to alcohol related injury because it is the primary site for alcohol metabolism. As alcohol is broken down in the liver, a number of potentially dangerous by products are generated, such as acetaldehyde and highly reactive molecules called radicals.

Perhaps, more than alcohol itself, these products contribute to alcohol induced liver damage. Heavy alcohol consumption clearly plays a major role in the development of alcohol related liver damage. This finding suggests that other factors, heredity, environment, or both, interact to influence the course of liver disease (National Centre for Health Statistics, 2014).

Types of Alcohol Induced Liver Damage

Alcohol related liver damage can be divided into three categories (French, 2013):

- ***Fatty liver***: some degree of fat deposition in the liver occurs in almost all heavy drinkers. It may also occur transiently in nonalcoholic after a single

drinking session. Fatty liver is reversible and is not believed to lead to more serious damage.

- ***Alcoholic hepatitis***: this disorder is characterized by wide spread inflammation and destruction (i.e. necrosis) of liver tissue. Scar tissue may begin to replace healthy liver tissue, a process called fibrosis. Symptoms of alcoholic hepatitis include fever, jaundice, and abnormal pain. This condition can be fatal and may be reversible with abstinence.
- ***Alcoholic cirrhosis*:** this most advanced form of liver disease is diagnosed in 15-30% of heavy drinkers. A cirrhotic liver is characterized by extensive fibrosis that stiffens blood vessels and distorts the internal structure of the liver. This result in severe structural impairment, which may lead secondarily to malfunction of other organs such as brain and kidney. Although alcoholic cirrhosis is usually fatal because of complication example kidney failure, and hypertension in the veins carrying blood to the liver. It can stabilize with abstinence.

  Traditionally, these three conditions have been considered sequentially related, progressing from fatty liver to alcoholic hepatitis to cirrhosis. However, heavy drinkers may develop cirrhosis without first developing hepatitis.

2. Brain Damage

The brain damage is a major target of the action of alcohol, and heavy alcohol consumption has long been associated with brain damage. Studies clearly indicate that alcohol is neurotoxic, with direct effects on nerve cells. Chronic alcohol users are at risk of brain injuries from related causes such as poor nutrition, liver disease and head trauma. Individual susceptibility to alcohol induced brain damage is highly variable and is related to many factors such as gender, genetics, environment and social demographic (Dufour, 2013).

Recent studies have indicated that certain neurons containing the peptide vasopressin may be sensitive to chronic alcohol induced neurotoxicity in both humans and animals (Harding, 2016; Madeira, 2017). Vasopressin is a hormone that is involved in the regulation of both physiologic processes and neurobehavioral function. Damage to neuron containing vasopressin and other peptides could disrupt a variability of hormone function as well as daily rhythms that are important to daily living.

Recent animal studies have found that long term alcohol intoxication is not necessary for brain damage to occur. As little as a few days of intoxication can lead to neuronal loss in several specific area in the cerebral cortex (Collins, 2016). These findings are consistent with recent studies in human alcoholics that report damage to one of these cortical. These studies indicate that the cortical and

hippocampal damage can occur in animals with both chronic and short term alcohol exposure. This suggests that, in human relative short duration of alcohol abuse are likely to cause some form of damage.

Exciting new studies have begun to address the effect of gender on alcohol induced brain damage. Interestingly, women appear to have an increased sensitivity for brain damage compared with alcoholic men (Homer, 2016). Although more men than women are diagnosed as alcoholic, the number of alcoholic women is increasing. Therefore, the increased susceptibility of women to alcoholic brain damage is an area that needs further investigation.

3. Cardiovascular disease

The relationship between alcohol and cardiovascular disease is complex. Several studies have indicated that moderate drinkers have a lower risk of cardiovascular diseases than abstainers (NIAAA, 2000). Cardiovascular disease (CVD) encompasses a number of distinct conditions involving the circulatory system (heart and blood vessel). Some of the main type of cvd or cvd related conditions include.

4. *Ischemic heart disease*: also known as coronary artery disease or coronary heart disease (CHD), it involves reduced blood supply to the heart, most often due to arteriosclerosis, or thickening of the arterial wall.

5. ***Hypertension*****:** refers to chronic elevated blood pressure defined as systolic blood pressure above 140mm/hg or diastolic pressure above 90mm/hg, uncontrolled hypertension may lead to cardiovascular complications including heart failure, ischemic/ coronary artery disease (Beulens, 2017)

6. ***Arterial fibrillation*****:** this refers to cardiac arrhythmia or irregular heartbeat, and is a risk factor for stroke and heart failure.

7. ***Myocardial infarction*****:** more commonly referred to as heart attack, is the result of an obstruction.

8. ***Heart failure*****:** this can be chronic or acute, results from the heart inability to pump blood and circulate sufficient blood to the body (Wolk, 2015).

9. ***Stroke*****:** result from poor blood flow to the brain, and includes two types, ischemic stroke (resulting from lack of blood flow) and hemorrhagic (resulting from bleeding in the brain) (Tziomalos, 2007).

Roerecke and Rehm (2010) have shown based on meta-analysis that on average, light to moderate drinkers experience no protective effect from alcohol if they reported on heavy drinking occasion per month. Alcohol consumption has detrimental effect on hypertension, cardiac dysthymias and hemorrhagic stroke regardless of the drinking pattern (Rehm, 2010).

10. ***Cancer*****:** alcohol consumption has been identified as carcinogenic for the following cancer categories (Baan et al; 2007), cancer of the rectum, breast cancer,

larynx, liver, esophagus, oral cavity and pharynx. The higher the consumption of alcohol, the greater the risk of all these cancers, even the consumption of two drinks per day causes an increased risk for some cancers such as breast cancer (Hamajima, 2012).

In several, but not the majority of case control or cohort studies, the link between alcohol use and chronic gastritis (stomach inflammation) is clear, although progression from stomach gastritis to neoplasia is less well understood and probably involves other factors in addition to alcohol (Bode and Bode, 2017). In addition, genetic factor may also influence a person's risk benefit balance as suggested by findings that the association between alcohol consumption and female breast cancer may be limited to women with family history of breast cancer, i.e with predisposing genetic factors (Vachon, 2001)

Researchers have made several attempts to determine whether different types of alcoholic beverages have different effects on cancer risk. Some studies found no apparent differences in cancer risk associated with various beverages, whereas, others have reported greater risk with spirit than wine or beer (Doll, 2010). Researchers conducting a study on Normandy, France (2016) reported an increased risk of esophageal cancer associated with apple based drinks (Apple Brandy, hard cider). Two studies from Italy (Barra, 2000; Bosetti, 2010) found that people who consume only wine had greater risk of oral, pharyngeal, and

esophageal cancer compared with people who consumed wine as well as distilled spirit or beer after adjusting for the overall amount of alcohol consumed. Conversely, a Danish study found no excess risk for cancer of the upper digestive tract associated with wine consumption (Gronback, 2009).

