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PURPOSE AND SCOPE

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The term "drug" in the title of the journal refers to all psychoactive substances other than alcohol. These include tobacco, cannabis, inhalants, cocaine, heroin, prescription medicines, and traditional substances used in different parts of Africa (e.g., kola nuts and khat).

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SELF-CONTROL AND ALCOHOL CONSUMPTION AMONG UNIVERSITY STUDENTS IN BOTSWANA

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ABSTRACT

The study explored the relationship between self-control and alcohol consumption among students at the University of Botswana, and was entrenched within the social-cognitive theory of self-regulation. Data were collected from 135 undergraduate students (42.2% female, 57.8% male) with a *mean* age of 21.22 years (*SD* = 2.16). Self-control was measured by the Brief Self-control Scale. Self-reported alcohol consumption on weekdays and in specific situations was converted into alcohol units. Participants who reported not drinking alcohol at all (55.6%) scored significantly higher in self-control. For those participants who reported drinking alcohol (44.4%), total self-control scores correlated moderately and inversely with alcohol consumption per week, in situations of stress, happiness, and when with friends. Standard multiple regression analysis revealed that self-control was a stronger predictor of the amount of alcohol consumed than were age and gender. The results are discussed with regard to the role of self-regulatory behaviour in the consumption of alcohol.

Key words: Alcohol consumption, Botswana, self-control, self-regulation, undergraduate students

INTRODUCTION

Worldwide, alcohol misuse is a common problem among university students (Dumbili, 2013; Gilmore, Granato, & Lewis, 2013; Pearson, Kite, & Henson, 2013; Shumba & Ncube, 2011). For many students, drinking alcohol in general, and binge drinking in particular, are a part of their recreational activities (Pearson et al., 2013; Peltzer, Ramlagan, & Satekge, 2012; Seloilwe, 2005) based on which they may engage in risky behaviour such as drunk driving or unsafe sexual behaviour (Campbell, 2003; Pitso, 2004). Social factors such as peer pressure may cause young people to engage in excessive alcohol intake but psychological factors such

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as a lack of self-control also contribute to alcohol abuse among young people (Friese & Hofmann, 2009).

Self-control is a personality variable and refers to a person's ability to control one's inner responses, wishes, and desires and to resist them (Tangney, Baumeister, & Boone, 2004). By nature, human beings have the capacity to self-regulate and control their own behaviour (Bandura, 1991), even in situations where automatic impulses tempt them to behave otherwise. However, not everyone is able to control their impulses and desires (Vohs & Heatherton, 2000), which can contribute to problems such as alcohol abuse (Baumeister & Heatherton, 1996).

Although the negative effects of alcohol misuse are a global concern (Gonzales-Alcaide et al., 2013; WHO 2014; Obot, 2006), psychological variables, as the underlying factors of excessive alcohol intake, have not been given the same attention everywhere. In Botswana, where the present study took place, little, if any, research has studied self-control as a predictor variable for alcohol intake. Therefore, the present study aimed at exploring the relationship between self-control and alcohol consumption among university students in Botswana. The study was entrenched within Bandura's (1991) social cognitive theory of self-regulation. According to this theory, human behaviour is largely influenced by how an individual monitors, judges, and feels about his/her behaviour. For people to effectively control themselves, they need to be aware of their actions, the situations in which they occur, and the immediate and long-term effects that their actions produce. Based on this theory, one's ability to control one's alcohol consumption is a result of how well one consistently and closely observes one's own drinking behaviour. Self-control is also influenced by self-evaluation and a person's personal standard, i.e., what a person perceives to be important and of value (Bandura, 1991).

A person's self-control can vary within situational circumstances. For example, when people are under stress they tend to be more emotional and irritable, which can lower their self-control (Baumeister & Heatherton, 1996) and lead to an increase in alcohol consumption. Muraven, Collins, and Nienhaus (2002) found that situations which require a high level of self-control may actually lead to a depletion of self-control, which then may cause a person to engage in higher alcohol consumption in situations that require drinking restraint. The problematic relationship between lack of self-control and alcohol is perpetuated by the fact that, under the influence of alcohol, people tend to judge their abilities inaccurately, which in itself impedes their self-regulating behaviour (Baumeister & Heatherton, 1996).

Various studies have established a relationship between deficits in self-control and alcohol use among young people. For example, Tangney et al. (2004), in a study with American undergraduate students, found that behaviours linked to alcohol abuse (such as binge drinking and alcohol related arrest) were relatively absent when self-control was high. Pondaná and Buriánek (2013) examined the relationship between self-control and problematic alcohol use among juveniles aged 12 to 16 years from 25 European countries. Taking cultural differences in social tolerance towards juvenile alcohol use into consideration, their study revealed that low self-control was a significant predictor of problematic drinking. Koning, Van den Eijnden, Engels, Verdurmen, and

Vollebergh (2010) carried out a study with adolescents from 19 different schools in the Netherlands and results showed that self-control was effective in delaying the onset of drinking. Pearson et al. (2013), in a study of American college students, established that self-control predicted the manner of drinking, limiting or stopping of drinking, and reduction of serious alcohol-related harm.

One may assume that a relationship between self-control and alcohol related behaviour would also exist among young people in Botswana. To investigate the correctness of such an assumption, the present study aimed to collect and analyse data on self-control and alcohol consumption among university students in Botswana and to determine whether self-control was associated with drinking alcohol in general and with the amount of alcohol intake in particular. The study hypothesised an inverse relationship between the two variables. Considering that various studies have found that males drink substantially more alcohol than females (Larsen, Engels, Wiers, Granic, & Spijkerman, 2012; Peltzer et al., 2012; Tangney et al., 2004; Teesson et al., 2010; Weiser et al., 2006) and that some found age differences in alcohol consumption among young people (Gross, 1993; Leigh & Stacy, 2004) while others did not (Park & Levenson, 2002), the present study also aimed to control for gender and age in the relationship between self-control and alcohol consumption. It was anticipated that the study would contribute to a better understanding of alcohol related behaviour among young people and that the results would be useful for student welfare programmes offered by universities to prevent alcohol abuse among students.

METHOD

Participants and procedure

Using convenience sampling, 150 self-administered questionnaires were distributed in five undergraduate classes of five different faculties of the University of Botswana (Faculties of Social Sciences, Humanities, Education, Engineering & Technololgy, and Health Sciences). Classes were selected on the basis of class facilitators giving permission for data collection at the beginning of class. Students were informed about the purpose of the study and that participation in the study was voluntary and anonymous and that data would be treated confidentially. Students who decided to participate returned their questionnaire to the researcher, who in exchange issued to each participant written debriefing information about counselling services available at the University. The response rate was 96.7% (N = 145). Two respondents were excluded from data analysis as their age was above 40 years and therefore not representative of the average age of university students. A further eight questionnaires were excluded from data analysis as respondents either did not complete the questionnaire (N = 5) or did not clearly indicate the amount of their alcohol consumption (N = 3). The final sample constituted 135 participants.

Measures

Self-control was measured through the Brief Self-control Scale (Tangney et al., 2004) which consists of thirteen items. Four of the items are positively phrased (e.g. “I am good at resisting temptation”) and nine of the items are negatively phrased (e.g. “I have a hard time breaking bad habits”); the latter were reversely

coded. The items were presented with 5-point Likert-type response categories (ranging from "Not at all like me" to "Very much like me"). A low total score indicated a low level of self-control. While this scale has not been standardised for the study population, this study made use of it as the scale was found to be a valid and reliable instrument in studies with various target groups of various cultural backgrounds (e.g. Maloney, Grawitch, & Barber, 2012; Nebioglu, Konuk, Akbaba, & Eroglu, 2012). Tangney et al. (2004) reported a strong internal consistency reliability for the scale with a Cronbach's alphas of 0.83; in the present study, Cronbach's alpha was 0.81.

Self-reported alcohol consumption was measured through fourteen questions. One of them asked participants to indicate the type of alcohol they usually drink; multiple response categories ranged from beer, wine, spirits, and traditional alcoholic beverages to "I do not drink alcohol". The remaining questions requested participants to indicate the amount of alcohol per type of alcoholic beverage that they would ordinarily drink on each day of the week and in particular situations (i.e. during special occasions, when with friends, when stressed, when happy, when feeling down, and when feeling under pressure). The responses were then converted into alcohol units with one unit being equivalent to either a 0.25 l glass of beer or traditional alcoholic beverage, a 0.2 l glass of wine or a 0.02 l shot of hard liquor (Friese & Hofmann, 2009). Total units of alcohol consumption were calculated per weekday, per week, and per particular situation. The questionnaire also explored participants' gender, age, year of study, and Faculty enrolment.

Data analysis

Data were analysed with SPSS (version 21). Descriptive statistics were utilised to determine average levels of self-control and average amount of alcohol consumed by participants. Correlational analysis (Pearson's R) was performed to determine the relationship between self-control and amount of alcohol consumption. Chi-square test (including continuity correction for 2x2 tables) and t-test were applied to determine differences in drinking alcohol with regard to self-control, age, and gender. Standard multiple regression analysis was performed to identify whether self-control, age, and gender were predictors of the amount of alcohol consumed. Statistical significance was measured at the 5% level ($p \leq 0.05$).

RESULTS

Among the 135 participants, 57 (42.2%) were female and 78 (57.8%) were male. The participants' ages ranged from 18 to 30 years with a *mean* age of 21.22 years (SD = 2.16). Sixty-six (48.9%) participants were second-year students, 41 (30.4%) were third-year students, and 28 (20.7%) were fourth-year students.

For the entire sample, the *mean* self-control score was 42.55 (SD = 9.63), with total scores ranging from 14 to 63 (within a possible range of 13 to 65). Female participants had significantly higher self-control scores than males ($t(133) = -3.07$, $p = 0.003$); age made no difference in participants' self-control scores ($r = 0.03$, $p = 0.734$).

More than half of the sample (N = 75; 55.6%) reported not drinking alcohol. Independent-samples t-tests revealed that participants who did not drink alcohol had significantly higher self-control scores

than participants who consumed alcohol ($t(133) = 2.98$, $p = 0.003$). The two groups did not differ significantly in terms of age ($t(125) = -0.84$, $p = 0.401$). Chi-square analysis revealed that there were also no significant gender differences between participants who drank alcohol and those who did not ($\chi^2(1) = 0.58$, $p = 0.447$).

Of those participants who drank alcohol ($N = 60$), 81.7% reported drinking alcohol on one to seven days a week and 18.3% reported that they would only drink in particular situations. The *mean* weekly alcohol consumption was 16.29 alcohol units ($SD = 18.96$) ranging from zero to 72 units with peaks on Fridays and Saturdays. Table 1 shows that 63.3% of the drinking participants reported consuming alcohol on Fridays and 71.7% reported consuming alcohol on Saturdays. Table 1 also shows that the average number of alcohol units consumed was highest on Fridays and Saturdays. Total self-control scores correlated moderately and inversely with the number of alcohol units consumed on Fridays and Saturdays but they did not correlate significantly with the alcohol units consumed on the other week days (see Table 1).

Results also revealed that total self-control scores correlated moderately and inversely with total weekly alcohol consumption units ($r = -0.38$, $p = 0.002$). Age was positively associated with weekly alcohol consumption ($r = 0.33$, $p = 0.012$), and male participants consumed significantly more alcohol per week than females ($t(52.9) = 3.33$, $p = 0.002$).

Table 2 shows that in particular situations, 88.3% of the drinking participants reported consuming alcohol during special occasions. Accordingly, *mean* alcohol consumption was highest on special occasions, followed by situations when with friends, when happy, and when stressed. Total self-control scores were moderately and inversely associated with alcohol consumption when with friends, when stressed and when happy while the amount of alcohol consumed during special occasions, when feeling down, and when under pressure was not significantly associated with self-control scores.

Table 3 shows that for alcohol consuming participants, standard multiple regression analysis revealed that self-control, gender, and age explained only 32.8% of the variance in the weekly amount of

Table 1. Weekly alcohol consumption and self-control among alcohol consuming participants ($N = 60$)

Days of the week	Number of participants consuming alcohol		Number of alcohol units consumed		Correlation with self-control
	N	%	*Mean*	*SD*	
Mondays	11	18.3	0.33	0.93	r = -0.20, p = 0.127
Tuesdays	8	13.3	0.30	1.01	r = -0.12, p = 0.345
Wednesdays	8	13.3	0.30	1.01	r = -0.24, p = 0.071
Thursdays	11	18.3	0.60	1.59	r = -0.13, p = 0.334
Fridays	38	63.3	6.32	8.18	r = -0.38, p = **0.003**
Saturdays	43	71.7	7.32	8.81	r = -0.32, p = **0.013**
Sundays	11	18.3	1.12	3.04	r = -0.20, p = 0.127

Table 2. Alcohol consumption in particular situations and self-control among alcohol consuming participants (*N* = 60)

Drinking occasions	Number of participants consuming alcohol		Number of alcohol units consumed		Correlation with self-control
	N	%	*Mean*	*SD*	
During special occasions	53	88.3	7.77	8.49	r = -0.25, p = 0.058
When with friends	41	68.3	6.98	9.41	r = -0.32, p = **0.013**
When stressed	22	36.7	3.48	6.59	r = -0.36, p = **0.005**
When happy	29	48.3	4.87	8.52	r = -0.33, p = **0.010**
When feeling down	20	33.3	2.57	6.10	r = -0.22, p = 0.096
When under pressure	15	25.0	1.60	4.39	r = -0.25, p = 0.059

alcohol consumption (R^2 = .328, adjusted R^2 = .291, $F(3,54) = 8.802$, p = .000). Self-control made the largest unique contribution (*beta* = -.31), although age (*beta* = .29) and gender (*beta* = -.28) also made statistically significant contributions to the amount of alcohol consumed per week.

DISCUSSION

The objective of the study was to explore the relationship between self-control and alcohol consumption among students at the University of Botswana. The results revealed that participants with higher self-control scores were significantly less likely to drink alcohol at all. For participants who drank alcohol, an inverse relationship between self-control and amount of alcohol consumption was found, which supported the main hypothesis of the study. The results are consistent with findings from other studies where self-control was negatively associated with alcohol intake (Pondaná & Buriánek, 2013; Friese & Hofman, 2009; Tangney et al., 2004).

The participants reported consuming much larger amounts of alcohol on Fridays and Saturdays than on any other days of the week, which may not be surprising as drinking has been identified as being part of leisure activities (Pearson et al., 2013; Seloilwe, 2005). High alcohol consumption was also reported for special occasions, followed by being with friends, being happy, and being stressed. Participants with higher self-control scores reported drinking significantly less alcohol on peak days and peak situations than participants low in self-control, except that for special

Table 3. Predictors of amount of weekly alcohol consumption based on standard multiple regression analysis

Predictors	R Square	Adjusted R Square	Beta	F	df	Sig.
Model	0.328	0.291		8.80	3, 54	**0.000**
Self-control			-0.31			
Age			0.29			
Gender			-0.28			

occasions self-control was not significantly associated with the amount of alcohol consumption. According to Bandura's (1991) theory of self-regulation, peoples' engagement in certain activities depends to some extent on one's representative group; individuals tend to compare themselves with their peers and those with whom they share a similar status. However, those who have a firm sense of identity tend to have a high level of self-directedness through which they are more determined to follow their own standards, even in situations of social comparison (Bandura, 1991), which may explain why in the present study participants with higher scores of self-control would drink less alcohol even when with friends and when socialising on weekends. The reason why self-control was not associated with alcohol consumption on special occasions could be that, worldwide, alcohol is used to celebrate special occasions such as people's achievements (Montoya, 2013; Podana & Burianek, 2013), which may contribute to a belief that it is acceptable to drink during special occasions. Consequently even the ones with higher scores in self-control may try less to control their alcohol drinking during special occasions. Such interpretation would be in accordance with the theory of self-regulation which considers that pre-existing cognitive structures and beliefs contribute to people's behaviour (Bandura, 1991).

