PREVALENCE OF ALCOHOL CONSUMPTION AMONG COMMERCIAL DRIVERS IN BENIN CITY

BY

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CERTIFICATION

This is to certify that this project work was carried out by MOSES IKOOJO SAMUEL, in the department of clinical pharmacy and pharmacy practice, faculty of pharmacy, university of Benin, Benin city, in partial fulfillment of the requirement for the award of my doctor of pharmacy (pharm D) degree

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DEDICATION

I dedicate this work to my beloved parents and siblings whose prayers and support have not wavered over the years.

ACKNOWLEDGEMENT

All thanks to God almighty the creator and sustainer of my life, who has made this work possible

I extend my deep-seated appreciation to my supervisor, DR M.I OSARENMWINDA for his kind corrections, and mentorship. I highly treasure the time spent working under your supervision.

Most importantly, I will always continue to appreciate my parents MR and MRS NEGEDU MOSES for their financial support and parental upbringing which has guided me till date. Special appreciation to all my esteem lecturers,non academic staffs and my siblings.I LOVE YOU ALL.

I also acknowledge miss Ehichoya Patricia, my friends and coursemate for their support since day one,God bless you all.

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ABSTRACT

Background: Alcohol has been reported to be frequently used among commercial drivers in western societies. The study aimed to estimate the prevalence of alcohol use among long distance commercial drivers in Benin City.

Methods: A cross-sectional descriptive survey was carried out among commercial drivers from randomly selected parks in major local government (Egor, Oredo and Ikpoba Okha) in Benin City. Data was collected using a well-structured, questionnaire developed from previous literatures review. The instruments consist of different parts, namely demographic; prevalence of use of alcohol and reasons for alcohol use, analysis was mainly descriptive.

Results: Majority (83.78%) used alcohol. Most of the reported alcohol used was spirit (67.57%), beer (15.54%). Those (77.7%) with income rate less than ₦50,000 tends to consume spirit while those (9.5%) with income rate of ₦100,000 and above tends to consume more of beer. Less than half (42.6%) of the respondents reported to have injured as a result of drinking.

Conclusion: The findings of the study demonstrated that large population of drivers consume alcohol prior to driving and this has negative impact on the safety and health status of the drivers. It should be recommended that the sale of alcohol in the bus parks should be prohibited and defaulters should be punished.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Fermented grain, fruit juice, and honey have been used to make alcohol (ethyl alcohol or ethanol) for thousands of years. Fermented beverages existed in early Egyptian civilization, and there is evidence of an early alcoholic drink in China around 7000 B.C. In India, an alcoholic beverage called sura, distilled from rice was in use between 3000 and 2000 B.C. (Adams, 2014).

The Babylonians worshiped a wine goddess as early as 2700 B.C. In Greece, one of the first alcoholic beverages to gain popularity was mead, a fermented drink made from honey and water. Greek literature is full of warnings against excessive drinking. Several Native American civilizations developed alcoholic beverages in pre-Columbian times. A variety of fermented beverages from the Andes region of South America were created from corn, grapes, or apples, called chicha (Adams, 2014).

In the sixteenth century, alcohol (called spirits) was used largely for medicinal purposes. At the beginning of the eighteenth century, the British parliament passed a law encouraging the use of grain for distilling spirits. Cheap spirits flooded the market and reached a peak in the mid-eighteenth century. In Britain, gin consumption reached 18 million gallons and alcoholism became widespread.

The nineteenth century brought a change in attitudes and the temperance movement began promoting the moderate use of alcohol which ultimately became a push for total prohibition (Brent, 2011; Abasiubong *et al.,* 2014).

In 1920 the US passed a law prohibiting the manufacture, sale, import, and export of intoxicating liquors. The illegal alcohol trade boomed and by 1933, the prohibition of alcohol was cancelled. Today, an estimated 900 million people suffer from alcoholism and 40% of all road accident deaths involve alcohol (Schep *et al.,* 2014).

It is classed as a depressant, meaning that it slows down vital functions, resulting in slurred speech, unsteady movement, disturbed perceptions, and an inability to react quickly. As for how it affects the mind, it is best understood as a drug that reduces a person's ability to think rationally and distorts his or her judgment. (Logan & Jones, 2012). Although classified as a depressant, the amount of alcohol consumed determines the type of effect. Most people drink for the *stimulant* effect, such as a beer or glass of wine taken to loosen up. But if a person consumes more than the body can handle, they then experience alcohol's depressant effect. They start to feel stupid or lose coordination and control.

There are different kinds of alcohol. Ethyl alcohol (ethanol), the only alcohol used in beverages, is produced by the fermentation of grains and fruits. Fermenting is a chemical process whereby yeast acts upon certain ingredients in

the food, creating alcohol. Fermented drinks, such as beer and wine, contain from 2% alcohol to 20% alcohol. Distilled drinks, or liquor, contain from 40% to 50% or more alcohol. The usual alcohol content for each is Beer 2“6% alcohol, Cider 4“8% alcohol, Wine 8“20% alcohol, Tequila 40% alcohol, Rum 40% or more alcohol, Brandy 40% or more alcohol, Gin 40“47% alcohol, Whiskey 40“50% alcohol, Vodka 40“50% alcohol, Liqueurs 15“60% alcohol (Lodgsdon, 2014).

Explaining how alcohol affects the body, Majerza (2016) explained that alcohol is absorbed into the bloodstream via small blood vessels in the walls of the stomach and small intestine. Within minutes of drinking alcohol, it travels from the stomach to the brain, where it quickly produces its effects, slowing the action of nerve cells. Approximately 20% of alcohol is absorbed through the stomach. Most of the remaining 80% is absorbed through the small intestine. Alcohol is also carried by the bloodstream to the liver, which eliminates the alcohol from the blood through a process called metabolizing, where it is converted to a nontoxic substance. The liver can only metabolize a certain amount at a time, leaving the excess circulating throughout the body. Thus, the intensity of the effect on the body is directly related to the amount consumed (Lodgsdon, 2014).

When the amount of alcohol in the blood exceeds a certain level, the respiratory (breathing) system slows down markedly and can cause a coma or death,

because oxygen no longer reaches the brain. The risk of a driver under the influence of alcohol being killed in a vehicle accident is at least eleven times that of drivers without alcohol in their system. For most people, these are only statistics" shocking, perhaps, but only statistics. But for the families and friends of those who die as a result of teenage drinking and driving, each number represents a tragic loss (Majerza, 2016). Alcohol distorts a person's perceptions and judgment. People under the influence of alcohol readily admit their reaction time is slower than when not drinking, and they take many chances they would never take when sober. Too often those chances are fatal.

Depending on how much is taken and the physical condition of the individual, Majerza (2016) revealed that alcohol can cause: Slurred speech, drowsiness, vomiting, diarrhea, upset stomach, headaches, breathing difficulties, distorted vision and hearing, impaired judgment, decreased perception and coordination, unconsciousness, anemia (loss of red blood cells), coma, blackouts (memory lapses, where the drinker cannot remember events that occurred while under the influence).

In the long term, binge drinking and continued alcohol use in large amounts are associated with many health problems, including unintentional injuries such as car crashes, falls, burns, and drowning; intentional injuries such as firearm injuries, sexual assault, and domestic violence; increased on-the-job injuries and loss of productivity, increased family problems, broken relationships, alcohol

poisoning, high blood pressure, stroke, and other heart-related diseases, liver disease, nerve damage, sexual problems, permanent damage to the brain, Vitamin B_1 deficiency, which can lead to a disorder characterized by amnesia, apathy and disorientation; ulcers, gastritis (inflammation of stomach walls), malnutrition, cancer of the mouth and throat.

According to Kandel, Huang, and Davies (2011), alcohol use can affect all parts of the body but particularly affects the brain, heart, liver, pancreas, and immune system. This can result in mental illness, Wernicke Korsakoff syndrome, an irregular heartbeat, liver failure, and an increase in the risk of cancer, among other diseases. Both environmental factors and genetics are associated with alcoholism with about half the risk attributed to each. A person with a parent or sibling with alcoholism is three to four times more likely to be alcoholic themselves. Environmental factors include social, cultural, and behavioral influences. High-stress levels, anxiety, as well as inexpensive easily accessible alcohol increase risk. People may continue to drink partly to prevent or improve symptoms of withdrawal. A low level of withdrawal may last for months following stopping. (Reusch, 2015).

Unfortunately, commercial drivers in Nigeria are characterized by dangerously low levels of education and illiteracy (The Punch Newspaper, 2013), which would almost certainly blind them to the status of alcohol as a drug, and the accompanying dangers of its abuse. As a result of this, these commercial drivers

ignorantly engage in alcohol abuse, predisposing themselves and their passengers to the attendant risks.

1.2 STATEMENT OF STUDY PROBLEM

It has been observed that the use of alcohol is a widespread practice among commercial bus drivers. Sights of these drivers binging on alcohol early in the mornings and later in the evenings are quite common. It is also common to see these drivers exhibiting the consequences of alcohol abuse through their driving. Alcohol use before driving comes with a list of possible effects, which, take the ones that pose a risk to driving, include drowsiness, upset stomach, headaches, diarrhea, breathing difficulties, impaired judgment, decreased perception, and coordination.