11. ***Traffic crashes*****:** In the United States of America, about 10000 deaths were attributed to the use of alcohol (New York Times, 2013). The WHO have reported a link between drivers hazardous use of alcohol and road traffic accidents in Nigeria (WHO, 2009) approximately 50% of accidents, and its attendant consequences on Nigerian road are related to alcohol use (Welcome and Pereverzev, 2010).in Nigeria it is not uncommon to find noncommercial alcohol being sold in and around motor parks. They are sold as herbal concoctions against malaria or low back aches popularly referred to as jedijedi. Often times, the buyers are not aware of the components of such herbal drugs especially their alcoholic contents.

12. ***Injuries*****:** Research shows that as people drink increasing quantity of alcohol, their risk of injuries increases speedily and the risk begin to rise at relative low level of consumption (Cherpitel et al; 1995). An analysis of risk in relation to alcohol use in the hours leading up to an injury has suggested that the amount of alcohol consumed in the hours leading to an injury i.e 6 hours prior to the injury is related directly to the likelihood of injury occurrence (Vinson et al; 1995).

13. ***Sexually Transmitted Diseases (STD)*****:** new evidence point to the link between alcohol use and infectious diseases. Alcohol weakens the immune system, thus enabling infection by pathogens which cause pneumonia and tuberculosis. This effect is markedly more pronounced with heavy drinking and there may be a threshold effect (Lonnroth, 2008). A strong association exists between alcohol consumption and HIV infection and sexually transmitted infections (Baliunas, 2009).

It may be that a common third cause, such as having a particular personality trait, impact on both alcohol consumption and risky sexual behavior leading to infectious diseases (Shuper, 2010). However, there is a clear causal effect of alcohol consumption and HIV/AIDS patient's adherence to antiretroviral treatments (Hendershot, 2009).

Alcoholism at Workplace

Employee alcohol use whether or not it occurs on the job is an important social issue, because it can undermine employee's health as well as productivity (Larson, 2007). Rate of problematic drinking vary by occupation (Frone, 2006; Larson, 2007). Highest rate of illicit alcohol use are typically found among those in food service, construction, art design, entertainment, sport, and media occupations. A survey of over 200 human resources professionals found that 67% believe that substance use is one of the most serious issues they face among the

work force (Hazelden, 2007) with consequences related to absenteeism, reduced productivity and a negative Impact on their company's reputation. Workers with heavy alcohol use have a higher rate of job turnover and absenteeism compared to those with no heavy alcohol use (SAMHSA, 2008) and are more likely to experience job related injuries (Spicer, Miller and Smith, 2013).

Factor Contributing to Employee Drinking

Drinking rate vary among occupation and is associated with workplace culture and acceptance of drinking, workplace alienation, the availability of alcohol and the existence and enforcement of workplace alcohol policies (Trice and Sonnestuhl, 2010).

***Workplace culture*:** the culture of the workplace may either encourage or inhibit drinking. A workplace tolerance of drinking is partly influenced by the gender mix of its workers. Some male dominated occupations therefore tend to have high rate of heavy drinking and alcohol related problems (Frone, 2006).

***Workplace alienation*:** work that is boring, stressful or isolating can contribute to employees drinking. Employees drinking have been associated with low job autonomy, lack of job complexity, boredom, sexual harassment, verbal and physical aggression and disrespectful behaviors.

***Supervision*:** limited work supervision, cases of evening shifts problems, has been associated with employee alcohol problem. In one study conducted by

Freed, (2001), workers on evening shifts during which supervision was reduced, were more likely than those on other shifts to report drinking at work.

***Availability of alcohol*:** this case involves the ease with which alcohol can be obtained for consumption on the job, during breaks and at work related events (Ames and Grube, 2009). Social availability of alcohol is defined as the degree to which fellow workers support drinking either off or on the job (Ames and Grub, 2009; Trice and Sonnenstuhl, 2010).

Prevention and Interventions in the Workplace

Common workplace strategies include employee education and awareness campaign, drug testing and employee assistance programs. While formal evaluations are few, a handful of studies have found positive outcomes. Workplace with drug testing programs have 24% less drug usage than workplace without drug testing, and employees at drug testing workplaces are 38.5% less likely to be chronic drug users (French, 2014). However, the extent to which drug testing causes a deterrent effect among drug using applicant is unknown. Team awareness and the healthy workplace (Cook, 2014) programs also decrease alcohol use and improve functioning. These programs are delivered to employees in small group formats.

Prevention programs like these can be helpful for the overall workforce. When specific employees experience problematic use, most are referred to as

Employee Assistance Program (EAP) that typically offers assessment, brief counseling and referral to more extensive care. Unfortunate research data on the impact of EAPs is scarce with few studies examining substance use problems specifically (Merrick, 2007). Treatment of employees with substance use problems is effective.

A study by Slaymaker and Owen (2006) examined 212 full time employees in residential treatment. Substantial improvements were made in substance use and legal psychiatry, and family/ social functioning from baseline to the 6 to 12 months follow ups. Significant decreases were found in the percentage of the sample with unplanned absences from work during the year before treatment (78%) to the one year follow up (30%). The number of employment problem days also dropped from pretreatment (5.20 days) to one year (0.14 days). An analysis of 493 outpatients found substantial reductions in absenteeism, productivity problems and work place conflicts among those who attended at least two months of care (Jordan, 2008).

Alcohol Industry in Nigeria

The production and the distribution of alcohol are handled by both people in the formal and informal sector of the Nigeria economy. The informal sector is largely unregulated, with little or no government control. This is more evident in regards to the domestically produced alcoholic beverages. The government, thus,

does not have accurate records of quantities produced, or the retail outlets of these beverages. Cultural and religious restrictions, in some cases may confine the production, distribution, sales and consumption to certain areas of the city.