Situations of psychosocial distress were found to be related to substance use (Page & Hall, 2009) and, apparently, it is quite common among college students to drink alcohol in order to cope (Park & Levenson, 2002). In the present study, participants high in self-control drank significantly less alcohol when stressed than participants with lower self-control scores. Considering that people's capability of self-reflection and self-reaction enables them "to exercise some control over their thoughts, feelings, motivation, and actions" (Bandura, 1991, p. 249), participants high in self-control may have found ways to cope with stressful situations without consuming large amounts of alcohol. The capability to control one's feelings may also have contributed to the finding that participants high in self-control drank less alcohol in situations of happiness than participants with lower self-control.

Gender differences in alcohol consumption have been found in many studies (Weiser et al., 2006; Tangney et al., 2004). Perhaps surprisingly, in the present study, males and females were equally likely to drink or not to drink alcohol. However, among alcohol consuming participants, males were more likely to drink larger amounts of alcohol than females, which is consistent with other studies where heavy alcohol use was more prevalent in males (Larsen et al., 2012; Tangney et al., 2004; Teesson et al., 2010). In this study, age correlated positively with alcohol consumption, which is consistent with some studies (e.g. Leigh & Stacy, 2004) but not others (e.g. Park & Levenson, 2002). Self-control turned out to be a stronger predictor for the amount of alcohol consumed than age and gender, which is in accordance with findings from studies that identified low self-control as a significant predictor of problematic drinking (Friese & Hofmann, 2009; Pearson et al., 2013; Pondaná and Buriánek, 2013; Tangney et al., 2004). However, self-control together with age and gender explained only some of the variance in alcohol consumption which suggests that other factors must have also contributed to the variance.

Limitations

The study had several limitations, one of them being that a self-report measure was used to determine alcohol consumption, which may have negatively impacted the reliability of the data. The study considered only self-control, gender, and age as predictor variables and did not control for other predictor variables. The study did also not control for intervening, mediating or moderating variables. The sample size was small and the sample was not representative of all university students in Botswana, therefore the external validity of the study may have been compromised. More research is needed to address these limitations.

CONCLUSION

The present study suggests that the level of self-control plays a role in the drinking behaviour among students at the University of Botswana. While the results cannot be generalised to all students in Botswana and elsewhere, it could be important to consider self-control when addressing students' alcohol consumption. For example, educational campaigns and student welfare programmes offered by universities to prevent alcohol abuse may want to address the psychological dimension of self-regulatory behaviour first before they target specific alcohol related behaviour. Counselling services for students could aim to equip students with the skills of reflecting on their own behaviour and evaluating their own behaviour in order to control it. Such skills of self-control would not only enable students to control their alcohol intake but would also benefit them in other aspects of their life and most likely also contribute to their academic success.

REFERENCES

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes, 50,* 248-287.

Baumeister, R. F., & Heatherton, T. F. (1996). Self-regulation failure: An overview. *Psychological Inquiry, 7,* 1-15.

Campbell, E. K. (2003). A note on alcohol consumption and sexual behaviour of youths in Botswana. *African Sociological Review, 7,* 146-161.

Dumbili, E. W. (2013). Patterns and determinants of alcohol use among Nigerian university students: an overview of recent developments. *African Journal of Drug and Alcohol Studies, 12*(1), 29-51.

Friese, M., & Hofmann, W. (2009). Control me or I will control you: Impulses, trait self-control, and the guidance of behaviour. *Journal of Research in Personality, 43,* 795-805.

Gilmore, A. K., Granato, H. F., & Lewis, M. A. (2013). The use of drinking and condom-related protective strategies in association with condom use and sex-related alcohol use. *Journal of Sex Research, 50,* 470-479.

González-Alcaide, G., Castelló-Cogollos, L., Castellano-Gómez, M., Agullo-Calatayud, V., Aleixandre-Benavent, R., Álvarez, F. J., & Valderrama-Zurián, J. C. (2013). Scientific publications and research groups on alcohol consumption and related problems worldwide: Authorship analysis of papers indexed in PubMed and Scopus databases (2005-2009). *Alcoholism: Clinical and Experimental Research, 37*(s1), E381-E393.

Gross, W. C. (1993). Gender and age differences in college students' alcohol consumption. *Psychological Reports, 72,* 211-216

Koning, I. M., Van den Eijnden, R. J. J. M., Engels, R. C. M. E., Verdurmen, J. E. E., & Vollebergh, W. A. M. (2010). Why target early adolescents and parents in alcohol prevention? The mediating effects of self-control, rules and attitudes about alcohol use. *Addiction, 106,* 538-546.

Larsen, H., Engels, R. C. M. E., Wiers, R. W., Granic, I., & Spijkerman, R. (2012). Implicit and explicit alcohol cognitions and observed alcohol consumption: Three studies in (semi) naturalistic drinking settings. *Society for the Study of Addiction, 107,* 1420-1428.

Leigh, B. C., & Stacy, A. W. (2004). Alcohol expectancies and drinking in different age groups. *Addiction, 99,* 215-227.

Maloney, P. W., Grawitch, M. J., & Barber, L. K. (2012). The multi-factor structure of the Brief Self-Control Scale: Discriminant Validity of restraint and impulsivity. *Journal of Research in Personality, 46,* 111-115.

Montoya, I. D. (2013). The pathology of alcohol use and abuse. *Clinical Laboratory Science, 26,* 15-22.

Muraven, M., Collins, R. L., & Nienhaus, K. (2002). Self-control and alcohol restraint: An initial application of the self-control strength model. *Psychology of Addictive Behaviors, 16,* 113-120.

Nebioglu, M., Konuk, N., Akbaba, S., & Eroglu, Y. (2012). The investigation of validity and reliability of the Turkish version of the Brief Self-Control Scale. *Bulletin of Clinical Psychopharmacology*, 22 (4), 340-351.

Obot, I. S. (2006). Alcohol use and related problems in sub-Saharan Africa. *African Journal of Drug & Alcohol Studies, 5*(1), 17-28.

Page, R. M., & Hall, C. P. (2009). Psychosocial distress and alcohol use as factors in adolescent sexual behaviour among sub-Saharan African adolescents. *Journal of School Health, 79,* 369-379.

Pallant, J. (2013). *SPSS Survival Manual* (5th edition). Berkshire, UK: McGraw Hills.

Park, C. L., & Levenson, M. R. (2002). Drinking to cope among college students: Prevalence, problems and coping processes. *Journal of Studies on Alcohol and Drugs, 63,* 486-497.

Pearson, M. R., Kite, B. A., & Henson, J. M. (2013). Predictive effects of good self-control and poor regulation on alcohol-related outcomes: Do protective behavioural strategies mediate? *Psychology of Addictive Behaviors, 27,* 81-89.

Peltzer, K. Ramlagan, S., & Satekge, M. (2012). Alcohol use, problem drinking and health risk factors among South African Youths. *Journal of Psychology in Africa, 22,* 671-680.

Pitso, J. M. N. (2004). Does alcohol use take away condom use? Qualitative evidence from Selibe Phikwe and Mahalapye town districts, Botswana. *African Journal of Drug & Alcohol Studies, 3 (1 & 2), 53-73.*

Pondaná, Z., & Buriánek, J. (2013). Does cultural context affect the association between self-control and problematic alcohol use among juveniles? A multilevel analysis of 25 European countries. *Journal of Contemporary Criminal Justice, 29,* 70-87.

Seloilwe, E. S. (2005). Factors That Influence the Spread of HIV/AIDS Among Students of the University of Botswana. *Journal of the Association of Nurses in AIDS Care, 16*(3), 3-10.

Shumba, A., & Ncube, S. (2011). Aspects of alcohol use at a South African university campus. *Journal of Psychology in Africa, 21,* 111-114.

Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality, 72,* 271-322.

Teesson, M., Hall., W., Slade, T., Mills, K., Grove, R., Mewton, L. ... Haber, P. (2010). Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: Findings of the 2007 national survey of mental health and wellbeing. *Addiction, 105,* 2085-2094.

Vohs, K. D., & Heatherton, T. F. (2000). Self-regulatory failure: A resource-depletion approach. *Psychological Science, 11,* 249-254.

WHO (2014). *Global status report on alcohol and health.* Geneva, Switzerland: WHO Press.

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"YOUR DRINKING IS MY PROBLEM": RECORDING ALCOHOL'S HARM TO OTHERS IN NIGERIA

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ABSTRACT

The negative consequences of alcohol consumption on the drinker are well documented. Alcohol is the cause of many physical and mental health conditions and is associated with social problems affecting the drinker, the family and the society at-large. Non-drinkers also experience the impact of other people's drinking though the extent of this experience is not well documented. This paper presents preliminary data from the WHO/Thai Health project on the harm to others from drinking. A sample of 16 health, security and social welfare agencies in Akwa Ibom State of Nigeria was selected and a nominated key informant in each agency was approached for information using a qualitative interview schedule. The information sought from respondents included types of harms to others seen at the agency, the frequency of such cases, how information about the cases are recorded and handled, and whether regular records are kept at the agency on harm to others from alcohol. Findings show that few agencies collected data on harm to others from drinking but several reported seeing people affected by the drinking of others, with most cases reported by social welfare agencies. Almost all the agencies contacted expressed interest in collecting relevant data and being involved more in addressing the problem. The reported low levels of awareness and action on harm to others from drinking have potentially serious implications in a society with a rapidly growing rate of alcohol consumption.

Key words: Alcohol, harm to others, Nigeria, drinking problems

INTRODUCTION

Alcohol consumption and its consequences vary widely around the world, but the burden of disease and death remains significant across cultures (WHO, 2012). Independent and collaborative studies show alcohol and other drug use as a pervasive and enduring public health problem (Windle, 2003; Obot, 2006; 2007; Roerecke,

Obot, Patra & Rehm, 2008; WHO, 2012). Harmful alcohol consumption is identified as a major factor in death, disease and injury due to dependence, liver cirrhosis (Lim, et al., 2012), cancers, coronary heart diseases, cardio-vascular complications (Rehm, et al., 2008, 2010) and many other health conditions.

According to the World Health Organization, harmful use of alcohol is the third largest risk factor for disease and disability globally. It is a causal factor in 60 types of diseases and injuries and a component cause in 200 others. Almost 4% of all deaths worldwide are attributed to alcohol, greater than deaths caused by HIV/AIDS, violence or tuberculosis (WHO, 2011).

Perhaps, the biggest social impact of harmful and hazardous consumption of alcohol is on crime and violence, strained relationships, family break ups, child abuse and road/industrial accidents (Mann et al., 2006; 2008; Bond et al., 2010). Alcohol has also been implicated in psychological deficits among young drinkers such as reduced concentration, perception, coordination and reaction time.

Over time, the harms from alcohol consumption have been erroneously perceived as being largely the problem of the individual drinker. However, recent research findings (Foundation for Alcohol Education and Research, 2011; WHO, 2011) indicate that alcohol problems do not just affect the drinker; they also impact greatly on others as they ripple through families, workplaces and communities. An intoxicated driver endangers people's lives by involving them in traffic accidents or violent behaviour. An addicted drinker would negatively affect coworkers, relatives, friends and strangers.

A survey involving 2,600 Australian adults which measured alcohol's impact on people other than the drinker found that about two thirds of respondents were adversely affected by someone else's drinking in the past year (WHO, 2012). More than 70,000 Australians were victims of alcohol related assaults and of those 24,000 experienced the assault as domestic violence. It was also revealed that almost 20,000 children across Australia were victims of substantiated alcohol related child abuse and the death of 367 people, and hospitalization of a further 14,000 people could be attributed to someone else's drinking (Foundation for Alcohol Research and Education, 2011).

Using this initial Australian research as a model for international study across the Americas, Asia, Africa and Europe, the World Health Organization in conjunction with Thai Health Promotion Foundation commissioned the African Centre for Research and Information on Substance Abuse (CRISA) to extend this study to Nigeria - a country with one of the highest adult alcohol per capita consumption rates (12.3 litres of pure alcohol) (WHO, 2011). The preliminary findings of the scoping and assessment aspects of this important international collaborative effort are presented in this report. This study which is the first of its kind in Nigeria is expected to initiate a sustained and comprehensive effort to quantify alcohol's harm to people other than the drinker in a country where harmful and hazardous use of alcohol has been perpetually under-reported and accorded minimal priority in public health policy. Thus if the study would aid in the expansion of public knowledge of alcohol's impact on people other than the drinker,

provide comparable data on the issue in context, redirect government's misplaced priority in the adoption, implementation and enforcement of policy, reduce the impact of harmful and hazardous use on innocent and unsuspecting victims, then its objectives would have been realized.

METHOD

Study location and sample

The scoping and assessment phase of 'harm to others from drinking' project was conducted in Akwa Ibom State, Nigeria. The state is one of the six Niger Delta states in the country with a population of 3, 920, 208 and a land area of 6, 900Km^2. Akwa Ibom State comprises 31 Local Government Areas (LGAs) with Uyo, a rapidly growing urban area, as its capital (Federal Republic of Nigeria Official Gazette, 2007) and surrounded by several equally fast growing LGAs. Data collection for the study was conducted only in agencies and organizations located in the capital city.

The study adopted a purposive sampling technique to select a sample of social welfare organizations and agencies in the state. Sixteen consenting organizations were included in the study based on their awareness and/or experience of the various degrees of harm their hazardous substance using clients pose to members of the public and vice versa. The sixteen organizations in the sample were in the following categories: health institutions, social welfare organizations, law enforcement/transportation agencies and hospitality outfits in the state. In all, data on the harm from alcohol consumption to people other than the drinker were gathered from:

- Four health institutions (the mental health unit of a Teaching Hospital, accident and emergency unit of a General Hospital, a Psychiatric Hospital, and the accident and emergency unit of another General Hospital);
- Four social welfare organizations (governmental and non-governmental organizations);
- Five organizations in the law enforcement and transportation sectors (e.g., drug law enforcement, security, traffic, transport);
- Three hospitality outfits in the state capital that cater to the entertainment needs of urban dwellers.

Instrument and data collection

A qualitative interview schedule was used in the data collection. This 17-item schedule asked for information on the awareness and experience of key informants concerning the various harms a client's hazardous drinking style could cause innocent victims of the society and vice versa and their method of data collection regarding such incident among other questions. Prior to the interview, the harm to others from drinking informed consent form sought the voluntary participation of the organizations and agencies in the survey.