A commercial bus driver who drives while under the influence of alcohol puts himself, passengers, other vehicles on the road, and pedestrians at risk of accidents and other road mishaps, thereby contributing to the negative statistics of road-related accidents and deaths.

1.3 JUSTIFICATION OF THE STUDY

Commercial drivers play a crucial role in ensuring public safety by transporting people and goods. Alcohol consumption among commercial drivers can impair their judgment, coordination, and reaction time, leading to an increased risk of

accidents. Therefore, studying the prevalence of alcohol consumption among commercial drivers in Benin City is vital to identify the extent of the problem and develop effective interventions to enhance road safety. Alcohol-impaired driving is a leading cause of road traffic accidents globally. In many places, including Benin City, commercial drivers often spend long hours on the road, increasing the likelihood of fatigue and the temptation to consume alcohol to stay awake or alleviate stress. Investigating the prevalence of alcohol consumption among commercial drivers can help identify the contributing factors to accidents

Excessive alcohol consumption has adverse health effects on individuals. Commercial drivers who consume alcohol regularly are at risk of developing alcohol-related health problems, such as liver diseases, cardiovascular issues, and mental health disorders. Understanding the prevalence of alcohol consumption among commercial drivers in Benin City can shed light on the potential health risks faced by this population and guide the development of targeted health promotion initiatives.

Road traffic accidents resulting from alcohol-impaired driving impose substantial economic burdens on society. These include medical expenses, property damage, loss of productivity, and legal proceedings. A study on the prevalence of alcohol consumption among commercial drivers can serve as a foundation for designing evidence-based interventions. Understanding the

factors that contribute to alcohol consumption in this population, such as social norms, work conditions, and individual characteristics, can help tailor interventions to address specific challenges faced by commercial drivers in Benin City.

1.4 AIM AND SPECIFIC OBJECTIVES OF THE STUDY

The aim of this study is to assess the prevalence of alcohol consumption among commercial drivers in Benin City.

Specific Objectives

1. To determine the types and prevalence rate of alcohol consumption among commercial drivers in Benin City.
2. To ascertain the relationship between some socio-demographic characteristics and alcohol consumption among commercial drivers in Benin City.

1.5 OPERATIONAL DEFINITION OF TERMS

1. **Alcohol use**: The habit of commercial drivers taking alcohol during working hours.
2. **Commercial driver**: An individual whose job is to drive vehicles used in the business of transportation
3. **Drunk driving**: The habit of driving a vehicle while being actively under the influence of alcohol.

4. **Alcohol addiction:** The state of being psychologically dependent on alcohol.

1.6 LITERATURE REVIEW

A comprehensive understanding of alcohol consumption and its associated effects plays a pivotal role in empowering individuals to make informed decisions that can ultimately shape their behavior. Various methods can be employed to enhance this knowledge, with health education emerging as a key approach.

In a cross-sectional study conducted in Dar Es Salaam, Tanzania, focusing on the knowledge, attitude, and practices of commercial vehicle drivers concerning medicines that impair driving, intriguing findings came to light. Notably, a substantial 51% of the drivers demonstrated awareness that certain medications had the potential to impair driving by inducing drowsiness. However, a concerning revelation was that approximately 56% of those who used such medications did not receive any precautionary guidance from their healthcare providers regarding their impairing effects. Furthermore, 41% of the drivers identified fatigue as one of the consequences of impaired driving, while 12% mentioned blurred vision as another effect (Adekoya *et al.,* 2011).

Similarly, a study conducted in Ghana, which sought to assess the knowledge and attitudes of drivers regarding alcohol use, revealed that the majority of the drivers recognized drunk driving as a substantial risk factor for road traffic accidents. However, a significant knowledge gap emerged when it understood of concepts like blood alcohol concentration and the related legal limits. These gaps in knowledge represent critical areas that warrant attention from relevant authorities (Abiona *et al.,* 2006).

Addressing these knowledge deficits is imperative, and one effective strategy involves organizing workshops and training sessions to enhance drivers' understanding of psychoactive substances and their impact. In a study conducted among long-distance commercial vehicle drivers in Jos, Nigeria, a noteworthy 83.1% of the drivers exhibited some level of awareness about the risks associated with drugged driving. Nevertheless, a concerning proportion expressed their intent to continue drug use despite the known consequences (Adejumo, 2013).

Similarly, a study in Ilorin, Nigeria, among long-distance drivers reported that a significant majority of the respondents (63%) had either heard of, seen, or knew someone who had used alcohol, tobacco, cannabis, or caffeine. Moreover, a survey focusing on drug use among tanker drivers in Lagos, Nigeria, found that an overwhelming majority (79%) were aware of the adverse consequences linked to the use of alcohol and other psychoactive substances on their health.

Paradoxically, despite this sound knowledge, a substantial portion of drivers continued to engage in drug or substance use, often disregarding the potential consequences (Berenson *et al.,* 2001).

Furthermore, research conducted in Lagos on substance and alcohol use among commercial drivers and its interrelationship with road traffic accidents reported that a significant proportion of the respondents acknowledged the adverse effects of psychoactive substances. Specifically, 79% recognized that these substances could lead to behavioral changes, about 65% associated their use with mental illness, 64.8% attributed accidents to their use, and approximately 60% believed that these drugs could ultimately result in death (Yunusa *et al.,* 2014).

The attitude of commercial vehicle drivers towards the consumption of psychoactive substances holds immense significance as it can profoundly influence behavioral patterns and, consequently, road safety. In a comprehensive study conducted among commercial vehicle drivers in Ghana, a noteworthy observation emerged regarding their attitudes toward alcohol and its impact on driving safety. The majority of respondents displayed an acute understanding of the inherent risks associated with drunk driving, recognizing it as a significant factor contributing to car accidents. However, a concerning attitude surfaced concerning the extent of alcohol consumption before driving. Many drivers held the belief that only those who were extremely intoxicated

faced a risk of accidents, leading to a potentially dangerous misconception. Moreover, a prevalent sentiment among drivers was that alcohol consumption induced relaxation, released inhibitions, and bolstered their confidence while on the road. These perceptions collectively reflect a negative attitude towards psychoactive substance use and its potential for abuse in the context of driving (Bello *et al.,* 2011).

In a separate cross-sectional study, conducted among commercial vehicle drivers to investigate the intricate relationship between psychoactive substance use and road traffic accidents, compelling insights were gleaned. An overwhelming 84% of the respondents admitted to using these substances with the primary intent of feeling well or "fine." Additionally, 65% believed that such substances enhanced their overall performance, while 60% attributed increased energy levels to their consumption. Socialization (55%), maintenance of wakefulness (48%), and the belief in improved sexual stamina (31%) were among the other reasons cited for psychoactive substance use while driving. These findings underscore the complexity of the issue, with drivers often relying on these substances for various perceived benefits, despite their known risks (Masibo *et al.,* 2013).

A striking observation in a study conducted in Jos, Nigeria, focused on substance use among long-distance commercial vehicle drivers. It revealed that a statistically significant proportion of drivers, even when fully aware of the

potential risks associated with drugged-driving, expressed a strong desire to continue using drugs while behind the wheel. This contradiction highlights the entrenched nature of these behaviors, even in the face of knowledge about their dangers (Adejumo, 2013).

Similarly, in a cross-sectional study conducted among commercial vehicle drivers in Calabar, a considerable portion of respondents expressed positive associations with alcohol consumption. Approximately 59% cited deriving pleasure from alcohol, while 29% believed it eased tension, and 24% thought it facilitated socialization. A smaller but notable percentage (7%) believed alcohol enhanced their on-the-job performance. This prevailing attitude, rooted in the perceived benefits of alcohol consumption, contributes to the continued use of these substances while driving (Asogwa, 2018).

In Owerri, Nigeria, a study examining the prevalence and perceived health effects of alcohol use shed further light on drivers' attitudes. Here, approximately 53% of respondents stated that they consumed alcohol because it induced relaxation, while 24% reported feeling a "high" from its consumption. Social influence also played a role, with 17% indicating that peers influenced their drinking habits, and 7% expressing a desire to belong by consuming alcohol. This attitude perpetuates the dangerous practice of drinking and driving, as drivers seek solace, pleasure, or acceptance through alcohol consumption (Masibo *et al.,* 2013).

Cigarette smoking and alcohol consumption have emerged as prominent contemporary social development concerns, casting a shadow on public health and safety (WHO, 2012). These issues persist despite the implementation of various anti-smoking and alcohol consumption policies, often yielding mixed results. In response to these concerns, the Lagos State government took a proactive step by proposing legislation aimed at prosecuting commercial drivers who operate vehicles under the influence of alcohol or engage in drinking while on duty. Simultaneously, the state enforced strict prohibitions on smoking cigarettes in public places. Complementing these efforts, the Federal Road Safety Corps (FRSC) enacted a law prohibiting the issuance of driver's licenses to applicants under the age of 25. However, the ready availability of these products in most motor parks across Nigeria has contributed to a concerning rise in cigarette smoking and alcohol consumption among commercial drivers, prompting the necessity for a comprehensive study to address this critical issue.

The theoretical framework underpinning this study draws inspiration from William Glasser's choice theory. This theory revolves around the concept of individuals making choices driven by five genetically ingrained survival needs and four fundamental psychological needs. These psychological needs encompass the domains of belonging/connecting/love, power/significance/competence, freedom/autonomy, and fun/learning, all within the context of religious and cultural values. The choice theory posits that

individuals navigate their lives through four interrelated components: acting, thinking, feeling, and physiological responses (Weinstein, 2000). In the context of this study, commercial drivers' decisions to engage in alcohol consumption stem from their internal drive to fulfill specific desires or needs.