The formally organized liquor industry in Nigeria has developed into a sector dominated by two main companies: Nigeria Breweries Plc. and Guinness Nigeria Plc. They are reportedly the two largest capitalized companies on the Nigeria stock exchange (Uzor, 2009). As noted by Obot, Ibanga, and Karick (2012) in a review of beer production in Nigeria, Nigerian Breweries Plc. though established in 1945, produced the first bottled beer on the 14 July 1949. It was also within this period that a company was formed to import Guinness extra stout into the country from Ireland. The increasing demand of this product led to the establishment of a Guinness brewery in 1962. This was the first Guinness brewery worldwide and the first ever to be established outside Ireland and United Kingdom.

Today there are three Guinness breweries in the country. Guinness stout is sold in both 30cl and 60cl bottles; lager beer on the other hand is produced and sold in 60cl bottles, approximately twice the size of a typical container in western countries. The Standard Organization of Nigeria specifies a minimum of 3% ethanol content for lager and 6% for stout. A typical beer contains about 4%. The success of these two breweries led to the establishment of more breweries.

In 1979, there were 9 breweries; this grew to 34 in 1982, among them producing more than 40 brands of beer. Of the 34 breweries, 27 (80%) were situated in the Southern part of the country and only 7 (20%) were in the north. The locations of these breweries may in part be a reflection of the demand pattern and the differential attitudes toward the use of alcohol between the northern and the southern part of Nigeria. On the other hand it may be as a result of polarization in the country brought about by the differential application of the enactment of the Liquor Amendment Ordinance No 26 of 1919, as suggested by Guruje (2009). The enactment of this ordinance put the whole northern part of Nigeria under a different set of rules in regards to alcohol use than the southern part.

The economy down turn in 1980s came with the devaluation of the currency and scarcity of foreign exchange for imported inputs. The Nigerian government compelled the industry to substitute local raw materials for the imported ones. The resulting investments in plants and machinery to convert production lines to handle local raw materials and the dwindling purchasing power of the general populace experiencing economic recession, combined to kill some of these breweries. The two dominant players in the alcohol industry however consolidated their position.

The report of the Federal Office of Statistics shows that even though aggregate index of industrial production in the country fell in 2003 by 3.1%, with

manufacturing declining by 4.1%, the brewing industry actually grew by about 8.5% in the same period. These growths had a spillover effect particularly in the communities where these companies were situated. The use of local raw materials due to the ban of foreign raw materials led to a boost in agriculture, the beer companies created jobs which allowed employments of people both directly and indirectly. It contributed specifically to the economic profile of women who constitute a greater proportion of retailers. The existing breweries seem to have recovered from this switch and are today making profit in comparison to other industries that are downsizing. The Nigeria Brewery Plc. for instance had a turnover that jumped from 17.7 billion naira in 2010 to 29.7 billion in 2012 (about USD380 million at exchange rate as at then).

Alcohol Controlled Policy and Intervention

From its earliest days WHO have placed a priority on solving alcohol related problems. A series of resolutions and publications beginning in 1975 established a policy frame work for national efforts to control alcohol related problems. The publications in 2005 of alcohol control policies in public health perspective (Bruun, 2005) was a water shed in providing a scientific basis for public policy approaches as means of influencing alcohol consumption and availability in order to reduce alcohol related problems.

In 1979,the thirty second world health assembly passed resolution WHO A32.40,and urged WHO member state to " take all appropriate measures to reduce the consumption of alcohol among all sectors of the population" and " to develop intensive preventive programs that include public information and education concerning alcohol problems and ensuring the provision of appropriate legislation and other measures enabling effective actions to be taken, For example in relation to the production and sales of alcoholic beverages. In 1983, the thirty sixth world health assembly passed resolution WHA36.12 and recommended that WHO member states:

1. Formulate an explicit and comprehensive national alcohol policy with prevention as a priority, within the frame work of the strategy of health for all.
2. Develop mechanism to coordinate programmers and activities for reducing alcohol consumption and alcohol related problems on a planned, continuous and long term basis.

Since that time, enormous experience has been gained and prodigious amount of specific research conducted on constructing comprehensive national alcohol policy. The European alcohol action plan, developed by the WHO regional office, has provided guidance to a number of countries in developing comprehensive national action plan. Few countries were there in recognition at the

national level that prevailing levels and patterns of alcohol use pose a significant threat to health and safety have developed plans specific to alcohol.

Education and health promotion: Although there is little specific evidence of their efficacy in the absence of other control measure (Paglia and Room, 2008), many countries have implemented alcohol education and health promotion programs, usually in schools but also ion local communities and health centers. The most common target of educational programs is young people. Even where advertising off alcoholic beverages is not permitted, these messages are conveyed in a variety of other ways, undercutting efforts to send preventive messages.

Regulation of physical availability: There are many ways physical availability of alcohol can be restricted, for instance via the limitations on the number and the placement of outlets, hours and days of sales, training managers and servers in safe service practice and so on.

Examples of countries with strong legal prohibition on alcohol production and sales are:

Country	**Prohibition Type**
Bangladesh	Complete prohibition on production, sales and consumption.
India	State optiom.one state has prohibition; four others experimented with it but repealed it.
Maldives	Complete prohibition on production and consumption of alcohol, except tourist by tourists.

New Zealand	Partial prohibition- availability by local option-five remaining dry areas as of 1990.
Pakistan	Complete prohibition for Muslims, non-muslims need license to drink.
Saudi Arabia	Complete prohibition on alcohol use.
USA	Partial prohibition- banning of sales permitted at local options in some states.

Far more common than outright prohibition are partial prohibition, mostly concerning consumption of alcohol in areas considered to be at high risk. These may include workplace (example Mexico). Italy bans sales of drinks containing more than 20% alcohol at a wide range of public events, including sporting events, amusement parks and open air concert. Ecuador bans the sales of alcohol in health or educational institutions, while Egypt permits it only in hotels and tourist establishments.

Taxation and other pricing regulations: Although seldom designed purely as such, alcohol taxes may be a potent way of prevention policy. A few countries such as Gambia of and Sweden are explicit in their use of tax policy to discourage alcohol consumption.

Taxes may be leveled at producers, wholesalers or retail level. Imported beverages have often been suggested to higher duties than domestic production, but this policy is feeling the weight of global trend towards traffic reduction.