Procedure

Training of interviewers and data collection for the scoping and assessment phase of this survey spanned a period of 3 months. Organizations and agencies were selected based on the researchers' conviction that they were involved with clients who come to their services because of someone else's drinking. It was also possible that the drinking of the clients the organization or agencies came in

contact with affected other people in the society. Thus heads of these organizations and agencies were officially approached, the heads would then refer researchers to the departments and personnel in charge of such work in the organization. Unit heads were briefed on the nature of the study and the roles expected of them via the informed consent form. Organizations and agencies that consented to participate in the study were then issued the certificate of consent form to fill and endorse, marking the commencement of the tape-recorded interview. In event where such head was not disposed for the interview at the time of endorsement of the certificate of consent, a more convenient schedule for both parties was considered. Thus, of the 22 organizations and agencies purposively drafted for study, 16 gave voluntary consents and the breakdown is as follows: four health based organizations, four social welfare agencies, five law enforcement/ transportation agencies and three hospitality outfits in the state capital of Akwa Ibom.

RESULTS AND DISCUSSION

This section presents findings of the scoping and assessment interview. In this section, attempts will be made to present the types of harm to others reported by the respondents, reported awareness and experience of impact of other people's drinking by different categories of respondents, type of information collected by the agencies and institutional systems of recording alcohol harm to others, among other findings.

Reported types of harm to others

The diversity of harms recorded allow for the development of different profiles of harms from other people's drinking. Here we adopt a typology that subsumes these harms under four broad categories namely physical, social, economic and occupational (see Table 1).

The specific harms included under the physical category as captured by item '9' in the 'harm to others from drinking questionnaire' are road traffic accidents, assaults, quarrels, fights, injuries, harassment, and domestic violence, especially those perpetrated by the male partner. Child battery by an alcohol-using parent, especially the father, was another commonly reported case of physical harm to others. Economic harms to others included indebtedness by addicts, inability to provide for the family, loss of property and stealing from family members. The cost of treatment for an injured alcohol user or for injuries caused to a family member is also included in this category of harms. Social harms included divorce or marital dissolution, discontinuation of children's

Table 1. Categories of harm to others from drinking

Categories of Harm	Types of Harm to Others
Physical	Road traffic accidents; physical assault; quarrels; fights; injuries; harassment; domestic violence; child battery
Economic	Indebtedness; loss of property; stealing from family members; inability to provide for family; cost of treatment of injured drinker or family member
Social	Divorce; discontinuation of children education; abandonment of family
Occupation	Loss of job; unemployment; poor productivity

education, abandonment of family mostly by the father, disobedience of the law. Occupational harms to others consisted of unemployment, loss of job and poor productivity arising from loss of man-hours to hang-over and hospitalization due to alcohol-related health problems.

It is clear from the above information that physical harms were the most predominant harm to others from alcohol consumption. It is also noteworthy that physical harms have strong health implications to the effect that physical harms are almost coterminous with health harms. Similarly, it should be noted that these harms are inter-related. For example, physical harms (such as road traffic accident) could lead to occupational harm (loss of job), which in turn could harm the family economically. But perhaps the most important insight arising from the data is that apart from the social/marital harm, all the categories of harms have serious economic implications. Physical harms entail enormous financial burden either in the form of loss of income or increased burden of health expenditure. Loss of productivity leads to loss of income, which in turn deepens the economic harm. Taken together, they highlight the fact that alcohol use has serious negative economic impacts on others.

Nearly all agencies surveyed acknowledged seeing clients who were negatively impacted by other people's drinking. In most cases, the 'other' whose drinking caused harm to the client were spouse, family member and/or co-worker. Other persons' drinking harmed clients in different ways. Table 2 shows reported awareness and experience of harm to others from drinking among different categories of respondents.

Three out of the four health based organizations reported being aware of the impact of other people's drinking on their client while 50% reported actual experience where the effects of other people's drinking on the clients was an issue; 100% of the welfare agencies accepted being aware and having experienced the impact of other people's drinking on their clients. The law enforcement/transportation agencies and the hospitality sector organizations also reported high levels of awareness and experience of the impact of other peoples' drinking on their clients. The scope of harms to others from alcohol use makes a case for proper documentation of such cases.

Type of information collected and institutional systems of recording alcohol harm to others

Two items in the interview schedule probed responses on the specific type of data collected and the institutional sys-

Table 2. Reported awareness and experience of impact of other people's drinking by different categories of respondents (n, %)

Category	Awareness of impact		Experience of actual case	
	Yes	No	Yes	No
Health Based Organization (n=4)	3(75%)	1(25%)	2(50%)	2(50%)
Social Welfare Agency (n =4	4(100%)	0(0%)	4(100%)	0(0%)
Law Enforcement/ Transportation (n=5)	4(100%)	0(0%)	4(80%)	1(20%)
Hospitality Outfit (n=3)	3(100%)	0(0%)	3(100%)	0(0%)

tems of recording alcohol harm to others. The traffic unit of the Nigeria Police Force accepted having no recorded information on alcohol since the organization lacked the instruments to test the blood alcohol concentration of defaulters. Other law enforcement agencies/transportation company (Federal Road Safety Commission, National Drug Law Enforcement Agency and the Akwa Ibom Transport Company) admitted receiving complaints from victims of fight, data on drunk-driving, spousal stress, child trafficking. They however submitted that these complaints were rare as alcohol is a generally accepted substance in the society. The hospitality sector was quite interested in taking note of debtors, quantity and rate of alcohol and the physical damage triggered by hazardous or harmful consumption. In the social welfare sector, domestic violence against women, spousal fight, child neglect and quarreling were reported. The mental health unit of the university teaching hospital showed evidence of systematic recording of issues related to alcohol so as to aid in diagnoses and treatment of alcohol related cases.

Despite the high level of awareness of alcohol-related harms in general and harms to others from alcohol consumption in particular among the agencies surveyed, as highlighted in Table 2, it was observed that systems for recording such information were generally inadequate. Few of the agencies surveyed had institutionalized systems for recording cases of alcohol harm to others, such as case notes, set forms, computer entries and other methods for tracking such data. The few that had such systems were mainly women and child protection agencies and the National Drug Law Enforcement Agency NDLEA (an agency charged with the enforcement of drug control laws and drug demand reduction) and the mental health unit of the teaching hospital.

Interest in proper documentation of cases of harm to others from alcohol use in these exceptional agencies may be attributed to the centrality of substance abuse to their work. The women/child protection agency handles issues of domestic violence and violation of women and child rights. The connection between these issues and drug use in general is inescapable as the link between substance abuse and domestic violence has been fairly well documented in existing literature. On the other hand, the drug law enforcement agency routinely collects data on the use of various types of chemical substances. However, these agencies acknowledged the need for more conscientious effort to track information on alcohol harm to others.

A majority of the agencies admitted that they probe deeper into cases of alcohol harm to others when such is presented in their agencies, but that they do not possess a comprehensive system for tracking emerging information. The paucity of documented information on the problem in these institutions is due to the lack of any felt need for such information. Indeed, institutions, such as hotels and drinking places, whose businesses centre around alcohol, did not see any need for tracking information on alcohol harms generally, much less harm to others; they rather concentrated on enumerating issues surrounding non settlement of bills after drinking, documentation of indebtedness and the quantity and rates of alcohol sold at a given time.

A uniform pattern of response to the item which probed the proportion of respondents' client base that was ad-

versely affected by other people's drinking was observed among all categories of respondents, as more than 93% indicated a range of 10-30%. Nominated representatives of these institutions who answered questions from the research assistants expressed willingness to document such phenomenon. They stated that their agencies would henceforth develop proper systems to that effect. Some, especially the civil society organizations (CSOs) and hospitals, expressed the view that such system will be put in place because they have now realized the need to collect such data for the purpose of understanding the problem and developing appropriate intervention strategies.

These are findings from semi-structured interviews seeking information on how harm to others from drinking are viewed and responded to in Nigeria. A full and more structured survey will provide useful data on the actual experiences of Nigerians and the extent of the problem in the general population.

REFERENCES

Federal Republic of Nigeria Official Gazette (2007). Akwa Ibom State: geography and location. http//www.aksonline.com/lga.aspx. Retrieved 15 May 2013.

Foundation for Alcohol Research and Education Report (2011). The range and magnitude of alcohol's harm to others. http//www.fare.org.au/research. Retrieved 20 May 2013.

Lim, S.S., Vos, T., Flaxman, A.D., Daaei, G., et al., (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the global burden of disease study. *The Lancet*, 380, 2224-2260.

Mann, R.E. et al. (2006). Drinking-driving fatalities and consumption of beer, wine and spirits. *Drugs and Alcohol Review* 25(4), 321-326.

Obot, I.S. (2006). Alcohol related harm. Paper presented at the plenary session " Alcohol: legal epidemic", 17th International Conference on the Reduction of Drug Related Harms, Vancouver, Canada, 30 April-4 May.

Obot, I.S. (2007). Nigeria: Alcohol and society today. *Addiction*, 102(4), 519-522.

Rehm, J., Room, R., Tailor, B. (2008). Method of moderation: measuring lifetime risk of alcohol-attributable mortality as a basis for drinking guidelines. *International Journal of Methods in Psychiatry Research*, 17(3), 141-151.

Rehm, J. (2010). The risk associated with alcohol use and alcoholism. *Alcohol Research and Health*, 34(2), 135-143.

Roerecke, M., Obot, I.S., Patra, J., and Rehm, J. (2008). Volume of alcohol consumption, patterns of drinking and burden of disease in sub-saharan Africa. *African Journal of Drug and Alcohol Studie*s, 7(10), 1-16.

Windle, M. (2003). *Alcohol use among adolescents*. Thousand Oaks, CA: Sage.

World Health Organization (2011). *Global status report on alcohol and health*. Geneva: WHO.

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PREVALENCE OF SUBSTANCE USE AND ASSOCIATION WITH PSYCHIATRIC ILLNESS AMONG PATIENTS IN UYO, NIGERIA

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ABSTRACT

The purpose of this study was to investigate the pattern of substance use among in-patients of a Psychiatric Hospital in Uyo, Nigeria, to determine the association with onset of psychiatric illness. A total of 124 inpatients admitted into a Psychiatric Unit of the University of Uyo Teaching Hospital were assessed for substance use, using a modified form of a 117-item self-report instrument based on the World Health Organization guidelines for students' substance-use surveys. Clinical interviews were also carried out with the patients and their relatives to corroborate the information volunteered by the patients in the questionnaire. A lifetime prevalence rate of 48.4% use of substances was found. The prevalence rate of current use of alcohol was 36.3%; cannabis 28.3%; cigarette 14.5%; Cocaine 0.8%; snuff/fumes 2.4%; Pain killers and kola nuts 1.6%. About 51.7% of the subjects used two or more substances. Substance use preceded first psychiatric episode in 29.6% of the participants; second in 42.9%; third in 50.0%; while 46.5% all relapses were preceded by alcohol/substance use. This study has shown that substance use is major risk factors for the development of psychiatric illnesses. Therefore, there is need for public enlightenment and routine assessment in order to prevent onset or exacerbation of psychiatric disorders.

Key words: Psychoactive substance; In-patients; Mental illness; Onset.

INTRODUCTION

There are increasing reports that Alcohol and other controlled substances are growing rapidly worldwide (WHO, 2004). Data from the United Nations Office on Drugs and Crime (UNODC) indicate large-scaled seizures of different types of habit-forming substances such cocaine, heroin, cannabis, amphetamine and other stimulants in different parts of the world. The use of these substances has been reported

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to contribute significantly to the burden of disease in many countries (WHO, 2012). There is evidence to suggest that in Nigeria use is highly correlated with psychiatric illnesses (Yunusa, Obembe, Ibrahim and Njoku (2011) and studies have also documented increasing use these substances among mentally ill patients. Previous have shown that that cannabis and alcohol accounted for 53.5% and 28.2% of patients treated for psychiatric problems in Nigeria (Adelekan & Adeniran 1991). Reports have also shown that schizophrenic symptoms are found in patients who indulged in Alcohol and cannabis (Ohaeri & Odejide, 1993).

Availability of some of these substances in many countries depends on the level of cultivation and success or failure of drug controlled agencies. In developing countries like Nigeria, the use of some of these substances such as alcohol, tobacco as well as traditional stimulants like kolanuts is not restricted because of their cultural importance. Despite the negative effects of these substances, there is a high prevalence of use and the attendant psychiatric morbidities associated with the use. Research has shown that continued use can result in addiction with hazardous consequences including disorganization and disruption of individuals, families and communities (). Evidence also suggests that they have drastic physical and psychological implications for growing youths and are associated with a marked burden of disease, disability, mortality, criminality and other social vices (Obot, 2011). Many of these substances are harmful. For example, evidence suggests that alcohol use leads to cirrhosis of the liver, physical violence, hypertension, and coronary heart disease (Finnish Foundation for Alcohol Studies, FFAS, 2002). Studies have also shown that drunkenness is a significant cause of death through depression, suicide, road traffic accidents, and ischemic heart disease (Makanjuola, 1992). Smoking has been seen as a marker for more severe mental disorders (De Leon, 1996) and it is estimated to be responsible for 3 million deaths annually or about 6% of all deaths (WHO, 2001). Currently, 50% of men and 9% of women in developing countries smoke cigarettes compared to 35% of men and 22% of women in developed countries (WHO, 2004). Tobacco smoking has been linked to apathy, social withdrawal, failure to thrive, and depression (Ogden, 2003). In 2008, tobacco smoking was estimated to have killed over 5 million people and by 2030, its death toll will exceed 8 million a year (WHO, 2008). It is clearly shown to be a causal factor in cardiovascular disorders, lung cancer, stroke, chronic obstructive airways diseases, tumours of the mouth, larynx, esophagus, and bladder (Centre for Disease Control and Prevention, CDCP, 2008). Cannabis intoxication impairs learning, driving and operational machinery and chronic use is associated with cancer, immune system dysfunction, and respiratory and cardiovascular dysfunctions (Obot, 2011). Students who smoke persistently suffer negative consequences including declining grades, lowered commitment to education, increased potential for drop-out and high truancy rate (Hawkins, Catalano, & Miller, 1992).

In Nigeria, the use of alcohol and substances is of the increase and associated problems are enormous (Yunusa, Obembe et al., 2011 Goar et al., 2011; Abayomi et al., 2012). The socio-cultural impacts resulting from these substances are difficult to estimate, but the involvement of youths in various antisocial activities,

such as kidnapping, armed robbery and prostitution is often linked to the influence of these substances. With the poor standard of health care facilities and services, the increasing use of these substances among mentally ill individuals is of major concern. This is because of the limited facilities for rehabilitation. This study was aimed at assessing the extent and nature of substance use among mentally ill-patients in Uyo, Nigeria to determine their association with onset of psychiatric illness.

METHOD

Location of the study: The study was carried out at the Psychiatric Unit of the University of Uyo Teaching Hospital. This is a 300-bed hospital established since 1996 and is situated on the outskirts of Uyo, capital of Akwa Ibom State. The state is one of the major oil producing states in Niger Delta Region. The hospital is the only tertiary health institution serving about 3.9 million people of Akwa Ibom State and its neighbouring states of Abia, Cross River and Rivers.