Upon close observation, it becomes evident that certain factors compel commercial drivers to partake in behaviors like alcohol consumption. These factors often include motivations related to multiple sexual partners and a sense of belonging within their professional community. Additionally, some drivers resort to consuming kola nuts to combat drowsiness and maintain alertness during long journeys. The motivations for smoking cigarettes and consuming alcohol vary widely, with some drivers perceiving it as a form of recreation or an active duty aimed at maximizing the number of trips to meet their basic needs.

The core issue identified among commercial drivers in Lagos State revolves around the theoretical framework of choice theory and the strong influence of conformity within their peer groups at various motor parks. This phenomenon underscores the significance of this study and the research hypotheses formulated to address these complex dynamics.

CHAPTER TWO

RESEARCH METHODOLOGY

This chapter explains in detail the methods and procedures that were employed in this research. Also discussed in this chapter include Study Design, Study Setting, Study Population, Sample Size Determination, Data Collection Instrument and Administration, Data Analysis, and Ethical Consideration.

2.1 RESEARCH DESIGN

A cross-sectional descriptive survey design that assesses the prevalence of alcohol consumption among commercial drivers in selected parks in Benin City. The design was appropriate for this study as it is a method that is useful in collecting information about respondents' attitudes, opinions, and habits. This method involves interviewing and administering a questionnaire to a sample of individuals.

2.2 STUDY SETTING

This study was carried out within the Benin City Metropolis. Four major bus parks were randomly choosen within the metropolis.Benin City is the capital and largest city of Edo State, in southern Nigeria. It is the fourth largest city in Nigeria after Lagos, Kano, and Ibadan. The total population is approximately 1.8 million as of 2021. There are numerous parks that cater to the thriving population. Uselu Park (the oldest park in Uselu community), as well as Ugbowo Park, are both located in Egor Local government of Edo State. Ramat Park is located in Ikpoba-okha Local Government Area.

2.3 STUDY POPULATION

The study was conducted among commercial drivers in selected major parks in Benin City. The respondents for this study were drivers who were registered to selected bus parks in Benin City. All drivers who were registered to these parks within the period of the study are part of the study population.

Local government	Egor	Oredo	Ikpoba okha
Population	53 drivers	133 drivers	50 drivers
		TOTAL	**236 Drivers**

2.4 SAMPLE SIZE

Non-probability accidental sampling technique was used for selecting a representative sample from the population. The target population as obtained from the selected parks in Benin City, Edo State was 236 Drivers. The sample size for this study was calculated using the Taro Yamane Formula as stated below:

$$n = \frac{N}{1 + N\,(e)^2}$$

Where:

N = Population

e = Margin of error

n = Sample size

$$n = \frac{236}{1 + 236\,(0.05)^2}$$

$$n = \frac{236}{1 + 0.59}$$

$$n = \frac{236}{1.59}$$

$$n = 148.4277$$

$$n = 148$$

Sample size (n) = 148 drivers

2.5 DATA COLLECTION

The instrument used for this study was a self-structured questionnaire based on the works of literature reviewed and the study objectives. The questionnaire was divided into a socio-demographic section and a section that was used to elicit information on the prevalence of alcohol consumption among commercial drivers.

2.6 DATA ANALYSIS

The data when obtained were analysed using the Statistical Package for social sciences (SPSS) software version 27. Descriptive statistic such as percentage, bar chart and pie chart were performed to summarize the data collected. The hypothesis was analysed and interpreted. The information was presented in the form of tables, percentages, and mean statistical tools.

2.7 ETHICAL CONSIDERATION

Permission to undertake this study was obtained from the Faculty of Pharmacy, University of Benin, Benin City, Edo State. Written permission was obtained from the Ethics and Research Committee of the University of Benin. Informed consent will be sought and obtained from the participants in the study.

The ethical principles of research include certain requirements for the researcher: the research information given to the participants, voluntary and autonomous participation and the possibility to withdraw at any time they wish. The principle of voluntary participation, maintenance of anonymity and confidentiality will be maintained throughout the study. The principle of maintenance of anonymity, confidentiality and voluntary participation will be maintained throughout this study. The following ethical considerations was maintained throughout the duration of the research exercise.

Participants: All participants were duly interviewed and reassured of no risk attached for participating in the study. The purpose of this study was explained to the respondents to obtain their informed consent.

Voluntary participation: The right of the respondents to voluntarily decide whether to participate in the study or not, without the risk of incurring any penalty or prejudicial treatment was ensured. They were given the right to withdraw their participation at any point in time or refuse to provide any information on any point that is not clear to them.

Confidentiality: Information provided by respondents was treated with topmost and utmost confidentiality by the researcher. No name or address was requested for, in the questionnaire.

CHAPTER 3

RESULTS

Table 3.1 Socio-demographic characteristics:

Altogether, 148 commercial vehicle drivers were enrolled. The age ranges from 18-70yrs. All drivers interviewed were males. One hundred and forty eight (100%) of respondents were married. Majority of the respondents (n= 103, 69.6 %) were Christians, 37 (25%) were Muslims and 8(5.4%) were traditionals. Zero (0%) had no formal education, 22(14.9%) had only primary education, 107 (72.3%) had secondary education, and 19 (12.8%) had post-secondary education.Majority(56.1%) monthly income is less than #30000 while 9.5% monthly income is more than #100000(Table3.1)

Table 3.1: Socio-demographic characteristics of respondents

S/N	Characteristic	N	%
1	**Gender**		
	Male	148	100
	Female	0	0
2	**Age group**		
	18 - 28 years old	7	4.7
	29 - 39 years old	42	28.4
	40 - 50 years old	79	53.4
	> 50 years old	20	13.5
3	**Religion**		
	Christianity	103	69.6
	Islam	37	25
	Traditional	8	5.4
	Others	0	0
4	**Marital status**		
	Single	0	0
	Married	148	100
	Divorced	0	0
	Widowed	0	0
5	**Highest level of education**		
	No formal	0	0
	Primary	22	14.9
	Secondary	107	72.3
	Tertiary	19	12.8
6	**Monthly income**		
	Less than ₦30,000	83	56.1

₦30,000 - ₦50,000	32	21.6
₦60,000 - ₦80,000	1	7
₦80,000 - ₦100,000	18	12.2
More than ₦100,000	14	9.5

Table 3.2 Prevalence of alcohol consumption:

Overall, 148 (100%) of respondents were alcohol users. One hundred (67.6%) used spirits, 23(15.5%) took beers, 11(7.4%) took local brews, 12 (8.1%) took beer and spirit, 1(0.7%) took beer and local brews while 1(0.7%) took beers, spirits and local brews.

Majority(96.6%) took drink containing 1or 2 alcohol,(80.4%)of respondant often took 5 or more drink monthly,While last year (31.8%) and (24.3%)found that they were not able to stop drinking once they started monthly and weekly respectively.As a result of drinking 13.5% of respondants injured someone last year while 29.1% injured someone but not in last year.Majority(50.7%) were advised to cut down on drinking not in last year while 25.3% were advised to cut down on drinking last year.

(Table 3.2)

Table 3.2: Prevalence of alcohol consumption

Questions	Responses	N	%
How often do you have a drink containing alcohol?	Never	0	0
	Monthly or less	9	6.1
	2 to 4 times a month	11	7.4
	2 to 3 times a week	4	2.7
	4 or more times a week	124	83.8
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	143	96.6
	3 or 4	3	2
	5 or 6	1	0.7
	7 to 9	1	0.7
	10 or more	0	0
How often do you have 5 or more drinks on one occasion?	Never	24	16.2
	Less than monthly	0	0
	Monthly	119	80.4
	Weekly	5	3.4
	Daily or almost daily	0	0
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	65	43.9
	Less than monthly	0	0
	Monthly	47	31.8
	Weekly	36	24.3
	Daily or almost daily	0	0
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	101	68.7
	Less than monthly	0	0
	Monthly	20	13.6
	Weekly	26	17.7
	Daily or almost daily	0	0
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	102	68.9
	Less than monthly	1	0.7
	Monthly	2	1.4
	Weekly	43	29.1
	Daily or almost daily	0	0
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	55	37.2
	Less than monthly	2	1.4
	Monthly	57	28.5
	Weekly	34	23
	Daily or almost daily	0	0
How often during the last year have you been unable to remember what happened the night before because	Never	66	44.6
	Less than monthly	1	7
	Monthly	34	23
	Weekly	47	31.8

you had been drinking?	Daily or almost daily	0	0
Have you or someone else been injured as a result of your drinking?	No	85	57.4
	Yes, but not in the last year	43	29.1
	Yes, during the last year	20	13.5
Has a relative/friend/doctor, or another health worker been concerned about your drinking or suggested you cut it down?	No	35	24
	Yes, but not in the last year	74	50.7
	Yes, during the last year	37	25.3

Table 3:3
Reasons for alcohol consumption

Majority(67.6%) took spirits while beer(15.5%).Fatigue relief and stay awake(81.1%),Coping with stress and pressure(89.2%),peer influence and socialization(93.2%),cultural or social norms(64.2%) was a major reason for consumption while majority(100%) of the respondants are aware of the risks and consequences of drinking and driving.