Taxes may take the form of value added or general sales taxes or they may be pegged to the alcohol content or retail price of the beverage. It is not uncommon that the distilled spirit carries more or higher rates of taxation than beverages with lower alcohol content. Some countries levy little or no tax on beverages produced by local production industries. This is most commonly, the case such as Australia, which grant wine preferential tax treatment.

Regulation of promotional activity: Promotional regulations seek to protect young people from seeing alcohol advertisement. Recent research have suggested the evidence showing that alcohol advertising has influence in the drinking habit of young people and young adults in growing stronger. Another study found a positive relationship between alcohol advertising and motor vehicles fatalities in the USA (Saffer, 2007).

Examples of countries with restriction to alcohol advertising:

Name of Country	**Nature of Restriction**
Bulgaria	Broadcast, newspaper, cinema advertising banned.
Cook island	Banned on television
Denmark	Banned on radio and television.
Egypt	All forms of advertising banned.
Ice land	Banned on television, radio, billboards, and cinemas.
Lithuania	Spirit and wine advertising banned in media.
Norway	Banned in all medias.
Poland	Banned

Russia federation	Banned.
Thailand	Banned on television.
Venezuela	Banned on television and radio.
Ukraine	Banned on television and radio.
USA	Content restriction.
Sweden	Banned except for advertising of light beer, permitted in trade magazines.

***Deterrent policy*:** Even more prevalent than restrictions on alcohol availability, price and promotion in the past decades have been a variety of policies designed to deter drinkers from harming others after drinking. The most common behavioral target of such measures has been drunk- driving. Policy tools have included mandatory graduated sentencing laws, incarceration and forfeit of properties and privileges.

Treatment Strategies

Treatment of alcohol related problems including dependence are a strategy typically targeted to the individual and not the large population. In many countries, a variety of treatment exists, voluntary and compulsory, ranging from hospital based clinics, psychiatric hospitals, outpatient treatment, integrated in primary health care, and community based approaches, self-help groups and traditional healers among others. It can be said that globally, access to affordable and effective treatment is still largely inadequate in majority of countries (Ross, 2009).

Alcohol Policy in Nigeria

Suffice it to say that Nigeria to date, is one of the countries with high alcohol and other substance related problems (World Health Organization, 2009) but without a correspond measure in the form of policy (Obot 2017; Umoh, 2012). In 2010, Nigeria had a delegate at the World Health Assembly meeting that adopted the 10 point resolution for countries without alcohol policy to adopt (Chick, 2011), yet has eschewed any initiative towards formulation policies that will regulate alcohol sales and consumption.

Presently Nigeria has no specification/definition on standard drinks, no standard measurement for selling alcoholic beverages in bars as in the case of western countries. what exist in Nigeria is self-imposed brewers self-regulations (Dumbili, 2013), examples are the drink responsibly warning messages that often hurriedly end electronic media adverts or the International Centre for alcohol policies (ICAP) "drink responsibly campaign" (Dumbili, 2013). Scholars (Barry and Goodson, 2010; Dowling, Clark and Corney, 2006) have argued that the brewers sponsored "drink responsibly" message is not effective mainly because it is often designed with ambiguity to promote brewers image (Smith, Atkin and Roznowski, 2016). In the Nigeria context, it has been argued to be ineffective due to various reasons. Firstly, how can irresponsible drinking be determined where responsible consumption has not been defined? This is why Dumbili (2010)

described the drink responsibly warning message as a paradox of semantic deception because for one's alcohol consumption to be defined as irresponsible consumption must have been defined.

Nigeria brewers have been collaborating with ICAP in the drink responsibly campaign (Vanguard, 2011). But this has been described as an attempt to silence policy formulation because ICAP is a brewer funded pro drinking organization (Jernigan, 2012; Mc-Creanor, Casswell and Hill, 2012) that cannot support anti-alcohol policies. This lack of regulation has been attributed to several reasons, one of such being "the immerse benefit the government derives in the form of tax from alcohol industries" (Ibanga, 2015. This has contributed to the increasing alcohol related problems in Nigeria. The sales and purchase of alcohol anywhere in Nigeria is due to lack of alcohol policy (Umoh, 2012).

Alcohol problems increases with the increase in the availability of sales outlets and its densities (Cameron, Predimore and Grubesic, 2012; Cameron, 2012; Young, 2012). That alcohol can be purchased anywhere leads support to the fact that, in Nigeria, there is no restriction on alcohol sales (Umoh, 2012), (except in some Northern states where sharia laws exist) due to lack of policy on license sales.

Summary of the Related Literature Reviewed

Alcohol is not a stimulant but a depressant. When taken, it quickly leads to changes in co-ordination, that increased the risk of accidents and injuries, particularly when driving a vehicle or operating a machinery. Its adverse effects on moods and judgements can increase the risk of violence and violent crimes. Heavy alcohol consumption can lead to mental health disorders, domestic violence, child abuse, neglect, absenteeism, and job loss (Drummond; 2009, Head, 2012, Velleman and Orford, 2009).

Excessive consumption of alcohol can lead to alcoholism, which progresses from simple to complex. Alcoholism can lead to several health problems which ranges from liver damages, injuries, brain disorder, cancer, cardiovascular disease, stroke, etc. The production and the distribution of alcohol are handled by both people in the formal and informal sector of the Nigeria economy. The informal sector is largely unregulated, with little or no government control. The formally organized liquor industry in Nigeria has developed into a sector dominated by two main companies: Nigeria Breweries Plc. and Guinness Nigeria Plc. They are reportedly the two largest capitalized companies on the Nigeria stock exchange (Uzor, 2009).

There has been a great challenge on how to control the incidence of alcoholism in Nigeria. Presently Nigeria has no specification or definition on

standard drinks, no standard measurement for selling alcoholic beverages in bars as in the case of western countries. What exist in Nigeria is self-imposed brewers self-regulations (Dumbili, 2013), examples are the drink responsibly warning messages that often hurriedly end electronic media adverts.

CHAPTER THREE

METHODOLOGY

This chapter described the method and procedure employed in conducting the study under the following sub-headings:

- Research Design
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

The descriptive survey research design method was used in carrying out the study. This design was chosen because the study sought to gather information on the incidence of alcoholism among tertiary institutions male staff members in Ovia North-East LGA: case study of University of Benin.