Participants: Participants were one hundred and twenty four patients, consisting of 77 males and 47 females admitted into the Psychiatric Unit of the University of Uyo Teaching Hospital between January and March 2013, as well as their relatives.

Data collection: A total of 124 patients admitted into the Psychiatric ward between February 2012 and January 2013, completed a self-report questionnaire adapted from a modified form of a 117-item self-report instrument based on the World Health organization guidelines for students' substance-use surveys (Smart et al., 1989). This was done after the consent was obtained. Information on biodata such as age, marital status, educational level and occupation were elicited through a semi-structured sociodemographic questionnaire. A clinical interview was also carried out on both the patients and their relatives to corroborate information volunteered by the patients in the questionnaire. Those with little or no education were assisted to fill the questionnaire. This self-report questionnaire has been used in several studies in many countries including Nigeria (Adelakan & Ndon, 1997; Fatoye & Morakinyo, 2002; Courtois et al., 2004; Abasiubong et al. 2008). This study received the approval of the Ethics and Research Committee of the hospital.

Data analysis: The results of the study were analyzed using Statistical Package for Social Sciences (SPSS 17.0). Sample means and percentages were calculated from which simple frequency tables were created. Standard deviations from the means were calculated and comparisons of categorical data were done using Chi-square. The p-value of less than or equal to 0.05 was used to determine the level of the statistical significance.

RESULTS

Analysis of the data as indicated in Table 1 showed that 77 (62.1%) of the patients were males and 47 (37.9%) females. Their ages ranged from 18 to 52 years, with a mean age of 32.72 years.

In terms of education, 2.4% had no formal education, 4.0% were drop-outs, 4.8% had primary education, and 50.8% had secondary education, while 37.9% had tertiary education.

Table 1. showing sociodemographic characteristics of the Respondents

Variables	Participants	
	Number	Percentage
Sex		
Males	77	62.1
Females	47	37.9
Age in years		
<20	11	8.9
21-30	65	52.4
31-40	41	33.1
41-50	7	5.6
> 50	-	-
Marital Status		
Single	63	44.4
Married	46	37.1
Separated/Divorced	8	6.5
Widowed	7	5.6
Education Level		
No formal education	3	2.4
School drop-out	5	4.0
Primary school	6	4.8
Secondary school	63	50.8
Tertiary education	47	37.9
Occupation		
Students	55	44.4
Applicants	26	21.0
Public sector workers	18	14.5
Private sector workers	23	18.5
Retirees	2	1.6

In Table 2, a total of 60 (48.4 %) inpatients reported using alcohol and other psychoactive substances while 64 (51.6 %) did not. The lifetime prevalence of substance use was 48.4%. A total of 36.3% of the inpatients were current users of alcohol; 28.3% cannabis; 14.5% cigarettes; 0.8% cocaine; 2.4% snuff/fumes; 1.6% pain and kolanuts.

About 51.7% of the patients used two or more substances; 7.3% used alcohol, cannabis and cigarette, 13.7% alcohol and cannabis; while 4.0% used alcohol and cigarette.

Table 3 shows the association between alcohol/other substance use and onset of psychiatric episode.

A total of 29.6% of first onset of psychiatric cases were preceded by substance use while other factors such non-medication compliance accounted for 70.4% of first episode. Alcohol/other substance use pre-

Table 2. Prevalence of psychoactive substances use among the respondents

Types of substances used	Participants	
	Frequency	Percentage
Alcohol	11	8.9
Cannabis	9	7.3
Cigarette	4	3.2
Cocaine	1	0.8
Pain killers	2	1.6
Kolanut	2	1.6
Snuff/Fumes	3	2.4
Alcohol + Cannabis +Cigarette	9	7.3
Alcohol + Cannabis	17	13.7
Alcohol +Cigarette	5	4.0
Total nos. users	60	48.4
Total of non-users	64	51.6

Table 3. showing factors associated with episodes of psychiatric disorders

Factors	Number of episodes of illness			
	1st	2nd	3rd	>3rd
	n (%)	n (%)	n (%)	n (%)
Alcohol and other substances	24 (19.4)	14 (11.3)	6 (4.8)	8 (6.5)
Non-compliance with medications	-	3 (2.4)	1 (0.8)	4 (3.2)
Other non identified factors	57 (46.0)	5 (4.0)	5 (4.0)	5 (4.0)

ceded psychiatric illness in 42.9% of cases, non-compliance to medication accounted for 21.4% while other factors accounted for 35.7% of cases. Also Alcohol/other substances were involved in 50.0% of third episodes, non-compliance to medication accounted for 8.3 % while other factors accounted for 41.6% of cases. In all relapses Alcohol/other substances preceded 46.5%. of cases, non-compliance to medication accounted for 18.6% while other factors accounted for 34.8% of cases.

Table 4 shows various reasons given by the patients why they were using substances though the majority of the patients (25.0%) could not give any possible reason.

Reasons given for use of alcohol and other substances were follows: 15.0% to cope with the stress, 8.3% to reduce negative emotions, 10.0% to enhance performance, 18.3% because they were readily available, 5.0% because other people also used them, and 3.3% used the substances because they were ignorant of the risks involved in use.

DISCUSSION

The results of this study indicate that there is high level of use of alcohol and other psychoactive substances among

Table 4. showing possible reasons for using psychoactive substances among the respondents

Reasons	Participants	
	Number	Percentage
To cope with stress	9	15.0
To reduce negative emotions	5	8.3
To get aroused	6	10.0
To enhance performance	9	15.0
Because they are ready available	11	18.3
Because other people are using them	3	5.0
Ignorant of the risks involved in their usage	2	3.3
No cogent reason	15	25.0
Total number of users	60	48.4

mentally ill people in Nigeria. This is demonstrated by the prevalence of current use of these substances: 36.3% for alcohol, 28.3% cannabis, 14.5% cigarette. This finding is similar to the findings in previous studies (Katz et al., 2000; Davis et al., 2003). Our study also showed a life time prevalence of 48.4% of these substances and that more than 51.7% of mentally ill patients used two or more substances. The high prevalence of alcohol and substance use in this study may not be unconnected with the widespread availability of these substances in our environment. For example, the use of some of these substances such as alcohol and cigarettes may not be unconnected with the custom that encourages their presence in traditional functions and ceremonies such as marriages and naming ceremonies. Availability of cannabis in Nigeria on the one hand may have arisen from expansion of drug trafficking and transit routes and increasing cultivation over the years (Awopetu & Ajonye, 2011). With the increasing disruption in family dynamics, less emphasis on long-held societal values in the midst of growing affluence, there is evidence that Nigeria will continue to witness increases in the use of these substances for a long time, except concerted efforts are made to control them. The findings of this study also demonstrate specifically the increased use of alcohol and cannabis among mentally ill patients. This finding is consistent with previous findings (Yunusa et al (2011), Awopetu and Ajonye (2011), and Abayomi et al (2012). Again this may be due to the fact that these substances are readily available in our environment.

One major finding of this study is the association of alcohol and other substances with the onset of first psychiatric episode. More than29.6% of first episode of psychiatric illness in this study were preceded by substance use. This is significant and a pointer to the need for holistic management of all drug cases. This finding is in line with those of Katz et al. (2008) and Dervaux et al. (2003). Another finding of the study was that 43 out of the 124 cases (34.7%) seen during the study period relapsed and 46.5% of the relapsed psychiatric cases were linked to the use of psychoactive substances; this is a serious matter and has implication for relapse

prevention programme popularized by Marlatt (1985), which highlights four psychosocial processes relevant to the addiction and relapse processes: self-efficacy, outcome expectations, attributions of causality, and decision making processes. Self-efficacy entails one being able to deal competently and effectively with high-risk, relapsed-provoking situations or cases. Outcome expectancies refer to one's expectations about the psychoactive effects of an addictive substance. Attribution of causality refers to one's pattern of beliefs that relapse to drug use is due to internal or external transient cause, such as allowing oneself to make exceptions when faced with what are judged to be unusual circumstances. Lastly, abuse of substances results from multiple decisions whose collective effects lead to the consumption of the intoxicant. Thus, cognitive-behavioural techniques should be incorporated into the treatment protocol.

On the high rate of relapse cases, the family is indicted for failing to exercise its good care-giving and regulatory role. Apart from five of the relapsed cases that were organic (epilepsy – 2 and Alzheimer's disease– 3), the rest of the relapsed cases were those that could be averted if the family helped patients to exercise due diligence in terms of compliance to medication and refraining from the use of psychoactive substances. In one of the epileptic cases, incessant relapse was due to psychoactive substances usage while in one of the Alzheimer's disease cases, it was due to non-compliance with medication. All these indict the family on neglecting its care-giving role. Furthermore, a series of studies initiated in London in the 1960s by Brown and colleagues and replicated by many scholars including Lopez, Nelson, Snyder & Mintz,(1999) and Weisman, Nuechterlein, Goldstein, and Snyder, (1998) indicated that the family has a crucial role on the adjustment of patients after discharge from the hospital in relation to expressed emotion (EE) (including being hostile, hypercritical, and overprotective). The pioneer work by Brown, Bone, Dalison, and Wing,(1966) indicated that at the end of the follow-up period, 10% of patients that returned to low-EE homes had relapsed whereas 58% of patients returning to high-EE homes had relapsed. This implies that family therapy on reducing expressed emotion should be a core treatment package for mental patients and their families before discharge and during follow-up. The overall purpose is calming things down for the patient by calming things down for the family (Davison & Neale, 2001).

On the widespread availability of psychoactive substances in the society, more effort should be intensified by the regulatory agencies to curb the maneuvering and sophistication of drug traffickers. Of course, there is high level corruption and abuse of psychoactive substances in these agencies. There are reported cases where psychoactive substances have been conveyed in vehicles of these agencies amidst heavily-armed personnel to prevent detection and confiscation. The bad eggs in the agencies should be fished out and punished.

On follow-up and social work services, mental health personnel in our mental health facility are highly inadequate. A situation where only three social workers are employed to service a whole Teaching Hospital is obtainable in UUTH is pathetic. For all intents and purposes, social workers at UUTH are supposed to attend ward rounds at the mental health ward but they don't because the three of them attend to emergencies in other departments and they seemed not to render services to men-

tally ill patients as expected. Thus, mental health facility should recruit enough mental health experts including psychiatrists, social workers, clinical psychologists, occupational therapists, psychiatric nurses and recreational therapists, among others, so that the facility could render appropriate mental health services to mental patients.

It is suggested that Nigerian government should take proactive measures to curb the unbridle availability of psychoactive substances in the society. A lot needs to be invested by way of advertisement and public enlightenment to counter the pro-adverts sponsored by Tobacco and Alcohol companies on the media. Also, more tax should be placed on tobacco and alcohol brewery companies so that their prices could go up and thereby discourage their usage since they serve as gate way drugs to other psychoactive substances.

There were limitations in this study. The study was a cross-sectional one and data were collected from self-report measures and interview data which have inherent limitations. However, such measures have been found to be reliable and valid in previous studies (Darke, 1998;Needle, Fisher, Weatherby, Brown, Cesari, Chitwood et al., 1995).Future researchers should use diagnostic measures to address the lapses of self-report measures. Furthermore, collaborative group study is suggested to get samples from most Nigerian tertiary facilities. Rehabilitation units should be made to function in our mental health facilities to take care of the needs of our ever-increasing psychoactive substance use patients

CONCLUSION

The results of this study have shown that use of psychoactive substances is prevalent among mentally ill inpatients, contributes to their morbidity and is a major factor in relapses. This implies that staff in mental health facilities should be trained on techniques of screening and detecting the use of psychoactive substances as well as on how to successfully rehabilitate substance use patients. Thus, intervention programmes in mental health facilities should include strategies for helping patients cope with drug use problems, and proper attention should be paid to rehabilitation so as to wean them of drug and its associated problems.

REFERENCES

Abasiubong, F., Bassey, E. A., Atting, I. A & Ekott, J. U. (2008). A study of knowledge and substance use in two secondary schools in Akwa Ibom State. Nigerian Journal of Clinical Practice, 11 (1), 45 – 51.

Abayomi, O., Ojo, T.M., Ibrahim, W., Adelufoso, A.O & Obasan, A. (2012). Prevalence and correlates of substance use among persons with mental disorders in a Nigerian Psychiatric Hospital. Paper presented at the 10th Biennial International Conference on Alcohol, Drug and Society in Africa on 11th –12th July, 2012 at Rockview Hotel, Abuja.

Abiama, E.E. (2012). Drug abuse/illicit trafficking on substances: A literature review. In Press (Journal of Culture & Development).

Abikoye, G. & Fusiogboye, A. (2010). Gender, Locus of Control and Smoking habits of Undergraduate students. African Journal of Drug and Alcohol Studies, 9 (2), 71-79.

Adelekan, M. I & Ndon, R. J. (1997). Trend in prevalence and pattern of sub-

stance use among secondary school pupils in Ilorin, Nigeria. West African Journal of Medicine, 16 (3), 157 – 164.

Atkinson, J., McCurdy, S., Williams, M., Mbwambo, J & Kilonzo, G. (2011). HIV risk behaviours, perceived severity of drug use problems and prior Treatment experience in a sample of young heroin injectors in Dar Es Salaam, Tanzania. African Journal of Drug and Alcohol Studies, 10 (1), 1-9.

Awopetu, R.G & Ajonye, A.A. (2011). Substance abuse among prison inmates in Benue State, Nigeria. Nigerian Journal of Psychological Research, 7, 66-72.

Brown, G.W., Bone, M., Dalison, B & Wing, J. K. (1966). Schizophrenia and social cure. London: Oxford University Press.

Clausen, T., Rossow, I., Naidoo, N & Kowas, P. (2009). Diverse alcohol drinking pattern in 20 African Countries. Addiction, 104, 1147-1154.

Courtois, R., El-Hage, Moussiessi, T & Muliet, E. (2004). Prevalence of alcohol, drug use and psychoactive substances consumption in samples of French and Congolese High School Students. Tropical Doctor, 34, 15-17.

Darke, S. (1998). Self-report among injecting drug users: A review. Drug and Alcohol Dependence, 51, 253-263.

Davison, G. C & Neale, J. M. (2001). Abnormal Psychology (8th ed.). New York: John Wiley & Sons, Inc.

Dervaux, A., Laqueille, X., Bourdel,M.C., Leborgne, M.H., Olle,J.P., Loo, H., and Kreb, M.O. (2003). Cannabis and Schizophrenia: Demographic and Clinical Correlates. Encephale, (Jan-Feb) 29 (1), 11-17.

Drugaware, (2006). http;//www.drugaware.co.2a (accessed 18th March, 2012).

Fatoye, M. O & Morakinyo, O. (2002). Substance use amongst secondary school students in rural and urban communities in South Western Nigeria. East African Medical Journal, 79 (6), 299 – 305.

Goar, G., Audu, M.D., Agbir, M.T & Dochalson, E. (2011). The prevalence and sociodemographic correlates of alcohol use disorders among HIV patients. African Journal of Drug and Alcohol Studies, 10 (1), 41-47.