Table 3.3 Reasons for alcohol consumption

S/N	Questions	Responses	N	%
	What type of alcoholic beverages do you usually consume while on duty?	Beers	23	15.5
		Spirits	100	67.6
		Local brews	11	7.4
		Beers and spirits	12	8.1
		Beers and local brews	1	0.7
		Beers, spirits, and local brews	1	0.7
	Fatigue relief and staying awake during long hours of driving.	Not at all important	26	17.6
		Slightly important	1	0.7
		Neutral	0	0
		Moderately important	1	0.7
		Very important	120	81.1
	Coping with stress and pressure associated with the job.	Not at all important	16	10.8
		Slightly important	0	0
		Neutral	0	0
		Moderately important	0	0
		Very important	132	89.2
	Peer influence and socialization with other drivers.	Not at all important	10	6.8
		Slightly important	0	0
		Neutral	0	0
		Moderately important	0	0
		Very important	138	93.2
	Cultural or societal norms surrounding alcohol consumption.	Not at all important	52	35.1
		Slightly important	0	0
		Neutral	0	0
		Moderately important	1	0.7
		Very important	95	64.2
	Lack of awareness about the risks and consequences of drinking and driving.	Not at all important	148	100
		Slightly important	0	0
		Neutral	0	0
		Moderately important	0	0
		Very important	0	0

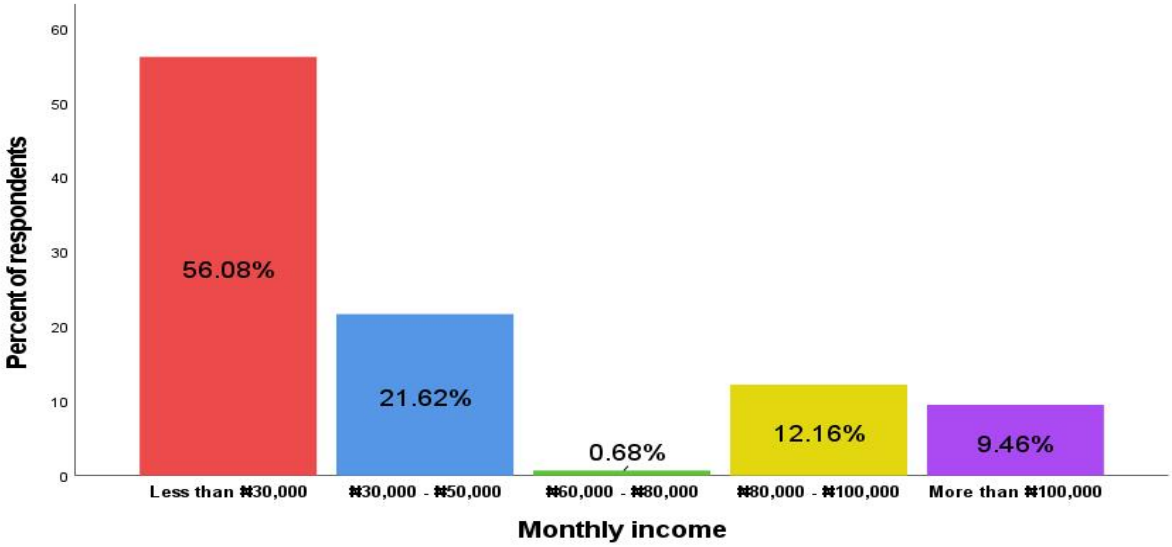

Fig. 1: Monthly income of commercial drivers

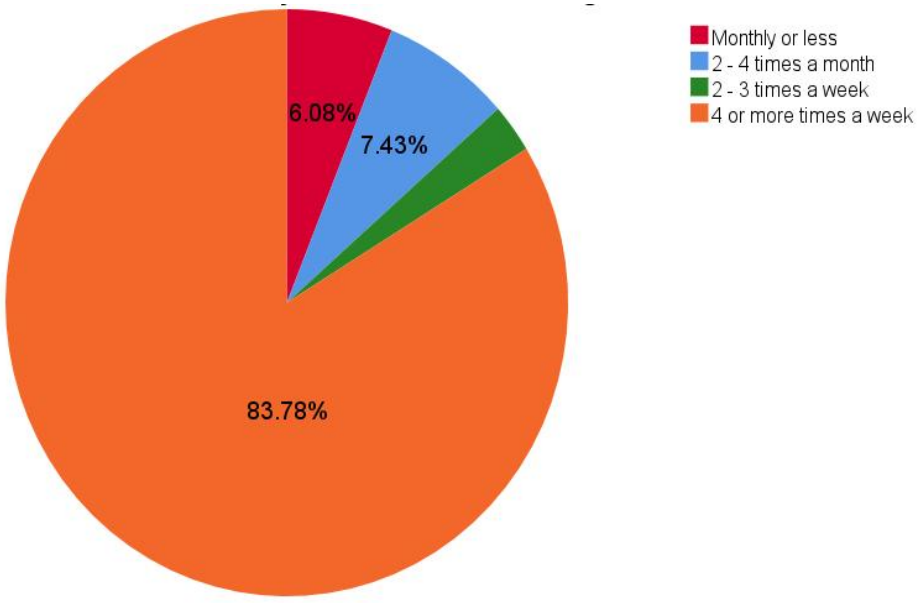

Fig. 2: Respondents' frequency of alcohol intake

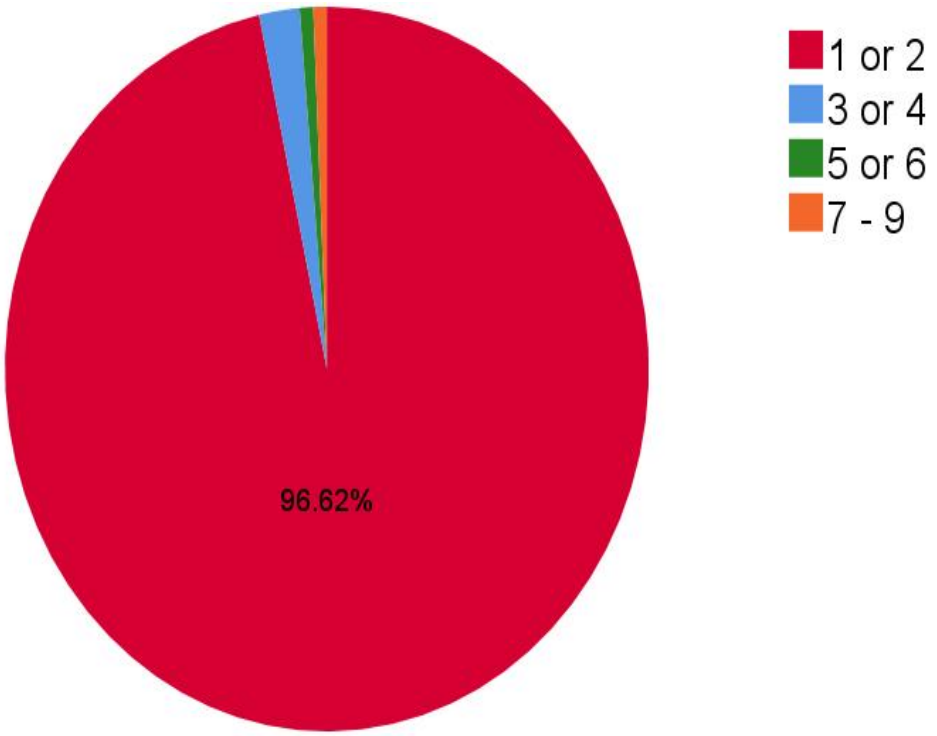

Fig. 3: **Fig. 2**: Number of bottles of alcohol taken on a typical day by respondents (response to question 8)

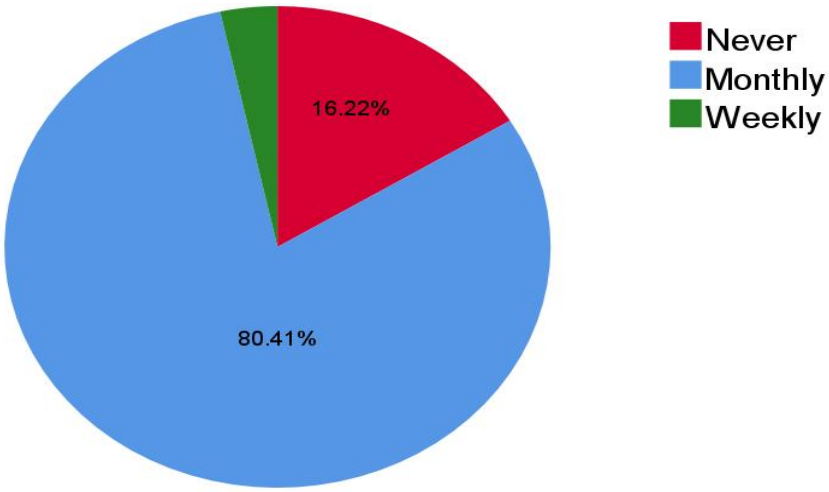

Fig. 4: Frequency of respondents' having 5 or more bottles of alcohol? (Q. 9)