Population of the Study

The population for the study consisted of the (two hundred and fifteen) (215) male staff members of Faculty of Education in the University of Benin, Benin City (Faculty of Education Staff Directory, 2019/ 2020 Academic Session).

Sample and Sampling Technique

The sample for the study consists of one hundred (100) male staff randomly selected from Faculty of Education. A simple random sampling technique was used.

Table 1: Respondent's distribution

S/N	Levels	Number
1	Academic Staff	50
2	Non-Academic Staff	50
	Total	**100**

Research Instrument

The research instrument that was used for the data collection is a structured questionnaire designed by the researcher. The item in the questionnaire were grouped into two main sections; section A and section B. Section A include questions designed for the purpose of obtaining demographic data of the respondents while section B include statement that was intended to elicit information on the choices and responses of the respondents in regards to 'the incidence of alcoholism among tertiary institutions male staff members in Ovia North-East LGA: case study of University of Benin', using the scoring scale of 'Always; Sometimes or Never' for Sections B and D; and 'Yes or No' for Section C.

Validity of the Instrument

The instrument was fare and content validated by the project supervisor and two other lecturers in the Department of Health and Safety Education, Faculty of Education, University of Benin. Their criticisms, opinions, corrections and recommendations were included in the final draft of the instrument.

Reliability of the Instrument

The reliability of the instrument was established by using the test-retest method of reliability. This is to satisfy how reliable is the test instrument when administered to the respondents on two different occasions. The questionnaire would be administered to 20 respondents that are not part of the sample target. After an interval of three weeks of the administration, the same sets of instrument was also re-administered to the same group of respondent and the resulting test scores were correlated using Pearson Product Moment Correlation Co-efficient. A co-efficient value 0.75 was obtained to show that the instrument was reliable.

Method of Data Collection

The questionnaire was administered directly to the respondents by the researcher with the aid of two research assistants. The respondents were encouraged to treat the questionnaire confidentially and independently. The questionnaire was retrieved from the respondents for analysis.

Method of Data Analysis

The data collected from the questionnaire was analyzed using descriptive statistics of simple frequency counts and percentage to examine the research questions.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

This chapter is concerned with the analysis, presentation and interpretation of data obtained from one hundred staff members randomly selected from the Faculty of Education, University of Benin which responded to the questionnaire according to instructions.

Research Question 1: How often do tertiary institution male staff members consume alcoholic beverages?

Table 1: Frequency of usage of alcoholic beverages

S/N	Items	Frequency			
		Always (%)	**Sometimes (%)**	**Never (%)**	**Total (%)**
1.	How often do you drink the alcoholic beverages mentioned below:				
i.	Gulder	50 (50)	40 (40)	10 (10)	100 (100)
ii.	Heineken	70 (70)	20 (20)	10 (10)	100 (100)
iii.	Guiness Stout	40 (40)	50 (50)	10 (10)	100 (100)
iv.	Goldberg	60 (60)	30 (30)	10 (10)	100 (100)
v.	Legend	50 (50)	40 (40)	10 (10)	100 (100)
vi.	Dubic	3 (3)	90 (90)	7 (7)	100 (100)
vii.	Salzebraul	80(80)	12 (12)	8 (8)	100 (100)
viii.	Double 3 (33)	10 (10)	80 (80)	10 (10)	100 (100)
ix.	Williams (Dark Ace)	0 (0)	0 (0)	100 (100)	100 (100)
x.	Harp	80 (80)	10 (10)	10(10)	100 (100)
xi.	Hero	20 (20)	70 (70)	10(10)	100 (100)

xii.	Star	75 (75)	10 (10)	15(15)	100 (100)
xiii.	Cider	0 (0)	0 (0)	100 (100)	100 (100)
xiv.	Tubor	2 (2)	90 (90)	8(8)	100 (100)
xv.	Lion	0 (0)	0 (0)	100 (100)	100 (100)
xvi.	Origin Spirit	50 (50)	40 (40)	10(10)	100 (100)
xvii.	Alomo Bitters	70 (70)	20 (20)	10(10)	100 (100)
xviii.	Palm Wine of two or three days old	50 (50)	40 (40)	10(10)	100 (100)
xix.	Hennessy	60 (60)	30 (30)	10(10)	100 (100)
2.	Do you drink alcohol till you get drunk?	0 (0)	5 (5)	95(95)	100 (100)
3.	Do you drink more than a bottle a day?	10 (10)	3 (3)	87(87)	100 (100)
4.	Do you drink alcohol at work?	0 (0)	20 (20)	80(80)	100 (100)

Table 1, shows that 50% of the respondents always drink Gulder, 40% of the respondents sometimes drink Gulder and 10% of the respondents never drink Gulder, 70% of the respondents always drink Heineken, 20% of the respondents sometimes drink Heineken while 10% of the respondents never Heineken. 40% of the respondents always drink Guiness Stout, 50% of the respondents sometimes drink Guiness Stout while 10% of the respondents never drink Guiness Stout.

60% of the respondents always drink Goldberg, 30% of the respondents sometimes drink Goldberg while 10% of the respondents never drink Goldberg.

50% of the respondents always drink Legend, 40% of the respondents sometimes drink Legend while 10% of the respondents never drink Legend. 3% of the respondents always drink Dubic, 90% of the respondents sometimes drink Dubic, 7% of the respondents never drink Dubic. 80% of the respondents always drink Salzebraul, 12% of the respondents sometimes drink Salzebraul, 8% of the respondents never drink Salzebraul.

10% of the respondents always drink Double 3 (33), 80% of the respondents sometimes drink Double 3 (33) while 10% of the respondents never drink Double 3 (33). 100% of the respondents never drink Williams (Dark Ace). 80% of the respondents always drink Harp, 10% of the respondents sometimes drink Harp while 10% of the respondents never drink Harp. 20% of the respondent agreed that they always drink Hero, 70% of the respondents sometimes drink Hero while 10% of the respondents never drink Hero.

Also 75% of the respondents always drink Star, 10% sometimes drink Star while 15% of the respondents never drink Star beer. It was also discovered that majority of the respondents do not drink Cider. More so, 2% of the respondents always drink Tubor, 90% of the respondents sometimes drink Tubor, 8% of the respondents never drink Tubor. In addition, it was discovered that majority of the respondents do not drink Lion. 50% of the respondents affirmed that they always drink Origin Spirit, 40% sometimes drink Origin Spirit while 10% never drink

Origin Spirit. 70% of the respondents always drink Alomo Bitters, 20% sometimes drink Alomo Bitters while 10% never drink Alomo Bitters.