Health 24 (2006). Cocaine and crack. http://www.health24.com (accessed 18th March, 2012.

Ironson, G.O., Cleirigh, C., Fletcher, M.A et al. (2005). Psychosocial factors Predicting CD4 and viral load change in men and women with HIV in the era of highly active and retroviral treatment. Psychosomatic Medicine, 67, 1013-1021.

Katz, G., Durst, R., Shufman, E., Bar-Hamburger, R., and Grunhaus, L. (2008). Substance Abuse in Hospitalized Psychiatric patients. Israel Medical Association Journal, 10, 672-675.

Lasebikan, V.O. (1997). Pattern of psychoactive substance use among commercial drivers. Unpublished M.sc Thesis, University of Ibadan, Nigeria.

Lasebikan, V. O. (2010). Is cannabis use related to road crashes? A study of long distance commercial drivers in Nigeria. African Journal of Drug and Alcohol Studies, 9 (1) 23-32.

Lopez, S.R., Nelson, K.A., Snyder, K. S., & Mintz, J. (1999). Attributions and affective reactions of family members and course of schizophrenia. Journal of Abnormal Psychology, 108, 307-314.

Marlatt, G .A. (1985). Relapse prevention: Theoretical rationale and overview of the model. In G. A. Marlatt and J. Gordon (Eds.), Relapse prevention and maintenance strategies in addictive behavior change. New York: Guilford.

National Campaign Against Drug Abuse Authority (2007). Rapid situation assessment of drug and substance abuse in Kenya. National Campaign Against Drug Abuse Authority, Nairobi, Kenya.

National Drug Law Enforcement Agency (2009). Brief history of Nigeria's counter –narcotic efforts. http://www.ndlea.gov.ng/vi/79=content/history

Ndetei, D.M., Onyecha, F.A., Mallow, R.M., Onyancha, J., Mutiso, V., & Kokonya, D.D. (2006). Next priorities for intervention in Kenya: Results from a cohort study on drug use, HIV and HIV patterns in five urban areas. International Psychology Reporter, 4 (1), 16-19.

Needle, R., Fisher, D., Weatherby, N., Brown, B., Cesari, H., Chitwood, D., et al. (1995). The reliability of self-reported HIV risk behaviours of drug users. Psychology of Addictive Behaviours, 9, 242-250

Njuho, P & Davids, A. (2010). Extent and influence of recreational drug use on men and women aged 15 years and older in south Africa. African Journal of Drug and Alcohol Studies, 9 (1), 33- 48.

Obot, I.S. (2012). Alcohol in Sub-Saharan Africa: Current situation and trends. Paper presented at Global Alcohol Policy Conference,Nonthabari, Thailand, 13th-15th February, 2012.

Odejide, A.O. (2006). Public health problems caused by harmful use of alcohol: Commentary. African Journal of Drug and Alcohol Studies, 5 (1), 75-77.

Odejide, A.O. (2006). Status of drug use / abuse in Africa: A review. International Journal of Mental Health and Addiction, 4 (2), 87-102.

Parry, C.D.H., Rehm, J & Morojele, N.K. (2010). Is there a causal relationship between alcohol and HIV? Implications for policy, practice and future research. African Journal of Drug & Alcohol Studies, 9 (2), 82-89.

Rehm, J., Anderson, P., Kanteres, F., Parry, C.D., Samokhvolov, A.V., & Patra, J. (2009a). Alcohol, social development and infectious disease. Toronto, Canada: Centre for Addiction and mental Health.

Shaffer, D.N., Njeri, R., Justice, A.C., Odero, W.W & Tierney, W.M. (2004). Alcohol abuse among patients with and without HIV infection attending public clinics in Western Kenya. African Medical Journal, 8 (11), 594-599.

Smart, R. G., Hughes, P. H., Johnson, I. D. et al., 1989). A methodology for students' drug-use surveys (WHO Offset Publication No. 50). Geneva: World Health Organization.

Weisman, A.G., Nuechterlein, K.H., Goldstein, M.J & Snyder, K.S. (1998). Expressed emotion, attributions and schizophrenia symptom dimensions. Journal of Abnormal Psychology, 107, 355-359.

Welch, J. and Plenaar, W. (2000). Occurrence of comorbid substance use among acute psychiatric inpatients at Stikland Hospital in Western Cape, South Africa. African Journal of Psychiatry (Johannesburg), 12 (3), 213-217.

World Health Organization (2012). W.H.O. Report on Global Tobacco Epidemic. Geneva: W.H.O

Yunusa, M.A., Obembe, A., Ibrahim, T& Njoku, C. (2011). Prevalence and specific psychosocial factors associated with substance use and psychiatric morbidity among patients with HIV infection at Usmanu DanFodiyo University Teaching Hospital Sokoto, Nigeria. African Journal of Drug and Alcohol Studies, 10 (1)), 1-16.

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CONTEXT AND CONSEQUENCES OF LIQUOR SACHETS USE AMONG YOUNG PEOPLE IN MALAWI

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ABSTRACT

This article presents a relatively new phenomenon regarding alcohol related problems in Malawi; the context and consequences of the consumption of liquor sachets among young people. The results presented are part of a larger study looking at the prevalence and social norms related to alcohol use, as well as people's opinions on policies and interventions related to alcohol in Malawi. The results presented here are from a qualitative component in three Malawian communities. The results imply that the introduction of sachets has contributed to an increase in alcohol consumption among young people. Major issues of concern are issues of age limits, packaging and alcohol content, as well as lack of empirical evidence on which to base policies and interventions. Finally, there is a need to mobilize positive adult role models for young people with regards to alcohol.

Key words: Liquor sachets, Malawi, youth, alcohol consequences, qualitative study

INTRODUCTION

This article addresses the context and consequences of the consumption of liquor sachets among young people in poor Malawian contexts. Sachets are a relatively new phenomenon with regards to alcohol related problems in sub Saharan Africa in general and Malawi in particular. There is ample evidence of the negative effects of alcohol worldwide (WHO, 2014). While the African region has relatively low levels of consumption (WHO, 2014), the expansion of global alcohol corporations in emerging markets, such as Malawi, is contributing to the rise in alcohol consumption (Casswell & Thamarangsi, 2009; Bruijn, 2011). Indeed it has been argued that as low income countries develop, the burden of alcohol

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abuse is expected to increase, and thus interfere with their development (Parry, 2005). Packaging and price are two very influential alcohol marketing strategies, which are particularly relevant for youth (Room et al, 2002; Bruijn, 2011). Therefore, alcohol sold in small, cheap sachets has the potential to contribute to an increase in alcohol consumption among the youth, which is particularly serious in an African context where young people make up the majority of most populations (Bruijn, 2011). Historically alcohol consumption in Africa has been highly gendered, with men consuming substantially more alcohol than women. Recent research suggests that this trend is changing (Martinez et al., 2011). In Malawi consumption levels are low, with only 14.5% of the adult population (18 years and above) drinking alcohol; 1.6% of females and 27.3% of males (Eide et al., 2013; Natvig et al., 2014)[1]. However, a study among University of Malawi students found that 78% of males and 63% of females drink alcohol (Zverev, 2008). There is a scarcity of empirical evidence on alcohol use among children and young people in Africa in general and Malawi in particular. It is widely documented, also from the African context, that children and young people are influenced by the alcohol behaviour of influential adults such as teachers, neighbours and parents, and they are also highly susceptible to peer pressure (Abikoye & Olley, 2012; Morojele, Parry & Brook, 2009). Young people are at increased risk for harmful use of alcohol due to cognitive and physical factors such as reduced ability to process and assess risks and reduced physical control in potentially dangerous situations (WHO, 2010). As a result, young people are more vulnerable to alcohol related harm such as crime, violence, intentional and unintentional injuries (Morojele, Parry, Brook & Kekwaletswe, 2012) as well as dropping out of school (Makhubele, 2013). In addition, they are at greater risk of suffering negative health and social outcomes because alcohol can disrupt brain development in childhood and give physical health consequences (WHO, 2012).

UNESCO defines youth as people between the age of 15 and 24 years (UNESCO, 2014). In the Malawian Liquor Act young people are defined as 'anyone who appears to be or is under the age of eighteen' (Government of Malawi, 1999). While the Liquor Act restricts young people's access to alcohol, it only states that it is not allowed to "*supply opaque beer*"[2] to young people, with no mention of any other type of alcohol including liquor packaged in sachets (Government of Malawi, 1999). In this article, young people are defined as persons under the age of eighteen.

The term sachets, as used in this article, refers to small plastic bags of approximately 30-100ml of various types of strong liquor, with an alcohol content, as stated on the sachets, ranging from 30-45%. These are available in many African countries, including Malawi (Malawi Voice Reporter, 2013; Meulenbeek & Mwanza, 2012; Muma, 2014). There is little or no empirical evidence concerning alcohol sachets in southern Africa in

[1] These findings are from the survey component of the ALMA study. The data presented in this article is from the qualitative component of the same study. See website: www.sintef.no/alma

[2] Defined as 'liquor brewed by an industrial brewing process' in the Liquor Act

general and in Malawi in particular. Studies from South Africa and India mention alcohol sachets, and suggest restriction or complete ban on the production and sales of these products (Parry, 2005; Chowdhury, Ramakrishna, Chakraborty & Weiss, 2006). These studies, however, focus little on the context of sachet consumption and consequences for young people. This article therefore explores people's understanding of the context in which alcohol sachet consumption occurs, and their consequences in Malawi, with particular emphasis on young people. The results presented in this article are part of a larger study which looked at the prevalence and social norms related to alcohol use, as well as people's opinions on policies and interventions related to alcohol in Malawi[3]. The study, funded by the Norwegian Research Council, was developed in response to the expressed needs of Malawian policy makers for scientific evidence in order to develop national alcohol policy and interventions. The project consisted of both quantitative (survey) and qualitative components. This article presents some results from the qualitative component, with data collected over a period of four weeks in October 2012.

METHOD

In qualitative research multiple sources of evidence and multiple data collection techniques are commonly used (Silverman, 2013). In this study we conducted social mapping, in-depth interviews (individual and group) and direct observations in three local communities; two rural villages and one urban township, one from each of the three regions of Malawi (Northern, Central and Southern region). The three study sites, characterized by poverty, were chosen based on experiences of high prevalence of alcohol consumption found in the survey which preceded the qualitative data collection. Review of relevant policies, interviews with policy makers and review of grey literature and media reports was also conducted. A social mapping approach was used to identify relevant informants, with the aim of gaining multiple perspectives on the same phenomena (Onwuegbuzie & Leech, 2007). The mapping of the community was carried out together with the village headman. This resulted in a rough map of the community, with important landmarks such as roads, rivers and trading centers, as well as relevant individuals and institutions. These included local authorities, practitioners of traditional medicine and modern heath institutions, educational institutions, religious institutions, police (including community police), shebeens[4], bars and nightclubs. Following the social mapping, 69 informants, both men and women above 18 years, were purposively selected for in-depth interviews. Informants included those identified in the social mapping, community members, national level policy makers, NGO representatives and mental health providers. An interview guide was used to cover key themes, such as knowledge and perceptions about alcohol, policy, legislation, prevention, treatment, consequences and production (formal and informal). The issue of sachets was not included in

[3] Fighting poverty through alcohol misuse prevention in Malawi (ALMA): www.sintef.no/alma

[4] Shebeens are informal alcohol outlets producing and selling homebrewed/distilled alcohol

the guide specifically, but was brought up by most informants. The research team consisted of both Malawian and Norwegian researchers, in addition to three Malawian research assistants/ interpreters. With the informants' permission interviews were recorded. To analyze the data, a thematic analysis approach was applied (Braun & Clarke, 2006). Ethical clearance was obtained from committees in Norway and Malawi.

RESULTS

While sachets vary in size and content, most of the sachets we found in Malawi during our fieldwork were small plastic bags containing 30-35ml of fruit flavored liquor, with catchy English brand names (Double Punch/Rider/Master/Boss/Tyson). The alcohol content, as stated on the sachets, varied from 30-45%. These sachets were produced by small, unknown production companies, not by the bigger companies present in Malawi, such as Carlsberg and SAB Miller. Each sachet cost approximately 15 Malawi Kwacha, equaling US$ 0.04. Despite our efforts, we were unable to track down and interview the producers of these sachets, and find out their contents. A representative from Carlsberg suspected that these sachets contained illegally produced and potentially dangerous liquor. Since their introduction to Malawi in 2007/2008, sachets have quickly become popular among both adults and children due to their low price and availability. Up till today, mostly boys and young males have been observed drinking alcohol. This picture, according to our informants, is changing as more and more young girls are starting to consume alcohol, particularly alcohol sachets.

Legislation

Available information about the legality of sachets in Malawi is confusing and conflicting.

The Liquor Act, the legislation on alcohol in Malawi, makes no mention of alcohol sold in sachets. We were told by policy makers that the Government had banned sachets, but the ban was lifted due to a 2011 court injunction (Endal, 2011). However, in 2013 the Malawi Bureau of Standards (MBS) and alcohol manufacturers came to an agreement to increase the minimum legal volume of sachets from 30ml to 100ml, and as such ban alcohol sold in smaller sachets (Malawi Voice Reporter, 2013). Manufacturers and distributors of sachets smaller than 100 ml would be prosecuted starting in 2013 (Malawi Voice Reporter, 2013).This was corroborated in October 2013 by MBS in an e-mail to the first author of this article. The banning and subsequent court injunction seems to have created confusion among our informants, from community members to police, regarding the legality of sachets. There was, however, a general consensus among our informants that sachets should be banned.

While the Liquor Act states that it is not allowed to supply alcohol to anyone who is or appears to be under the age of 18, determining the age of an individual can be problematic. Very few people in Malawi are in possession of an identification document showing their year of birth, hence the law is often not upheld. A bar owner in an urban township in the Southern Region (SR) said the following about determining a person's age:

> *I know by their face and I use height to know if person is old enough to drink.*

Availability of sachets

There was a general feeling among our informants that underage drinking has increased with the introduction of sachets. Informants told us that children, both boys and girls, as young as 10 years of age, were drinking alcohol, particularly in sachets. This is emphasized in the quote by a policeman in the Northern Region (NR) below:

> *The children have started drinking because of sachets, the adults have increased drinking. Children did not drink as much before.*

This was corroborated by a community member in the Central Region (CR):

> *Abuse of alcohol is mostly done among the youth. More especially with the coming of the sachets a lot of youth are drinking the liquor sachets.*

As our informants expressed, the increase in drinking due to sachets seems to be related to their accessibility in terms of availability and price. As stated by a religious leader (SR):

> *Children can get sachets from vendors everywhere. It is easy to get.*

Furthermore, one informal alcohol brewer (NR) said that some children come to buy alcohol claiming they have been sent by an adult, but in reality they consume the alcohol themselves.