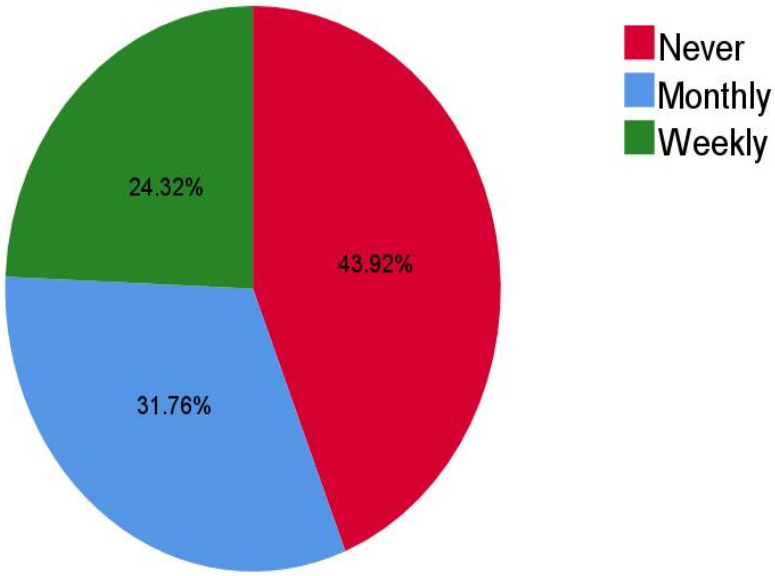

Fig. 5: Alcohol addiction as at last year (Q. 10)

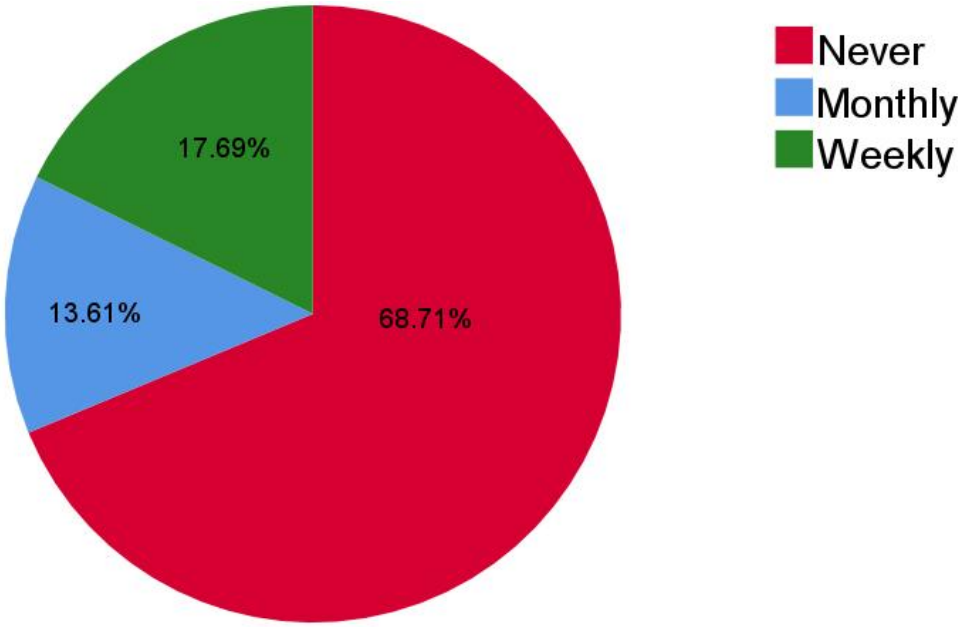

Fig. 6: Commercial drivers' failure rate of carring out activities due to drinking (Q. 11)

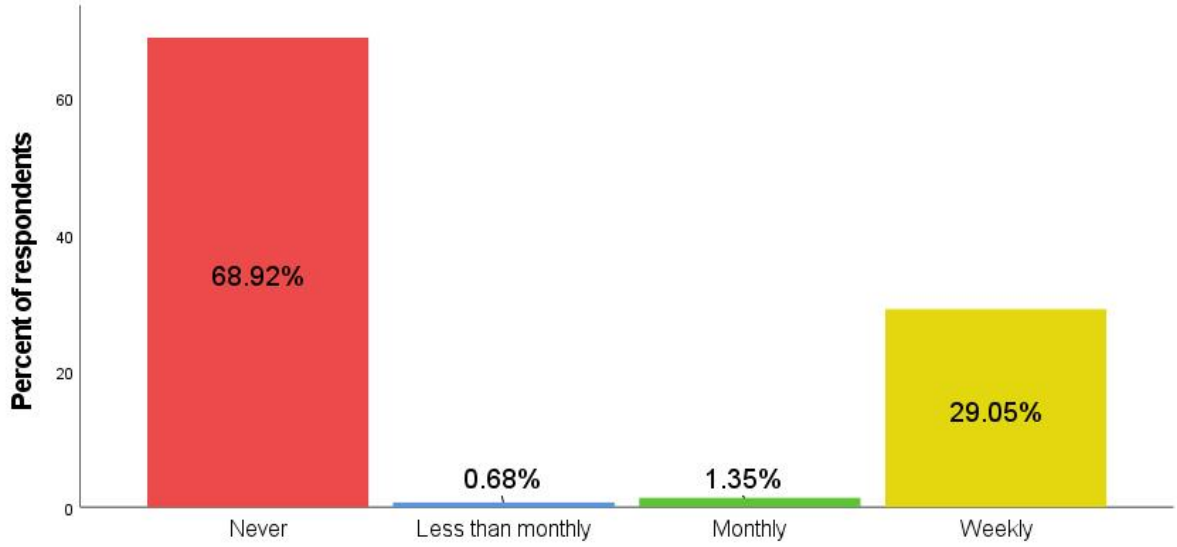

Fig. 7: Commercial drivers' rating of need for a first drink in the morning to get going after a heavy drinking session(Q. 12)

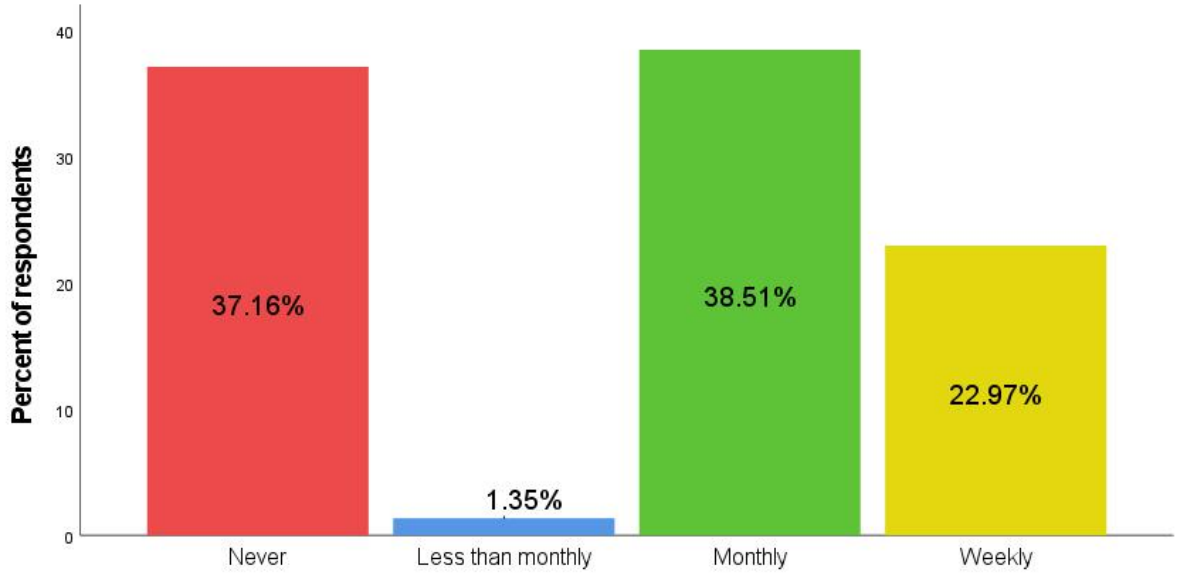

Fig. 8: Commercial drivers' rate of feeling guilt or remorse after drinking last year(Q. 13)