50% of the respondents affirmed that they always drink palm wine of 2 to 3 days old, 40% sometimes drink Palm Wine of 2 to 3 days old while 10% never do so. Result showed that 60% of respondent always drink Hennessy, 30% sometimes do while 10% have never drank Hennessy. It was also discovered that 5% of the total respondents sometimes drink till they become drunk while 95% of the respondents do not drink alcohol till they get drunk.

Also it was discovered that 10% of the respondents always drink more than a bottle of alcohol per day, 3% sometimes do while 87% never drink more than a bottle of alcohol in a day. Lastly, while 20% of the respondents sometimes drink at work, 80% never drink at work. Conclusively, it was discovered that male staff members frequently use alcoholic beverages like Harps, Star, Gulder, Heineken, Goldberg, Legend, Salzebraul, Origin spirit, Palm wine of two to three days old and Hennessy.

Research Question Two: What are their most commonly used alcoholic beverages?

Table 2: Most commonly used Alcoholic beverages.

S/N	Items	Frequency		
		Yes Response (%)	No Response (%)	Total (%)
1.	Gulder	52 (52)	48 (48)	100 (100)
2.	Heineken	76 (76)	24 (24)	100 (100)
3.	Guiness Stout	47 (47)	53 (53)	100 (100)
4.	Goldberg	66 (66)	34 (34)	100 (100)
5.	Legend	53 (53)	47 (47)	100 (100)
6.	Dubic	3 (3)	97 (97)	100 (100)
7.	Salzebraul	88 (88)	12 (12)	100 (100)
8.	33	14 (14)	86 (86)	100 (100)
9.	Williams (Dark Ace)	0 (0)	100 (100)	100 (100)
10.	Harps	84 (84)	16 (16)	100 (100)
11.	Hero	23 (23)	77 (77)	100 (100)
12.	Star	95 (95)	5 (5)	100 (100)
13.	Cider	0 (0)	100 (100)	100 (100)
14.	Tubor	2 (2)	98 (98)	100 (100)
15.	Lion	0 (0)	100 (100)	100 (100)
16.	Origin Spirit	56 (56)	44 (44)	100 (100)
17.	Alomo Bitters	77 (77)	23 (23)	100 (100)
18.	Palm Wine of two or three days old	51 (51)	49 (49)	100 (100)
19.	Hennessy	65 (65)	35 (35)	100 (100)

Table 2, shows that 52% of the respondents commonly used Gulder while 48% of the respondents do not, also 76% of the respondents commonly used Heineken while 24% of the respondents do not , 47% of the respondents commonly used Guinness stout while 53% of the respondents do not, 66% of the respondents commonly used Goldberg while 34% of the respondents do not, 53% of the respondents commonly used Legend while 47% of the respondents do not 3% of the respondents commonly used Dubic while 97% of the respondents do not, 88% of the respondents commonly used Salzebraul while 12% of the respondents do not, 14% of the respondents commonly used Double 3 (33) while 86 % of the respondents do not, none of the respondents commonly used Williams (Dark Ace).

84% of the respondents commonly use Harp while 16% of the respondents do not, 23% of the respondent commonly used Hero while 77% of the respondents do not , 95% of the respondents commonly used Star while 5% of the respondents do not, none of the respondents commonly used cider, 2% of the respondents commonly used Turbo while 98% of the respondents do not commonly use Tubor, none of the respondent commonly used Lion, 56% of the respondent commonly used Origin spirit while 44% of the respondent do not, 77% of the respondents commonly used Alomo Bitters while 23% of the respondents do not , 51% of the respondents commonly used Palm Wine of two or three days old while 49% of the

respondents do not, 65% of the respondents commonly used Hennessy while 35% of the respondents do not.

Findings show that the most commonly used alcoholic beverages are Harps, Star, Gulder, Heineken, Goldberg, Legend, Salzebraul, Origin spirit, Alomo Bitters, Palm Wine of two to three days old and Hennessy.

Research Question Three: What are the alcohol-related health problems experienced in the last three months?

Table 3: Alcohol associated health experiences in the last three months

S/N	Health Experience	Frequency			
		Always (%)	**Sometimes (%)**	**Never (%)**	**Total (%)**
1.	Stomach Distress	5 (5)	25 (25)	70 (70)	100 (100)
2.	Black Out	45 (45)	29 (29)	26 (26)	100 (100)
3.	Definite Shakiness of the hand (Parkinsonism)	66 (66)	23 (23)	11 (11)	100 (100)
4.	Fatigue	10 (10)	23 (23)	67 (67)	100 (100)
5.	Slurred Speech	0 (0)	7 (7)	93 (93)	100 (100)
6.	Bloating	0 (0)	5 (5)	95 (95)	100 (100)
7.	Blurred vision.	44 (44)	36 (36)	20 (20)	100 (100)

From Table 3, it was discovered that 5% of the respondent agreed that alcohol always causes stomach distress, 25% agreed that it sometimes causes stomach distress while 70% of the respondent agreed that alcohol never causes stomach distress. 45% of the respondent agreed that alcohol always causes black

out, 29% of the respondent indicated that alcohol sometimes causes blackout, while 26% of the respondent agreed that alcohol never causes black out.

66% of the respondent agreed that alcohol always cause definite shakiness of the hand, 23% of the respondent agreed that alcohols sometimes causes definite shakiness of the hand while 11% of the respondent agreed that alcohol never cause definite shakiness of the hand. 10% of the respondent agreed that alcohol always causes fatigue, 23% of the respondent agreed that alcohol sometimes causes fatigue while 67% of the respondent agreed that alcohol never cause fatigue.

No respondent agreed that alcohol always causes slurred speech, however, 7% of the respondent agreed that alcohol sometimes causes slurred speech while 93% of the respondent agreed that alcohol never causes slurred speech. No respondent agreed that alcohol always causes bloating, 5% of the respondent agreed that alcohol sometimes causes bloating while 95% of the respondent agreed that alcohol never causes bloating.