A Traditional Authority (NR) said that sachets were especially popular among young people 12-18 years of age:

> *This is because they are cheap and because they are small-they can buy them and put them in their pockets so nobody can know.*

This was corroborated by a health surveillance assistant (NR):

> *You buy mangoes at 20 kwacha and 30 kwacha, but alcohol at 15 kwacha. A child may keep a 10 kwacha when asked to buy tomato and keep a 5 kwacha when asked to buy other things. By the end of the day, he has 15 kwacha - enough to buy a sachet.*

When first introduced in Malawi, sachets were readily and openly available in shops, bars and on the streets. We were told of people carrying strings of sachets around their necks walking around selling on the streets, market places, in villages and from buses. During our 2012 fieldwork, sachets were not sold as openly on the streets, but were still easily available in shops, kiosks/tuck-shops and in bars, pubs, nightclubs and shebeens; through legal and illegal channels. The research team observed empty sachets on the ground in school yards, market places and other places in nearly all villages and areas we visited. At one elementary school, we were shown a bag full of empty sachets collected over a little less than a week. It was, however, unclear whether they had been picked inside or outside the school premises.

Contexts for sachet consumption

The study areas were purposely chosen due to their high prevalence of alcohol consumption in order to extract the necessary information required for the study. The prevalence of alcohol consumption was substantially higher in these areas compared to the national average for Malawi. The context in which this consumption occurs can perhaps explain why young people in these areas

have quickly adopted sachets into their everyday life. Many of our informants worry about pupils drinking sachets both in classes and during leisure time between classes. Alcohol in general and sachets in particular are consumed openly in these study areas. As one community member (CR) observed:

> *(...) you will find young boys drinking almost 10 packs of it (sachets) and sometimes more than ten. Some even carry the sachets around their shoulders.*

There seems to be a general acceptance of drinking and public drunkenness. In fact, two informants saw drinking as part of living in a democratic country. In one bar, no one seemed to worry about a two year old child, observed by members of the research team, sitting on the lap of an adult man, sucking on an alcohol sachet. As one community based police (CR) commented:

> *Even fathers, when they buy sachets they give it to the children.*

Reasons for drinking sachets

Among many reasons why young people drink alcohol, the main reasons mentioned by our informants were influence of role models, peer pressure and poverty. Some students told us that young people drink to feel rich and do as rich people do. Being able to drink seems to imply a certain level of success. An 18 year old girl (SR) told us that for many young people *"drinking alcohol is like living a high standard life".* The most common reason given by informants for young people drinking alcohol was peer pressure. The same girl stated:

> *(...) they are pressurized by friends and sometimes they think that drinking alcohol is so good (...) most of the youths go to school and are always influenced by their friends to start drinking alcohol.*

A community based policeman (NR) also described peer pressure as a reason for drinking:

> *Children can buy sachets on the way to school and drink. They have taken a sachet or two by the time they get to school. Others, who see them, also get influenced.*

A male community member (CR) corroborated this:

> *Peer pressure is what most of the youths are facing problems with. Their friends would sometimes tell them to drink alcohol for them to be intelligent. They get carried away and follow the behavior of their friends.*

Children also learn by example, for instance copying the behavior of influential adults. As expressed by a primary school teacher (CR) who said in Chichewa: *"Mwana wa nkhuku amaonera amake kunya mnyumba"* (translating to: *"a chicken takes from its mother the practice of defecating in the house"*). He was referring to children copying the alcohol behavior of teachers in the school, and explained that:

> *It all started with the bosses in the offices (school administration), (…) they could pack those sachets in their suits and when they felt like taking some they would simply go to the toilets as if to answer the call of nature,*

but drink those and throw the empty packets in bins. The junior and also the young ones who witnessed that also started doing the same.

A religious leader (SR) expressed concern that in Malawi children were lacking role models:

Parents are the best to influence children. Also the chiefs are role models, although even some chiefs take alcohol.

One traditional healer (SR) suggested that poverty was the reason why children were drinking alcohol, particularly sachets:

Parents of those children do not have enough money (…), so the children have nothing to eat. So what can a child do? (…) The children end up in bottle stores where they collect sachets, when they find beer in the sachets they drink it. For example, I met a certain child who saw a sachet of alcohol and drank it, that child got drunk and slept.

Consequences of underage drinking

Our informants expressed concern about the possible consequences due to the perceived increase in underage drinking. A man drinking alcohol in a bar (NR) explained that most of the liquor sachets have a very high concentration of alcohol which affects the brains of children, resulting in children dropping out of school. Another community member (CR) expressed similar concerns:

We do not forget that the youths are still in a growing process as they are growing, their brains grow as well.

People fear that the effect of alcohol on children and young people's brains could affect their performances. The wife of a group village head (NR) said:

They (sachets) are not good. They affect children, when they drink, they are unable to understand what their teachers are teaching in class.

Informants expressed concern that this may lead to children dropping out of school, as stated by a man (NR) in a bar:

Because of that, many children fail in class which leads to high school drop-outs.

A youth resource counsellor (CR) was concerned with the wider social consequences of the perceived rampant use of alcohol among children:

They end up with immoral practices and end up with HIV/AIDS, crimes and finally as drunkards.

A community based policeman (SR) also expressed these concerns:

They can be committed to crimes because of those sachets. In addition, our Victim Support Unit deals with family issues because of the children who drink those sachets.

(…) There are a lot of boys here (…) they are often a threat to us. They can start beating or steal a bag from a mini bus. This is (because of) the sachets.

DISCUSSION

In this article we have explored the context and consequences of the con-

sumption of liquor sachets among young people in Malawi. Since alcohol sachets became available on the Malawian alcohol market they seem to have increased in popularity. These small bags of strong liquor are so cheap they are economically available to all segments of the Malawian population; rich and poor, young and old. With their sweet flavor and small packaging the sachets are said to have become very popular among underage drinkers. In fact, our informants stated that underage drinking, among both boys and girls, has increased since the introduction of the sachets, and that this was a worrying trend. There is, however, no prevalence data available from Malawi on young people's drinking habits.

While availability and affordability are two major reasons stated by our informants for young people drinking, the picture is more complex. Our data confirms that the behavior of adults is an important factor in determining young people's drinking habits (Abikoye & Olley, 2012; Morojele, Parry, Brook, 2009). Furthermore, drinking alcohol seems to imply attainment of a certain level of success, associated with an affluent Western lifestyle. This is also reflected in the brand names of the sachets. Peer pressure, such as friend's behaviours, attitudes and beliefs, is another reason why young people in Malawi and other parts of Africa consume alcohol (Morojele, Parry, Brook, 2009).

From our data the legality of sachets is not clear. There are no laws governing alcohol sold in sachets. Current legislation was passed before the introduction of sachets to the alcohol market. There is, however, an ongoing process with regards to regulating the size of sachets. There is reason to question whether an increase in sachet volume, and inevitably an increase in price, will be sufficient to prevent young people from drinking alcohol since many will still be able to afford the price of the larger sachet either individually or as a group. And while 100ml is larger than 30ml, the bigger sachets are still small enough to fit in and hidden pockets. The alcoholic content of sachets, however, does not appear to have been addressed by policy makers thus far. Among the adult informants in this study, many feel that sachets should be banned, particularly to protect children and young people from the negative effects of alcohol consumption at an early age.

Our data indicate that alcohol consumption among young people, both boys and girls, is increasing, which presents both a public health concern and a concern for economic development (WHO, 2014; Parry, 2005). Alcohol consumption is particularly serious when it comes to children and young people. It may have serious consequences for their physiological and psychological development and their educational achievement (Morojele, Parry, Brook, Kekwaletswe, 2012; Makhubele, 2013; WHO, 2012), potentially leading to unemployment, poverty and thus hindering the country's development (Parry, 2005).

CONCLUSION AND RECOMMENDATIONS

The results presented in this article imply that the introduction of sachets to the Malawian alcohol market has contributed to an increase in alcohol consumption among young people. Each country has a responsibility to protect young people from the harmful effects of alcohol and

as such their basic right to health (Obot, 2013). The following are major issues of concern that should be addressed by the Malawi Government, researches and civil society in an attempt to protect children and young people from the harmful effects of alcohol:

- There is a lack of empirical data on prevalence and the context of young people's alcohol use. Such data is essential to develop evidence based alcohol policies and interventions targeted at young people to prevent future increased alcohol consumption as adults.
- Our qualitative data indicate that there may be an increase in alcohol consumption among young girls in Malawi, but there is no trend data to support this. There is a need for baseline, longitudinal and explorative data on young girls' drinking habits.
- It is important to address ambiguities in the Liquor Act with regards to age limits, packaging and alcohol content.
- There is a need to mobilize positive role models for young people with regards to alcohol.

REFERENCES

Abikoye, G., & Olley, B. (2012). Social network characteristics, perceived drinking norms and hazardous alcohol use. *African Journal of Drug and Alcohol Studies, 11*(1), 1-7.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101. DOI: 10.1191/1478088706qp063oa1478-087

Bruijn, Avalon de. (2011). Alcohol Marketing Practices in Africa. Findings from the Gambia, Ghana, Nigeria and Uganda. MAMPA Project. WHO, Regional Office for Africa.

Casswell, S., & Thamarangsi, T. (2009) Reducing harm from alcohol: call to action. The Lancet, 373(9682), 2247-2257. doi: http://dx.doi.org/10.1016/S0140-6736(09)60745-5

Chowdhury, A. N., Ramakrishna, J., Chakraborty, A. K., & Weiss, M. G. (2006). Cultural context and impact of alcohol use in the Sundarban Delta, West Bengal, India. *Social Science & Medicine, 63*(3), 722-731. doi: 10.1016/j.socscimed.2006.02.006

Eide, A. H., Braathen, S. H., Azalde, G., Munthali, A., Chiocha, M., Ndawala, J., . . . Hoel, E. (2013). Fighting poverty through alcohol misuse prevention in Malawi – revised summary report (December 2013). SINTEF report A25509 (pp. 56): Oslo:SINTEF.

Endal, D. (2011). Conflict over liquor sachets in Malawi. *Alcohol, Drugs and Development. March, 7*, 4891972-4876188. Retrieved from: http://www.add-resources.org/conflict-over-liquor-sachets-in-malawi.4891972-76188.html

Government of Malawi (1999). Laws of Malawi. *Liquor Act*. Cap. 50:07

Makhubele, J. (2013). Social exclusion as a contributing factor for the addition of harmful substances to home-made alcohol: The case of Mopani District in Limpopo Province, South Africa. *African Journal of Drug and Alcohol Studies, 11*(1).

Malawi Voice Reporter (2013, May 6). Manufacturing, selling of cheap sachet liquor outlawed from today. *Malawi Voice*. Retrieved Oct. 22nd, 2013 from: http://www.malawivoice.com/2013/05/06/manufacturing-

selling-of-cheap-sachet-liquor-outlawed-from-today-97411/

Martinez et al. (2011). Alcohol abstinence and drinking among African women: data from the World Health Surveys. BMC Public Health 2011 11:160. doi:10.1186/1471-2458-11-160

Morojele N. K., Parry, C. D., Brook, J. S. (2009). Substance abuse and the young: TAKING ACTION. *MRC Research brief.* Retrieved April 11th from: http://www.mrc.ac.za/policybriefs/substance2009.pdf

Morojele, N.K., Parry, C. D., Brook, J. S. Kekwaletswe, C. (2012). Alcohol and Drug Use. *Alcohol and Drug Abuse Research Unit, MRC.* Retrieved April 11th 2014 from: http://www.mrc.ac.za/crime/Chapter14.pdf

Meulenbeek, J. & Mwanza, D. (2012, September 12); 'Killer' Liquor Sachets Banned in Zambia. *Inter Press Service News Agency*. Retrieved Oct. 24th, 2014 from http://www.ipsnews.net/2012/09/killer-liquor-sachets-banned-in-zambia/

Muma, R. (2014, May 8). Cameroon bans consumption of Whisky Sachets for health reasons. *Face2Face Africa*. Retrieved Oct. 24th, 2014 from https://face2faceafrica.com/article/whisky-en-sachet-cameroun#.VEo2bvmsWSo

Natvig, H., Eide, A. H., Døving, M.H., Hessen, A. L., Hoel, E., Ndawala, J., et al. (2014). Self- and collateral spouse-reported alcohol use in Malawi: Exploring social drinking norms' potential for alcohol prevention. *African Journal of Drug and Alcohol Studies*, *13*(1), 1-11.

Obot, I. (2013). Alcohol marketing in Africa: not an ordinary business. *African Journal of Drug and Alcohol Studies, 12*(1), 63-73.

Onwuegbuzie, A. J., & Leech, N. L. (2007). A call for qualitative power analyses. *Quality & Quantity, 41*(1), 105-121.

Parry, C. D. (2005). A review of policy-relevant strategies and interventions to address the burden of alcohol on individuals and society in South Africa: original article. *South African Psychiatry Review, 8*(1), p. 20-24.

Room, R., Jernigan, D., Carlini-Marlatt, B., Gureje, O., Mäkelä, K., Marshall, M., et al. (2002). Alcohol in developing societies: a public health approach (Vol. 46): WHO and Finnish Foundation for Alcohol Studies.

Silverman, D. (2013). *Doing Qualitative Research* (Fourth edition). London: Sage Publications.

UNESCO (2014). *Learning to live together. "What do we mean by Youth"?* Retrieved Dec. 12th 2013 from: http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition

WHO. (2010). Global strategy to reduce the harmful use of alcohol. Geneva: WHO.

WHO. (2012). Social determinants of health and well-being among young people. *Health behavior in school-aged children (HBSC) study: International report from the 2009/2010 survey*. WHO: Europe

WHO. (2014). *Global Status Report on Alcohol and Health 2014*. Geneva: WHO. Retrieved July 7th 2014 from: http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf

Zerev, Y. (2008) Problem drinking among university students in Malawi. *Collegium Antropologicum, 32*(1), 27-31.

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PATTERN OF PSYCHOACTIVE SUBSTANCE USE IN THE NORTHERN REGION OF NIGERIA

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ABSTRACT

Recent events in Nigeria seem to suggest that young people are being indoctrinated and used under the influence of psychoactive substances to perpetrate various crimes including terrorism. There is need to examine and control use of these substances in order to prevent escalation of these social maladies. The purpose of this study was to assess the pattern of psychoactive substance use among inmates at Kiru Rehabilitation Centre, Kano in the North Central Region of Nigeria, to determine the extent of their involvement. A total of 148 male inmates completed a modified form of 117-item self-report instrument based on the World Health Organization guidelines for students' substance-use surveys. The mean age of the inmates was 23.7±3.9 years. A total of 58.9% had primary school and below level of education; 14.9% were school dropped-out; 29.1% unemployed; while 65.9% were engaged in menial jobs. The lifetime prevalence of psychoactive substance use was 47.4%.Current use prevalence of more than one substance was 54.6%. Ready available substances were consumed more and the potent habit-forming ones like Cocaine and Heroin were used more than alcohol. Uses of inhalants were also on the increase. Reasons for use of substances were ready availability, feeling high, enhancing performance and unidentified personal problems. This study has shown that psychoactive substances are commonly used and abused, especially among the uneducated youths in the Northern part of Nigeria. There is need for massive enlightenment campaigns to increase awareness and strategies aimed at discouraging youths from indulging in substances.