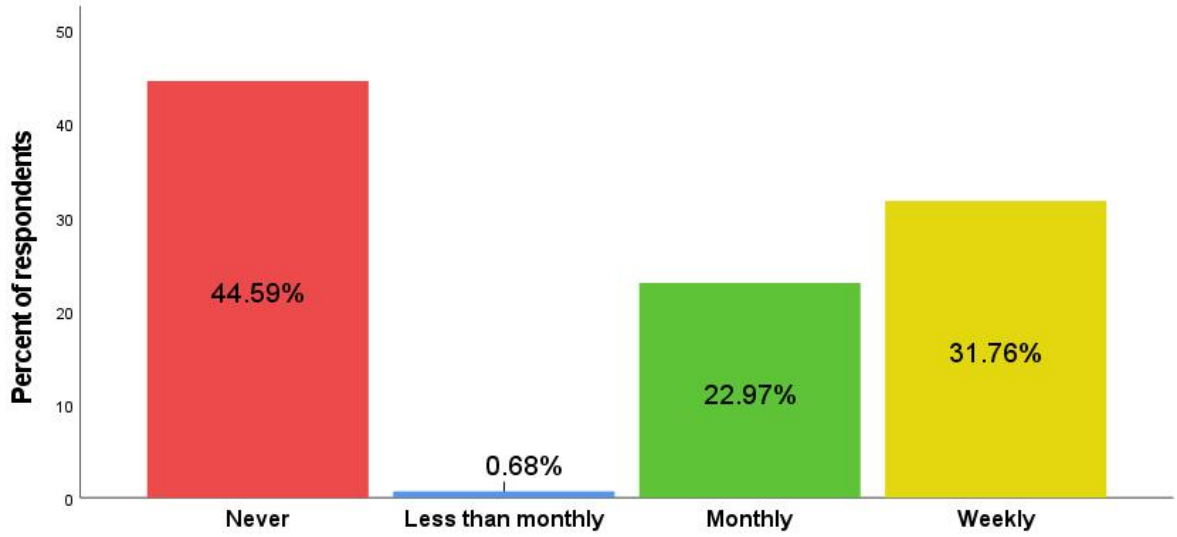

Fig. 9: Commercial drivers' unable to remember what happened the night before because of drinking (Q. 14)

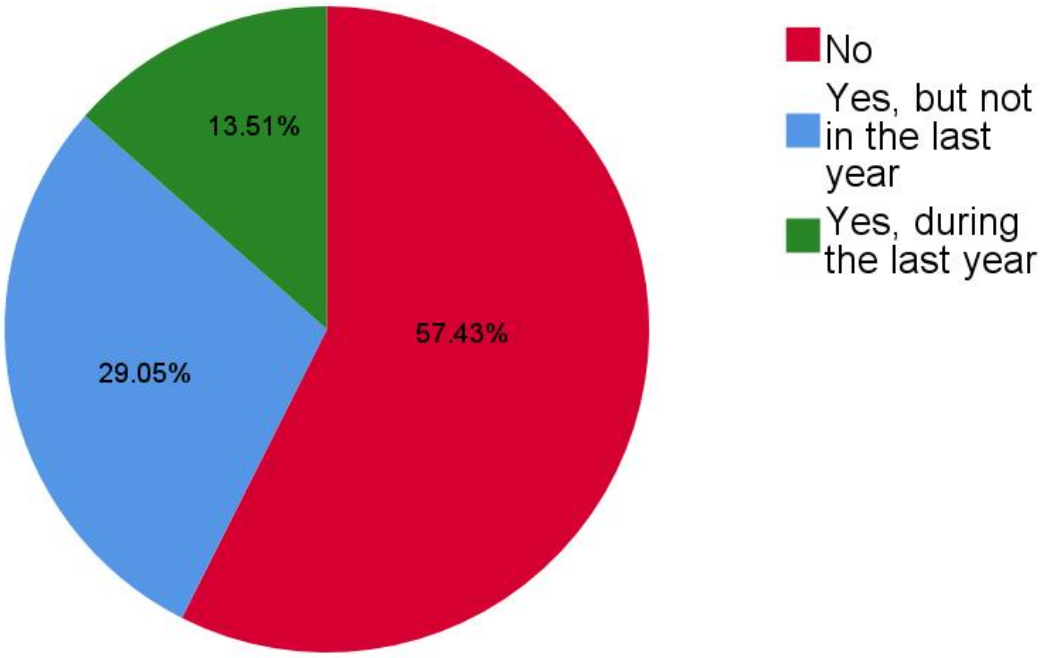

Fig. 10: Commercial drivers' Injury rate as a result of drinking (Q. 15)

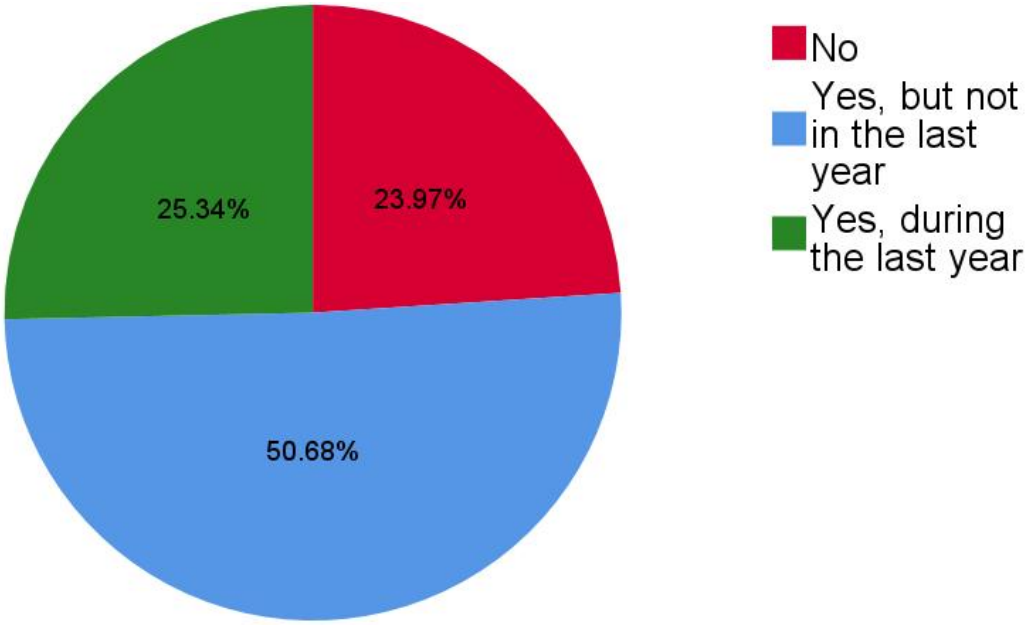

Fig. 11: Commercial drivers' concerned rate by relative/friend/doctor or another health worker about drinking and suggestion to cut it down (Q. 15)

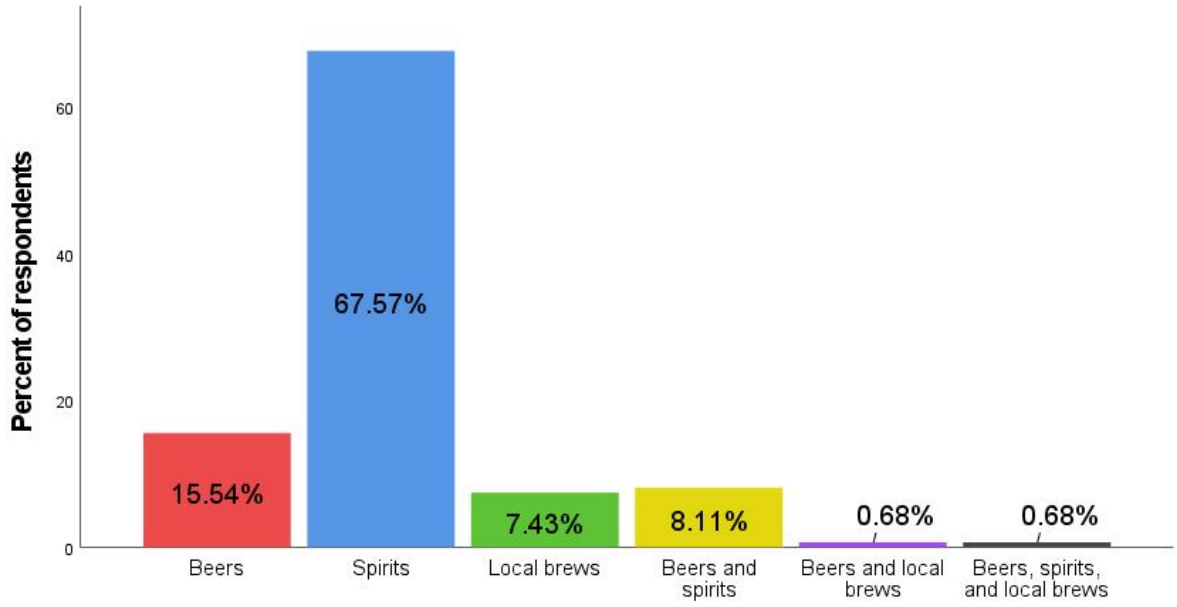

Fig. 12: Commercial drivers' alcoholic beverage consumed on duty

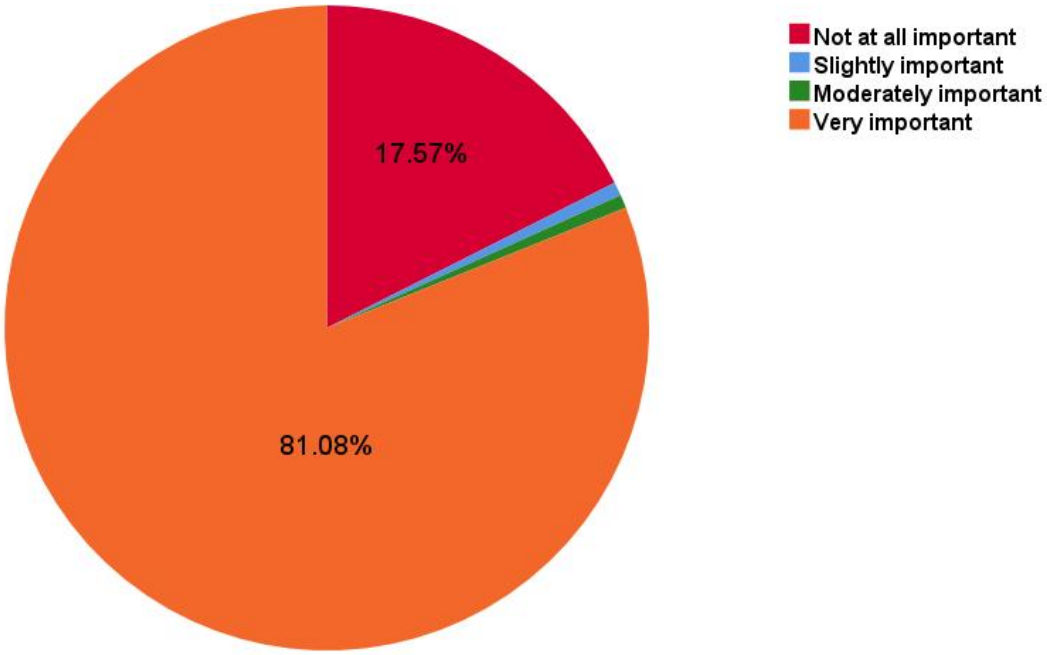

Fig. 13: Commercial drivers' rating of importance of fatigue relief and staying awake during long hours of driving in influencing decision to drink alcohol while working (Q. 18)