44% of the respondent affirmed that alcohol always causes blurred vision, 35% of the respondent agreed that alcohol sometimes causes blurred vision while 20% of the respondent agreed that alcohol never causes blurred vision. From the findings, it was discovered that the alcohol-related health problems experienced in the last three months by male staff members is definite shakiness of the hand.

Discussion of Findings

Findings revealed that tertiary institution male staff member frequently consume alcoholic beverages. This result is consistent with Heap (2009), Van Wolputte and Fumanti (2010) that in traditional society, alcohol consumption was gender and age based. It was mainly consumed by males in social engagements and custom and tradition regulated production and consumption of alcoholic beverages.

More so, it was also discovered that the most commonly used alcoholic beverages are Gulder, Heineken, Legend, Salzebraul, Harps and Star. The result is consistent with that of Medinna-Mora (2000) that young people consume beer more frequently. It was discovered that the alcohol-related health problem experienced in the last three months is definite shakiness of the hand. This is in line with Baan (2007) who asserted that frequent use of alcohol can lead to health problems and diseases like cancer, blackout and many others.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter discusses the findings of the survey according to the following headings: summary, conclusion and recommendation.

Summary

The purpose of the study was to investigate the incidence of alcoholism among male staff members in tertiary institutions: case study of University of Benin in Ovia-North East Local Government Area. Three research questions were raised to guide the study. The descriptive survey research design was adopted for the study. The population for the study consisted of two hundred and fifteen (215) male staff members of Faculty of Education in the University of Benin, Benin City (Faculty of Education Staff Directory, 2019/ 2020 Academic Session). A sample size of one hundred (100) male staff (Academics and Non-academics) were selected using random sampling techniques through the instrument of questionnaire which was designed for one hundred samples from the population of the male staff members of the Faculty of Education, University of Benin. The instrument reliability was established using test-retest method of estimating reliability and a co-efficient of 0.75 was obtained after correlation. Data generated from the study were analyzed using descriptive statistics of simple frequency counts and percentage.

Based on the analysis of results from the data collected:

1. The findings show that majority of male staff members of tertiary institutions consume alcoholic beverages.
2. The investigation also show that Guilder, Heineken, Goldberg, Legend, Salzebraul, Harps, Star, Origin spirit, Alomo Bitters, Palm Wine of two or three days old and Hennessy are the most commonly used alcoholic beverages among male staff members of tertiary institutions.
3. Also that the major alcohol associated health experiences in the last three months among them are definite shakiness of the hand and blurred vision.

Conclusion

Based on the findings from this study, the following conclusions were drawn:

1. Alcoholism, be it sometimes or often act among male staff members in tertiary institutions can hamper academic activities if not properly checked.
2. Alcohol consumption among staff members is not a stimulant but a depressant, when taken; it quickly leads to changes in co-ordination.
3. Excessive consumption of alcohol can lead to alcoholism, which progresses from simple to complex.

4. Alcoholism's adverse effects on moods and judgements can leads to lack of coordination and may even increase the risk of violence among staff members.
5. Heavy alcohol consumption can lead to mental health disorders, child abuse, neglect, absenteeism and job loss.
6. Finally, alcoholism can lead to several health problems which ranges from stomach disorder, black out, definite shakiness of the hand (Parkinsonism), fatigue, slurred speech, bloating or blurred vision, etc.

Recommendations

In an attempt to reduce the incidence of alcoholism male staff members in tertiary institutions all hands must be on deck, i.e. everybody in the society has a role to play; and based on the findings of the study and conclusion drawn, the following recommendations were made:

1. Policy makers and government should support and enforce policies that would ensure control of alcohol beverages in the society.
2. The institution authorities should actively support or contribute to the effort of the government to control alcoholism.
3. Seminars, workshops and orientations or enlightenment on alcoholism, its abuse and side effects or dangers should be organized for the members of staff in our tertiary institutions.

4. There should be a daily health programme in both the television and radio to educate the people on the effect of heavy consumption of alcohol beverages.
5. Members of staff should be encouraged to learn how to control themselves especially when at work to avoid alcoholism.

It would be proper to say here that an individual should develop more interest and care for himself or herself by avoiding what can destroy or damage his or her body systems; and if out of control should sought the help of a Counsellor who could help them to overcome alcoholism.

REFERENCES

Abbott, C. A. (2009). Alcoholism. Encarta Premium Encyclopedia California: Norton and Company Inc.

Abderhalden, W. (2017). The globalization of alcohol abuse. *Bulletin Von Medium.* Schweiz: 06 November

Anderson, C. & Badrie, N. (2015). Physio chemical quality and consumers' acceptance. *Journal of Food Science and Technology*, 4(2), 223-225.

Baan, R., Straif, K., Grosse, Y., Secretan, B., Ghissassi, F. E. & Bouvard, V. (2007). Alcohol: Contemporary social problems. *Nigeria Medical Journal*, 6(3), 359-364.

Babor, T. F. & Del-Boca, F. K. (2013). Treatment matching in alcoholism. Cambridge University Press.

Bamforth, C. W. (2014). Beer: Health and nutrition. Oxford: Blackwell Science.

Baxter, E. D. & Muller, R. E. (2015). Heat generated toxins in brewing. *A Review Proposed Journal*, 2(1), 34-39.

Bennett, J. B. & Lehman, W. E. K. (2010). Workplace substance abuse prevention and help seeking: Comparing team-oriented and informational training. *Journal of Occupational Health Psychology, 6*(3), 243–254.

Brust, J. C. M. (2015). Alcoholism. In L. P. Rowland (Ed.), *Merritt's neurology* (11th ed.). Philadelphia: Lippincott Williams & Wilkins.

Carguilo, T. (2007). Understanding the health impact of alcohol dependence. *American Journal on Health*, 1(1), 98-101.

Coinsky .E (2000). Alcoholic drinks; risk factors amd consequences. Cambridge University Press.

Caswell, S. (2011). Alcohol harm the urgent need for global response. *JNRS on Addiction*, 3(1), 1205-1207.

Cherpitel, O. (2010). Alcoholic beverage consumption in India, Mexico and Nigeria: a cross-cultural comparison. *Alcohol, Health and Research World*, 22(4), 243–252.

Connor, J., You, R. & Casswell, S. (2009). Alcohol related harm to others: A survey of physical and sexual assault in New Zealand. *New Zealand Medical Journal,* 122(1303).