Key Words: Alcohol; Psychoactive substances; Youths; Northern Nigeria

INTRODUCTION

Psychoactive substance use is common in many countries (UNODC, 2010). The resultant abuse of these substances has been reported as one of the major public health problems worldwide (Weiss, 2008). Although studies have shown that

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the problem is more in poorly developed countries, the control and prevention are difficult even in advanced societies (UNODC, 2012). This is because health facilities are not equally distributed. In developing countries, the situation seems to be overwhelming due to the myriads of associated social problems (Obot, 2012; Abasiubong et al., 2012). Psychoactive substance use is not limited to geographic boundaries (Atkinson et al., 2011). It is a universal problem (UNODC, 2007). There is no doubt that rapid socioeconomic changes including urbanization and globalization appear to have contributed to the use of these substances. However, one major factor militating against its control in many developing countries is poverty (Omibgodun & Babalola, 2004; Obot, 2005; Gureje et al., 2007; Parry, 2005). Illiteracy and ignorance have also contributed significantly to a fair share of this social problem in many rural communities. In Nigeria, the presence of some of these substances in large quantities in traditional functions and ceremonies implies that the use is not restricted. This is because of the traditional importance attached to them. Substances like alcohol in the form of palmwine and local gin; kolanuts, tobacco and snuff are local substances often required as a custom in many traditional ceremonies (Adelakan & Ndon, 1997; Obot, 2005; Gureje et al., 2007). Failure to provide them in such functions may be regarded as an offence and usually attract penalties. Many of these substances are widely reported as gate-way to the use and abuse of more potent habit-forming ones like, cannabis, cocaine and heroin (Omigbodun & Babalola 2004); Adelakan,1989). Although, several reasons including unemployment, peer group pressure, experimentation and dysfunctional family dynamics are usually reported as being responsible for their increasing use; custom and ready availability seem to influence their use and control.

Nigeria in recent times seems like a culture where social order and the extended family structure may have broken down. The emerging trend of use of alcohol and other substances has assumed a dangerous proportion. The socioeconomic impact has been widely reported and youths and young adults are at risk. The dramatic resurgence of social and economic phenomena with risk of people developing mental illness has been attributable to the use of these substances (Adamson et al., 2000; Igwe & Ojinnaka, 2010). As a result, communities are experiencing increasing rates of antisocial vices. Various problems such as militancy, armed robberies, kidnapping, raping and even the “Boko-Haram” insurgency have defied reasonable efforts of control. Some of these social problems have been associated with the use of habit-forming substances such as alcohol, cannabis, cocaine and heroin (Abasiubong et al., 2008; Abasiubong et al., 2013). These are events with potential impact on the mental health of the people. Several studies have reported evidence of the presence of the severe mental and psychological disorders associated with alcohol and other psychoactive substances (Omigbodun & Babalola, 2004; Igwe & Ojinnaka, 2010). The implication of abuse is that more people are at the risk of developing mental illness. Therefore, there is need to control and prevent the use of these substances, if efforts aimed at preventing the associated social and health hazards are to yield positive results.

Despite the increasing adverse social indicators of these substances in Nigeria, the widespread use, as well as the emerg-

ing pattern and nature including prescription drugs seem to suggest that adequate strategies for control is lacking. A large part of the country lacks basic mental healthcare facilities to contend with the associated health hazards. Therefore, there is a need to routinely examine the use and nature of these substances. This study was aimed at assessing the nature and extent of use of alcohol and other psychoactive substances among young people in the Northern part of Nigeria. It is hoped that findings of this study will increase awareness through massive educational campaigns and strategies for control in Nigeria as a whole.

METHOD

Location of the study: The study was carried out at Kiru Rehabilitation Centre, Kano, in the North Central Region of Nigeria. The town Kiru is the capital of Kiru Local Area, one of the 42 Local Government Councils in Kano state. It was created in 1997 and has an area of about 966.632 kilometres, with a population of 267,168 people (National Bureau of Statistics, 2006). Kiru is about 86 kilometers from Kano City, capital of Kano state. The rehabilitation centre was established by the Kano State Government in 2012, to take care of youths and young adults with a history of substance use problems.

Participants: As part of the surveillance, the National Drug Law Enforcement Agency (NDLEA), established by the Federal Government of Nigeria in 1989, for purposes of exterminating illicit drug trafficking and consumption in Nigerian society, routinely arrests suspicious individuals for questioning. Those that are found to be using substances are detained. This agency has offices in major cities in Nigeria including State capitals and Abuja. Participants in this study included a total of one hundred and forty eight male inmates arrested and camped at the Kiru Rehabilitation Centre, Kano, between October and December, 2013.

Data collection: A total of 148 male inmates of the Kiru Rehabilitation Centre completed a self-report questionnaire adapted from a modified form of a 117-item self-report instrument based on the World Health Organization guidelines for students' substance-use surveys (Smart et al., 1989). This was done after the consent was obtained from each participant. Information on biodata such as age, marital status, educational level and occupation were elicited through a semi-structured sociodemographic questionnaire. Those with little or no education were assisted to fill the questionnaire. This self-report questionnaire has been used in several studies in many countries including Nigeria (Adelakan & Ndon, 1997; Fatoye & Morakinyo, 2002;Courtois et al., 2004; Abasiubong et al., 2008). The participants were also assessed on reasons for using the substances. Permission to carry out the study was obtained from the authority of the National Drug Law Enforcement Agency. This study passed through the Ethics and Research Committee of the hospital and was given approval.

Data analysis: The results of the study were analyzed using Statistical Package for Social Sciences (SPSS 17.0). Sample means and percentages were calculated from which simple frequency tables were created. Standard deviation from the mean was calculated.

RESULTS

Of the 148 male inmates recruited into the study, data from 141(95.3%) were analyzed, 7 (4.7%) inmates were discarded due to incomplete information. Table 1 shows the sociodemographic characteristics of the inmates. The mean age of the inmates was 23.7(SD=3.9 years). Of the 141 inmates analyzed, 83 (58.9%) had primary school and below level of education; 21 (14.9%) dropped-out of secondary school; 29 (20.6%) completed secondary school education; while 8 (5.7%) had post secondary school education. Majority, 117(82.9%) were single; 24 (17.0%) married. A total of 93 (65.9%) were self-employed in menial jobs like shoe mending, hawking, load carrying, labourers; 41 (29.1%) were unemployed; while 7 (5.0%) were civil servants.

Table 2 shows the pattern and prevalence of alcohol/substance use among the inmates. The lifetime use prevalence of these substances is47.4%. Multiple substance use account for 54.6%. Current use prevalence of more than one substance is 54.6%. Locally available substances like Kolanuts (64.5%); cigarettes (66.0%); cannabis (43.3%); cough syrup (47.5%) and sleeping drugs (34.7%) such as Rohypnol, Diazepam are consumed more frequently by the inmates.

Remarkably, alcohol consumption among the inmates is low (9.2%).The prevalence of current use of potent habit-forming substances is also significant: Cocaine 14.8%; Heroin 12.0%. The use of inhalants such as petrol (20.6%); glues (23.4%); shoe polish (19.1%); formalin (15.0%) are also on the increase.

Different substances were identified and used by the inmates. Various reasons were also given for using a particular or group of substances. Table 3 shows various reasons given. A total of 85 (60.3%) of the inmates claimed they used especially cannabis to get power (enhance perfor-

Table 1. Sociodemographic characteristics of the Respondents

Variable	Inmates	
	Frequency	Percentage
Mean	23.7 (SD=3.9 years)	
Marital Status		
Single	117	82.9
Married	24	17.1
Educational Level		
No formal education	32	22.7
Primary school	51	36.2
Secondary school (drop-out)	21	14.9
Secondary school (completed)	29	20.6
Post secondary school	8	5.7
Occupation		
Unemployed	41	29.1
Employed	7	5.0
Self-employed (menial jobs)	93	65.9

mance), 53 (37.6%) used substances like cigarettes, cannabis and kolanuts because of ready availability. A significant number 21 (14.9%) of inmates used alcohol/substances for unidentified personal problems, while 11 (7.8%) used for no known reasons.

DISCUSSION

The findings of this study have shown a high level of alcohol and other psychoactive substance use among youths in the North central part of Nigeria. The current use prevalence of these substances is

Table 2. Pattern and prevalence of substance use among the Inmates

Types of substance	Inmates	
	Frequency	Percentage
Kolanut	91	64.5
Bitter kola	25	17.7
Tobacco/Snuff	15	10.6
Cigarette	93	66.0
Alcohol (P/wine, local/hot gin, b/beer)	13	9.2
Sleeping (Diazepam, Rohypnol)	49	34.7
Cannabis	61	43.3
Cocaine	21	14.8
Heroin	17	12.0
Cough syrup (Codeine contained syrup)	67	47.5
Benzhexol (Exol)	19	13.5
Shoe polish	27	19.1
Glue	21	23.4
Formalin (Suku dye)	33	15.0
Petrol	29	20.6
Anabolic steroids	-	-
Multiple substances (>one substance)	77	54.6

Table 3. Reasons for using substance among the respondents

Reasons	Inmates	
	Frequency	Percentage
Easy to get (availability)	37	26.2
Unidentified personal problems	9	6.4
Unemployment	21	14.9
Feeling high (euphoria)	19	13.5
Enhanced performance	31	22.0
Influence from others	13	9.2
Unidentified reasons	11	7.8

an indication that the problems are real and the trend is ongoing. This is serious because of the damaging effects on the individuals, families and communities. The adverse effects of these substances have been widely reported globally (Adamson et al., 2000; Madu & Matla, 2003; Morojele et al., 2005). Anecdotal reports from general surveys have shown the increasing incidence of youth restiveness in many countries. In Nigeria, there is overwhelming evidence that the various antisocial vices and killings are perpetrated under the influence of these substances. Although several attempts aimed at reducing the associated health hazards have been made in many countries, several studies still report a high incidence of emotional and psychological problems in individuals with positive history of substance use (Dervauxet al., 2003; Yunusa et al., 2011; Awopetu & Ajonye 2011; Abayomi et al., 2012). There is also abundant of evidence linking involvement of youth in antisocial activities such as armed robberies, kidnappings, prostitutions and rapes to the influence of substances (Ekpo et al.,1995; Adamson et al. 2000). Therefore, efforts must be made to control use of these substances, in view of the adverse social and economic impact.

Our study demonstrates the basic demographic characteristics of the youths involved in the use of alcohol and other psychoactive substances in the North. The mean age of 23.7±3.9 years implies that substance use is common among youths and young adults. Many factors may be responsible for the widespread involvement of youths in substances use. One possible explanation may be the break down of family dynamics and unrealistic societal values. Evidence has shown that family upbringing and societal pressure are very crucial to the use of substances, especially the local ones (Abasiubong et al., 2012). Though largely observational and empirical, factors such as poverty, ignorance and strong cultural disposition may be responsible for the widespread use of substances among youths in the Northern part of Nigeria. Therefore, besides stability within the family, there is a need for behaviour adjustment and strengthening of moral values. This is because the involvement of this young age group in psychoactive substance use could no doubt have significant effects on the work force with the possibility of slowing down economic activity and social progress in the country. Moreover, judging from the depreciating standard of living and healthcare facility development in the Northern part of Nigeria, the impact of substance use on healthcare delivery and even school attendance/literacy level are serious challenges. The findings of this study have shown that youths are at great risk of substance use problems. The fact that about 60 % of inmates had little or no education, 15% dropped-out from school, 29% unemployed and even of those that were employed, majority were involved in menial jobs, can only be explained in terms of adverse socioeconomic impact. The burden could better be understood clearly when examining the effects on households, families and communities, as well as national economic growth and productivity. Therefore, alcohol/substance use in both rural and urban communities should be assessed routinely and proper control instituted.

The finding that 54% of the participants in this study use and abuse more than one substance is very significant. Regardless of the level of use, some of these substanc-

es have the potential effect of addiction (Obot, 2007; Roerecke et al., 2005). As reported in this study, the level of use of potent habit-forming substances is high. These substances are known to be associated with serious social health hazards. The high incidence of youth restiveness and other social vices in the Northern Nigeria maybe attributable to the influence of habit-forming substances. Therefore, there is need to put in place measures aimed at discouraging continued use of these substances.

Despite the widely reported harmful effects of alcohol and other psychoactive substances, the findings of this study seem to suggest that majority of the inmates used them for various reasons. The findings reported here indicate that 60% of the inmates used these substances, especially cannabis to enhance performance. This is not surprising, considering the fact that majority of them were not well educated. However, one major reason that needs to be looked at seriously is the issue of ready availability. This is because 38% of the inmates indulged in substances due to availability. This is similar to the findings in previous studies (Omiggodun & Babalola, 2004; Obot, 2007; Gureje et al., 2007). This could be a positive development, since ready availability has contributed to a widespread use of substances in many countries including Nigeria. It therefore can be used as an effective strategy to control the use and abuse of substances. Some of the inmates indulged in substances for no specific reason, while unemployment, feeling high and unidentified personal problem seem to contribute significantly to substance use. This is in consonance with previous studies (Gureje et al., 2007; Abasiubong et al., 2012).

The major constraints of this study are that the sample size was small and may not have been a representation of the entire population of youths and young adults in the North. Therefore, the results cannot be generalized. Also being a self-report survey, it is likely to be biased.

In conclusion, the findings of this study have shown that alcohol/substance use among youths in the Northern part Nigeria is on the increase. Majority of the users because of their low levels of education are ignorant of the associated harmful effects. Therefore, there is need to adopt strategies that would focus mostly on educating the youths, to increase awareness concerning multitude of harmful consequences of substance use and abuse. Since poor socioeconomic characteristics have been linked with widespread use of substances, there is need to embark on programs that would change the socioeconomic status of the youths in the North in particular and Nigeria as a whole. This will help to engage their idle minds in more productive ventures. More importantly, the enable environment and culture that encourage the use of substances need to be sanitized by reducing availability of these substances, as well as modifying lifestyle. Furthermore, there is also need to provide and improve mental health facilities and services, in order to meet the health needs of the users.

REFERENCES

Abasiubong, F., Bassey, E.A., Atting, I.A., Ekott, J. U. (2008). A Comparative study of knowledge and substance use in two secondary schools in Akwa Ibom State, Nigeria. Nigerian Journal of Clinical. Practice, 11 (1) :45-51.

Abasiubong, F., Idung, A.U., Udoh, S.B., & Ekanem, U.S. (2012). Parental Influence on substance use among young people in the Niger Delta Region, Nigeria. African .Journal of Drug and Alcohol Studies, 11 (1): 9-16.

Abayomi, O., Ojo, T.M., Ibrahim, W., Adelufoso, A.O & Obasan, A. (2012). Prevalence and correlates of substance use among persons with mental disorders in a Nigerian Psychiatric Hospital. Paper presented at the 10th Biennial International Conference on Alcohol, Drug and Society in Africa Abuja, Nigeria, July 2012.

Adamson, T.A.,Adebowale, T.O., Jinadu, J.A., Ibikunle, A., Ajayi, A & Alatishe,A. (2000). Drug use, GHQ and MMPI profiles of cult-members in South-Western Nigeria Proceedings of the Annual Conference of the Association of Psychiatrists in Nigeria. (pp.87-95), Calabar. The Association of Psychiatrists in Nigeria.