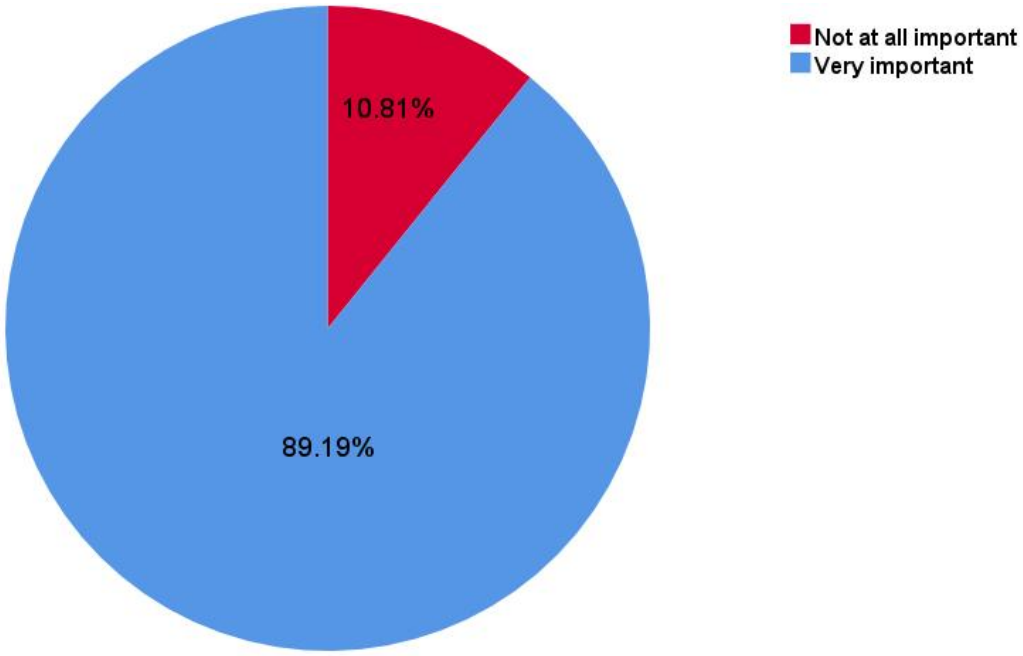

Fig. 14: Commercial drivers' rating of importance of coping with stress and pressure associated with the job in influencing decision to drink alcohol while working (Q. 19)

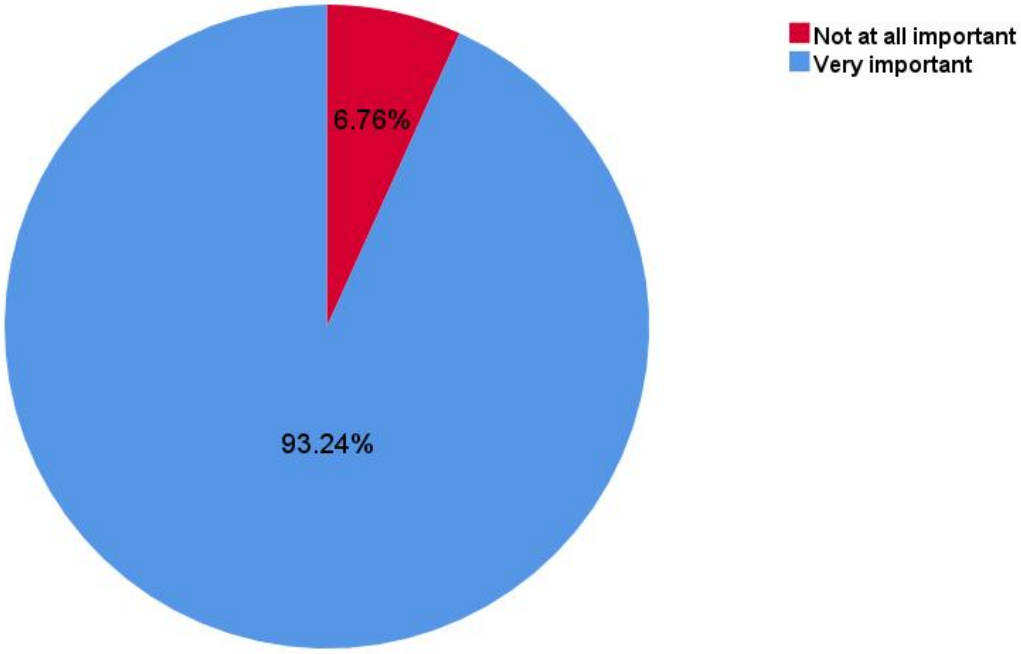

Fig. 15: Commercial drivers' rating of importance of peer influence and socialization with other drivers in influencing decision to drink alcohol while working (Q. 20)

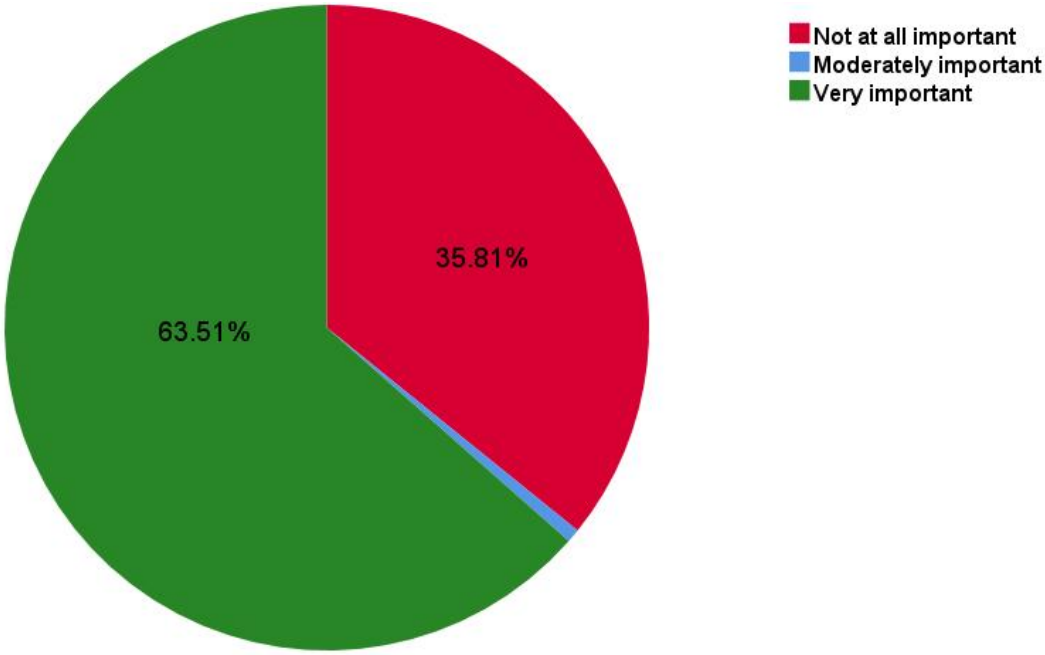

Fig. 16: Commercial drivers' rating of importance of cultural or societal norms surrounding alcohol consumption in influencing decision to drink alcohol while working (Q. 21)