Cook, R. L., & Clark, D. B. (2015). Is there an association between alcohol consumption and sexually transmitted diseases? A systematic review. *Sexually Transmitted Diseases,* 32(3), 156–164.

Federal Office of Statistics (2009). Annual abstract of Statistics. Lagos: FOS.

French, M. T., Roebuck, M. C. & Alexandre, P. K. (2014). To test or not to test: Do workplace drug testing programs discourage employee drug use? *Social Science Research, 33,* 45 63.

Frone, M. R. (2009). Does permissive workplace substance use climate affect employees who do not use alcohol and drugs at work? A U.S. national study. *Psychology of Addictive Behavior,* 23*:*386–390.

Frone, M. R. (2016), Prevalence and distribution of illicit drug use in the workforce and in the workplace: Findings and implications from a U.S. national survey, *Journal of Applied Psychology, 91*(4), 856–869.

Greenfact, W. (2016) scientific facts on alcohol: information on our three level structure. *Social Science Research, 33,* 68-70.

Greenfield, T. K. & Room, R. (2007). Situational norms drinking and drunkenness trends in the US adult population 1978-1990. *Addiction*, 92(1), 33-47.

Gureje, O. (2009). Country profile on alcohol in Nigeria. In L. Riley and M. Marshall (ed.), Alcohol and Public Health in 8 Developing Countries. Geneva: World Health Organization.

Gureje, O. (2016). Comparison of alcohol and other drugs: experience from the WHO collaborative cross cultural applicability research (CAR) study. *Addiction*, 9(1), 1529-1538.

Hazelden Foundation (2007*)*. Substance abuse and addiction among most serious workplace issues. Available: http://www.hazelden.org/web/public/workplacesurvey.page. Retrieved on 20th June, 2021.

Ibanga A. K. J. (2008). Youth, drugs and secret cults. *Journal of the African Council on Narcotics,* 1(1), 10-12.

Ibanga, A. K. J. (2009). Epidemiologic trends in drug consumption in Nigeria. Proceedings of the National Workshop on Drug Demand Reduction Policy in Nigerian, 61-68).

Ibanga, A. K. J. (2002) *Alcohol use: a comparative look at experiences of heavy, moderate and light drinkers*. A paper presented at the sixth Bi-annual conference of the Centre for Research and Information Substance Abuse held in Abuja, Nigeria.

Institute of Alcohol Studies. (2007). *Alcohol and mental health*. London: Institute of Alcohol Studies.

International Agency for Research on Cancer. (2010). *Alcohol consumption and ethyl carbonate* (Vol. 96). Lyon: IARC, World Health Organization

Miller, T. R., Zaloshnja, E. & Spicer, R. S. (2007). Effectiveness and benefit-cost of peer-based workplace substance abuse prevention. *Accident analysis and prevention*, 39(3):565–573.

Obot, I. S. (2000). The measurement of drinking patterns and alcohol problems in Nigeria. *Journal on Substance Abuse*, 12(1-2), 169-175.

Oscar-Berman, M., & Marinkovic, K. (2003). Alcoholism and the brain: An overview. *Alcohol Research & Health,* 27(2), 125–133.

Oshodin, O. G. (1999) Nigeria and DB health (ed). International handbook on alcohol and culture. West report, C.T: Greenwood Press, 217-223.

Rehm, J. (2006). *The costs of substance abuse in Canada 2002.* Ottawa, ON, Canadian Centre on Substance Abuse.

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY

QUESTIONAIRE ON THE INCIDENCE OF ALCOHOLISM AMONG MALE STAFF MEMBERS IN TERTIARY INSTITUTIONS: CASE STUDY OF UNIVERSITY OF BENIN IN OVIA NORTH-EAST LOCAL GOVERNMENT AREA OF EDO STATE

Dear Respondents,

I am a final year student of the above named department. This questionnaire is designed for academic purposes. It is structured to investigate the incidence of alcoholism among male staff members in tertiary institutions: case study of University of Benin in Ovia North-East Local Government Area of Edo State. Your responses will be treated with high level of confidentiality.

Thank you.

Yours faithfully,

James Osakpolor IDEHEN

Instruction: Please respond sincerely to the questions by ticking [✓] where applicable.

Section A

Age: Less than 25years ( ); 25 – 35years ( ); 36 – 46years; 47 – 57years; Others ( )

Staff Category: Academics ( ); Non-academics ( )

Religion: Christianity ( ); Islam ( ); African Traditional Religion ( ); Others ( )

Section B

S/N	Items	**Always**	**Sometimes**	**Never**
RQ.1	**How often do you drink the alcoholic beverages mentioned below:**			
i.	Gulder			
ii.	Heineken			
iii.	Guiness Stout			
iv.	Goldberg			
v.	Legend			
vi.	Dubic			
vii.	Salzebraul			
viii.	33			
ix.	Williams (Dark Ace)			
x.	Harps			
xi.	Hero			
xii.	Star			
xiii.	Cider			
xiv.	Tubor			
xv.	Lion			
xvi.	Origin Spirit			
xvii.	Alomo Bitters			
xviii.	Palm Wine of two or three days old			
xix.	Hennessy			

2.	Do you drink alcohol till you get drink?				
3.	Do you drink more than a bottle a day?				
4.	Do you drink alcohol at work?				

Section C

S/N	Items	Yes	No
RQ2.	**What are their most commonly used alcoholic beverages?**		
i.	Gulder		
ii.	Heineken		
iii.	Guiness Stout		
iv.	GoldBerg		
v.	Legend		
vi.	Dubic		
vii.	Salzebraul		
viii.	Double 3 (33)		
ix.	Williams (Dark Ace)		
x.	Harps		
xi.	Hero		
xii.	Star		
xiii.	Cider		
xiv.	Tubor		
xv.	Lion		
xvi.	Origin Spirit		
xvii.	Alomo Bitters		

xviii.	Palm Wine of two or three days old		
xix.	Hennessy		
xx.	Do you drink alcohol till you get drink		
xxi.	Do you drink more than a bottle a day		
xxii.	Do you drink alcohol at work?		

Section D

S/N	Items	Always	Sometimes	Never
RQ.3	**What are the alcohol related health problems experienced in the last three months?**			
1.	Stomach Distress			
2.	Black Out			
3.	Definite Shakiness of the hand			
4.	Fatigue			
5.	Slurred Speech			
6.	Bloating			
7.	Blurred vision.			