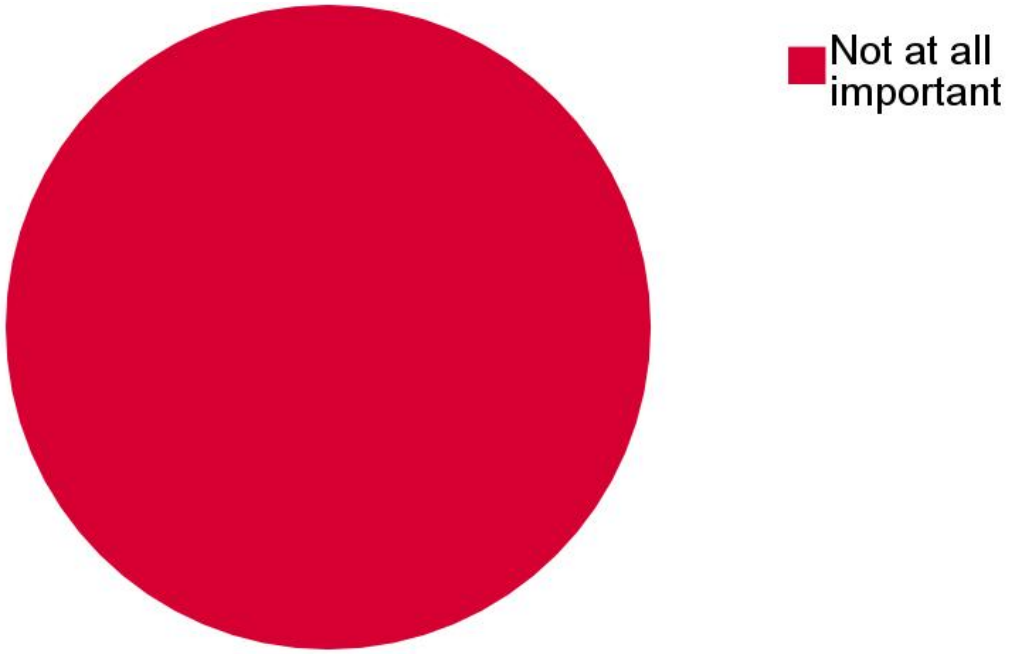

Fig. 17: Commercial drivers' rating of importance of lack of awareness about the risks and consequences of drinking and driving in influencing decision to drink alcohol while working (Q. 22)

CHAPTER FOUR

4.0 DISCUSSION

The results of this study show that commercial vehicle drivers in Benin city frequently use alcohol. Although our study demonstrated a greater prevalence of usage than the Ile-Ife, Nigeria (Abiona *et al* 2006) among commercial vehicle drivers, that study also revealed a high prevalence of use (67.3%) among those drivers.

Aniebue and Okonkwo found that the prevalence of psychoactive substance usage among bus drivers in Enugu, Nigeria, was relatively comparable (85.4%) and that alcohol was the most often used psychoactive substance among those who also used other substances, according to their research . In terms of alcohol control, drivers represent a unique category that needs considerable consideration. The strategic role held by commercial vehicle drivers in alcohol management is highlighted by the impact that alcohol plays in traffic accidents as well as other health and social effects. This study and others on patterns of alcohol use shared a number of interesting features. (Aniebu *et al* 2008)

Most participants in this study drank spirit (67.6%) ,spirit continues to be the most popular alcoholic beverage . This was also the case in the survey by Abiona and colleagues(Abiona *et al* 2006). A proportion of beer drinkers (86.2%) was reported by Kasapila and Mkandawire in a study of a similar

nature done among college students in Malawi , and this number is comparable to the one we found. But in all three investigations, the percentage of respondents who consumed alcohol (83.8%)in our study, 39.6% in the study by Abiona and colleagues, and 44.6% in the study by Kasapila and Mkandawire was comparable.(Kasapila, Mkandawire 2010)

In the previous 12 months, around one-fourth of drinkers had a history of bingeing. This was far lower than the reported rate for college students (85.4%) . The lower figure discovered in our study may be attributed to access, as college students were reported to binge during social gatherings and weekend get-together events where free alcohol was probably served.

In this study, nearly a half of respondents met the criteria for hazardous users according to the AUDIT grading .(WHO 2008) However, other studies were ambiguous in their evaluation of use intensity. In Ile-Ife, Nigeria, Abiona and colleagues found that 47.0% of alcohol users (31.6% of respondents) were "heavy users" whereas 53.0% (35.6% of respondents) were "mild/moderate" users . Although high use was defined as consuming more than two alcoholic drinks each sitting , Kasapila and Mkandawire employed a similar criterion and found that the percentage of college students in Malawi who were "heavy users" was also similar (31.5%).(Abiona *et al* 2006),(Kasapila, Mkandawire 2010).

It's possible that the timing of alcohol consumption and the justifications provided have some relationship. In this study, more than half of individuals(83.8%) who drank did so for enjoyment and relaxation-related reasons {cope with stress and pressure(89.2%), to socialize(93.2%) and fatigue relief and stay awake(81.1%) }. Only 10.8% of people drank to improve their work performance.

Given that nearly half of the respondents drank with friends, peer influence may potentially play a significant collective role in the respondents' alcohol consumption(93.2%).

Numerous research had previously outlined the justifications for alcohol usage. To be strong and awake was the most frequent justification given, according to Aniebu and Okonkwo . (Aniebu *et al* 2008)

. In addition to "relaxation," "releases their inhibitions," and "increases their confidence on the road," Asiamah and colleagues noted that "it helps them to socialize" and "they enjoy the taste" as their motivations. (Asiamah *et al* 2002) According to Abiona and her employees, drinking is done for a variety of reasons, including socializing, boosting morale, and dealing with frustration. Heavy drinking after work might cause hangovers the next day, which could imperil the lives of drivers and the people they carry.

Most of the reported alcohol used was spirit (67.6%), beer (15.5%). Those (77.7%) with income rate less than ₦50,000 tends to consume spirit

while those (9.5%) with income rate of ₦100,000 and above tends to consume more of beer. Less than half (42.6%) of the respondents reported to have injured as a result of drinking.

Majority(100%) of the respondants are aware of the risk and consequences of drinking and driving .More than half of the respondants (76.0%) have been advised by relative/friend/doctor or another health worker to cut down on the consumption of alcohol.

CHAPTER FIVE

5.0 CONCLUSION

Based on the findings recorded in the study, the following conclusions can be made: most of the respondents (83.8%) drink alcohol.

5.1 RECOMMENDATION

Sale of alcohol in the park and the environs contribute a great deal to the drinking habit indulged by commercial drivers in Benin metropolis. Alcohol also contributes to the adverse health condition of most drivers.

The results of this study revealed that a sizeable percentage of commercial intercity vehicle drivers in Benin City, Nigeria, engaged in frequent alcohol drinking. Findings in other regions of Nigeria are consistent with this. These beverages, which come in the forms of beer, spirit(whisky,gin,rum) and palm wine, are regularly made available for free at most social gatherings. In addition, personal observations have revealed that they are sometimes sold in some parking lots where they are frequently made into herbal remedies for a range of maladies. As a CNS depressive, alcohol can impair both mental and physical skills, which are essential to a driver's competence. It has an impact on how quickly, far, and risky you judge things. Along with blurred vision and diplopia,

it can also produce. A road traffic accident (RTA), which is frequently very serious, may be the end pathway of all these impacts. The sale of alcohol

close to motor packs is prohibited, however this restriction needs to be more strictly enforced to reduce the accessibility of alcohol near working drivers.

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APPENDIX

Questionnaire on the prevalence of alcohol consumption among commercial drivers in Benin City, Edo State.

Dear Respondent,

This Questionnaire is designed to assess the prevalence of alcohol consumption among commercial drivers in Benin City, Edo State. This is a research study, therefore your responses will not in any way influence how you are treated as an individual. I implore you, to be honest in your responses because your confidentiality is guaranteed.

SOCIO-DEMOGRAPHICS

1. **Gender:** Male ( ) Female ( )
2. **Age**: 18 - 28 ( ) 29 – 39 ( ) 40 – 50 ( ) > 50 ( )
3. **Religion** Christianity ( ) Islam ( ) Traditional ( ) Others ( )

4. **Marital status** Single ( ) Married ( ) Divorced ( ) Widower/Widow ( )
5. **Highest level of education**: No Formal ( ) Primary ( ) Secondary ( ) Tertiary ( )
6. **Monthly income**: Less than #30,000 ( ), #30,000 – 50,000 ( ), #60,000 – 80,000 ( ), #80,000 – 100,000 ( ), > #100,000

PREVALENCE OF ALCOHOL CONSUMPTION

7. How often do you have a drink containing alcohol?	Never	
	Monthly or less	
	2 to 4 times a month	
	2 to 3 times a week	
	4 or more times a week	
8. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	
	3 or 4	
	5 or 6	
	7 to 9	
	10 or more	
9. How often do you have 5 or more drinks on one occasion?	Never	
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	
10. How often during the last year have you found that you were not able to stop	Never	
	Less than monthly	

drinking once you had started?	Monthly	
	Weekly	
	Daily or almost daily	
11. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	
12. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	
13. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	
14. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	
15. Have you or someone else been injured as a result of your drinking?	No	
	Yes, but not in the last year	
	Yes, during the last year	
16. Has a relative/friend/doctor, or another	No	

health worker been concerned about your drinking or suggested you cut it down?	Yes, but not in the last year	
	Yes, during the last year	

REASONS FOR ALCOHOL CONSUMPTION

17. What type of alcoholic beverages do you usually consume while on duty?	Beer	
	Spirits (e.g., whiskey, gin, rum)	
	Local brews (e.g., palm wine, ogogoro)	
	Others	

Please rate the importance of the following factors in influencing your decision to drink alcohol while working (on a scale of 1-5, with 1 being "not important" and 5 being "very important")

	1	2	3	4	5
18. Fatigue relief and staying awake during long hours of driving.					
19. Coping with stress and pressure associated with the job.					
20. Peer influence and socialization with other drivers.					
21. Cultural or societal norms surrounding alcohol consumption.					
22. Lack of awareness about the risks and					

consequences of drinking and driving.					