Adelakan, M.L., & Ndon, R. J. (1997). Trend in prevalence and pattern of Substance use among secondary school pupils in Ilorin, Nigeria. West African Journal of Medicine, 16 (3), :157-164.

Adelakan, M.L. (1989). Self-reported drug use among secondary school students in the Nigerian State of Ogun. UNODC-Bulletin on Narcotics, 109-116.

Atkinson, J., McCurdy, S., Williams, M., Mbwambo, J., & Kilonzo, G. (2011). HIV risk behaviours, perceived severity of drug use problems and prior treatment experience in a sample of young heroin injectors in Dar Es Salaam, Tanzania. African Journal of Drug and Alcohol Studies, 10 (1), 1-9

Awopetu, R.G & Ajonye, A.A. (2011). Substance abuse among prison inmates in Benue State, Nigeria. Nigerian Journal of Psychological Research, 7, 66-72.

Courtois, R., El-Hage, W., Moussiessi, T & Muliet, E. (2004). Prevalence of Alcohol and psychoactive substance consumption in samples French and Congolese High School students. Tropical Doctor, 34, 15-17.

Ekpo, M., Adelakan, M.L., Inem, A.V., Agomoh, A., Agbor, S., & Doherty, M. (1995). Lagos area boys and girls in rehabilitation: Their substance use and psychosocial profiles. East African . Medical. Journal, 72,311-316.

Dervaux, A., Laqueille, X., Bourdel, M.C., Leborgne, M.H., Olle, J.P., Loo, H., and Kreb, M.O. (2003). Cannabis and Schizophrenia: Demographic and Clinical Correlates. Encephale, 29 (1): 11-17.

Fatoye, M & Morakinyo. (2002). Substance use amongst secondary school Students in rural and urban communities in South Western Nigeria. East African Medical Journal, 79 (6), 299-305.

Gureje, O., Degenhardt, L., Olley, B., Uwakwe, R., Udofia, O., Wakil, A.,Adeyemi, O., Bohnert, K. M & Anthony, J.C. (2007). A descriptive epidemiology of substance use and substance use disorders in Nigeria during the early 21st century. Drug and Alcohol Dependence, 91 (1):1-9.

Igwe, W.C & Ojinnaka, N.C. (2010). Mental Health of Adolescents who abuse Psychoactive substances in Enugu, Nigeria-A Cross-sectional study. Italian Journal of Pediatrics, 36:53.

Madu, S.N., & Matla, M.O. (2003). Illicit drug use, cigarette smoking and alcohol drinking behaviour among samples of high school adolescents in the Pieter-burg area of the North-

ern Province. South African Journal of Adolescents 26 (1) :121-56.

Morojele, N., Flisher, A.J., & Parry, C.D.H. (2005). Urbanization, youth and substance use in South Africa. In I.S. Obot & S. Saxena (Eds), Substance use among young people in urban environment (pp.103-120). Geneva: WHO.

National Bureau of Statistics (2006). The National Bureau of Statistics, Nigeria 2006.

Obot, I.S. (2005). Substance use among students and out-of-school youth in Urban area of Nigeria. In I.S.Obot & S. Saxena (Eds), Substance use among young people in urban environment (pp.133-146). Geneva: WHO

Obot, I. S. (2007).Nigeria: alcohol and society today. Addiction, 102:519-522.

Obot, I.S. (2012). Alcohol in Sub-Saharan Africa: Current situation and trends. Presented at Global Alcohol Policy Conference, Bangkok, Thailand.

Omigbodun, O.O & Babalola, O. (2004). Psychosocial dynamics of psychoactive Substance misuse among Nigerian Adolescents. Annals of African. Medicine, 3 (3) :111-115.

Parry, C.D.H. (2005). South Africa: alcohol today. Addiction, 100 (4), :426-429.

Roerecke, M., Obot, I.S., Patra, J., Rehm, J. (2008). Volume of Alcohol Consumption, Pattern of Drinking and Burden of Disease in Sub-Saharan Africa. African Journal of Drug and Alcohol Studies, 7 (1): 1-16.

Smart, R.G., Hughes, P.H., Johnson, I. D. (1980). A methodology for students drug-use surveys (WHO Offset Publication No.50). Geneva: World Health Organization.

United Nations Office on Drug Control and Crime (2007). 2007 World Drug Report. Vienna: UNODC.

United Nations Office on Drug Control and Crime (2010). 2010 World Drug Report. Vienna: UNODC

United Nations Office on Drug Control and Crime (2012). 2012 World Drug Report. Vienna: UNODC.

Weiss, S. (2008). Alcohol use and abuse among Ethiopian Immigrants in Israel: A review. African Journal of Drugs and Alcohol Studies, 7 (1):27-40.

Yunusa, M.A., Obembe, A., Ibrahim, T & Njoku, C. (2011). Prevalence and specific psychosocial factors associated with substance use and psychiatric morbidity among patients with HIV infection at Usmanu DanFodiyo University Teaching Hospital Sokoto, Nigeria. African Journal of Drug and Alcohol Studies, 10 (1):1 -16.

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"TO DRINK OR NOT TO DRINK?": MORAL AMBIGUITY OF ALCOHOL IN THE PENTECOSTALIST IMAGINATION

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ABSTRACT

Alcohol is a commodity of immense cultural significance and its consumption is circumscribed by moral conventions. This study explores moral construal of alcohol using qualitative data obtained from 86 Pentecostal Christians in Uyo, Nigeria, which generates contrasting narratives of alcohol. A more dogmatic position denounces alcohol because of its link to moral degeneracy and social problems. A subaltern view contests and seeks to transform this position through the language of moderate consumption. Alcohol occupies an ambiguous position in the moral imagination. It is at once a resource for constructing identity and marking moral boundaries, and a discourse for contesting and transforming moral traditions. Ambiguity in moral construal of alcohol may predispose to hazardous consumption and certainly impedes efforts to address alcohol problems. The need for a coherent dogmatic position on alcohol that restrains harmful consumption and further research to broaden understanding of the moral economy of alcohol are highlighted.

Key Words: Ambiguity, Alcohol, Moral Imagination, Pentecostal, Nigeria

INTRODUCTION

Alcohol is a commodity of immense socio-cultural significance. Its production and consumption has a long history in Nigeria (Olorunfemi, 1984; Ambler, 1987; Heap, 2005; Korieh, 2003). The consumption of alcoholic beverages is a culturally acceptable practice rooted in the social and moral fabrics of local Nigerian societies (Korieh, 2003). Softer alcoholic drinks such as palm wine, beer made from malted grains, and local gin, distilled from palm wine sap, have existed in Nigeria for centuries. Among the Kofyar of north-central Nigeria, Netting (1979) observed that the consumption of beer constituted the 'focus of cultural concern and activ-

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ity'. The Kofyar people 'make, drink, talk and think about beer' (p. 325). The consumption of alcoholic beverages reflected individual, communal and ritual concerns, including child naming, weddings, chieftaincy coronation, funeral obsequies, and libation rituals (Heap, 2005). The emergence of rum and whisky as part of the Atlantic slave economy produced changes in tastes and made imported liquor a fashionable commodity. However, imported liquor did not supplant traditional drinks; they coexisted in complementarity and competition (p. 30).

Alcohol is enmeshed in diverse ways in cultural symbolism (Jarvinen & Room, 2005), and its consumption is circumscribed by moral conventions, which serve to control abusive and pathological drinking that leads to social and health problems. Alcohol plays a significant role in leisure activities and in certain cultural and religious traditions (Parry, 2000). The 'roles of alcohol in daily life and ritual occasions vary considerably across societies and cultures and depend in part on the religious practices of the group' (Joffe, 1998). Religious beliefs and practices influence patterns of alcohol consumption. Alcoholic beverages and intoxicated states fulfil essential functions in religious rituals (Armstrong, 1993; Trenk, 2001). Alcohol is used for libation to mollify dead ancestors (Offiong, 1982), and in shamanistic divinations (Mathee, 2014). On the other hand, religious beliefs exert prohibitive influence on the consumption of alcohol. This is the case where alcohol use is banned on religious grounds as in the Muslim societies of northern Nigeria.

The relationship between religious beliefs and alcohol consumption is not monolithic since different religious traditions hold different views of alcohol. Within Christianity, Pentecostalism espouses a prohibitionist view of alcohol, as part of a rigid insistence on a strict moral ideology (Wilson & Clow, 1981; Navarro & Leatham, 2004). Studies also show that Pentecostal faithful have lower levels of alcohol consumption compared to other denominations (Coldiron, 2008; Ford & Kadushin, 2002; Ford, 2006 inter alia). The bane of these studies, however, is their preoccupation with statistical associations between religious affiliation and alcohol consumption rates. A counter-point to quantification is qualitative studies investigating moral evaluations of alcohol among Pentecostals. For example, van Dijk's (2002) study of Malawian Pentecostals has shown that alcohol is rejected because of its link with the traditional past. He sees this as part of a total moral programme of resistance to the encroachment of modern forms of consumption, which threatens the moral fabrics of society. He pursues this thesis further in his study of Ghanaian Pentecostals (van Dijk, 2004), which indicates that alcohol is rejected not only because of drunkenness and indecent behaviour, but also because of 'the entire world of ancestral veneration that is related to the use of alcohol in ritual practice' (p.449).

The present study attempts to present a nuanced understanding of alcohol from the perspective of Pentecostals. By exploring polyvalent narratives of alcohol characterized by both permissive and prohibitionist themes, the study seeks to tease out shades of cultural meanings attached to alcohol in the moral imagination. The narrative nature of the study focuses attention on that genre of discourse that is the site of counter-hegemonic resistance, and socially-mediated representations of the self and constructions of personhood

(Abu-Lughod, 1986; Lutz, 1988; Stromberg, 1993), which also embeds a variety of cultural constructs that evoke cultural sentiments, propositions and evaluations (Chafe, 1980; Price, 1987; Strauss, 1990). By privileging cultural understanding of alcohol, the study challenges orthodoxy in alcohol studies (Dietler, 2006).

Pentecostal Christianity: An Overview

The Pentecostal[1] movement has a long and complex history. Its root goes back to the holiness movement of the nineteenth century, which sought to articulate a stable form of experientially robust Christianity built around the notion of the second blessing of the Spirit called 'sanctification' (Robbins, 2004). The early twentieth century revival at Azusa provided ferment for the founding of the movement in its various branches, including Elim (1915), Apostolic (1918), and Assemblies of God (1924) (Hollenweger, 1972). The second stream is the charismatic movement of the 1940s, which was characterized by the rediscovery of spiritual gifts like speaking in tongues, prophecy, healing, new forms of worship, including greater spontaneity in dance and songs with emphasis on praise, and a new spirituality that is 'life-affirming rather than world-denying' (Tidball, 1994).

Although it had an obscure beginning among poor socio-economic groups in America, the movement has experienced significant demographic growth, and has evolved a distinctive culture of its own. Pentecostal Christianity has spread throughout the world, becoming the fastest growing movement in Christianity (Anderson, 2004; Hollenweger, 1997). It boasts of global membership strength in excess of a billion. Furthermore, within 100 years of its existence, the movement has had over half a billion conversions worldwide (Barrett, 2001), which is almost 28% of the global Christian population (Barret & Johnson, 2002). This phenomenon has been described as 'the largest global shift in the religious marketplace' (Martin, 2002).

The majority of Pentecostal converts are found in third world countries, especially Latin America, Asia and Africa. Africa has an estimated 120 million Pentecostal converts, which constitutes roughly 11% of the total population of the continent. Barrett & Johnson (2002) estimates that some 109 million of these converts have joined the movement since 1980. The growth of Pentecostalism in Africa, as part of the appropriation of Christianity in the continent (Gifford, 1995), is linked to the economic crises of the 1980s, which led to widespread impoverishment and decline in material conditions of life (Marshall, 1991). Pentecostal churches offer a form of Christianity that fits into local cosmological categories such as witchcraft, spirit and ancestors. It also offers prayers, spiritual warfare and deliverance as cures for these ills, thereby presenting as 'an alternative centre of power for solving human needs' (Ojo, 2005).

Scholars have sub-divided Pentecostal and Charismatic churches into three broad categories. These are classical Pentecostal, Charismatic and Neo-Charismatic churches (Anderson, 2004; Hollonweger, 1997). The classical variety are those churches with links to the early American and European Pentecostal churches which stressed the importance of speaking in tongues as evidence of the baptism

[1] The term 'Pentecostal' is used throughout this study to refer to both Pentecostal and Charismatic churches.

of the Spirit. They include Assemblies of God, Church of God in Christ, and the Pentecostal Church of God. The Charismatic variety consists of those who emerged from mainline denominations such as Lutheran, Catholics, and Presbyterians in the 1960s, having experienced the gifts of the Holy Spirit (Coleman, 2000). The Neo-Charismatics consists of different non-denominational and post-denominational churches, fellowships and Para-churches which have sprung up since the 1980s. They are characterized by innovations in the adaptation of Pentecostal doctrine and styles of worship to different settings. In Nigeria, Neo-Charismatic churches include Winners Chapel, Church of God Mission and Deeper Life Bible Church.

The Pentecostal movement is known for passionate forms of evangelism and proselytism, including open-air crusades and aggressive church planting campaigns. Although there is no uniformity of doctrine, the essential beliefs of the movement, known as the 'full gospel', are fourfold: personal conversion (described as 'being born again'); baptism in the Holy Spirit with the initial evidence of speaking in tongues; healing and miracles by the power of the Spirit, and; the imminent return of Jesus. Its aversion to sin is as stringent as its desire to depart from every residue of the traditional and ancestral heritage (Meyer, 1994; van Dijk, 2004). There is a strong emphasis on adherence to strict moral codes in daily life. Prayer is exuberant and ecstatic. Worship services are characterized by speaking in tongues, powerful preaching, spontaneous expression of praise and worship in singing, dancing, kneeling, prostration and lifting up of hands.

Worship is meant to bring about 'personal transformation', involving 'dramatic changes in subjectivity', and 'a revision of consciousness' (Maxwell, 1998), a 'remaking of the individual' (Martin, 1990), and a 'reorientation of persons' (Barbalet, 2008). Transformation is often of a moral kind, and is associated with strong emphasis on strict moralism in conduct, which includes abstention from alcohol consumption (Wilson & Clow, 1981; Navarro & Leatham, 2004; van Dijk, 2004). Alcohol consumption is part of a broad spectrum of practices which are abhorrent to Pentecostals, including immodest dressing and sexual immorality.

A coherent Pentecostal theology of alcohol is almost non-existent. The subject is rarely taken up in regular bible studies or developed as catechism. It may be mentioned occasionally in sermons, but mostly in passing. Most African Pentecostals hold a prohibitionist view of alcohol. They assume that the Bible condemns the use of alcohol in any manner. In making a case for total abstinence from alcohol, most Pentecostal Christians focus on passages of the Bible that condemn or show the results of alcohol misuse, but neglect those passages that show that they can be a proper, moderate use. On the other hand, those who espouse moderate use of alcohol often lack a robust theological grounding for their views. There is a tendency to assume that 'the Bible teaches that', but little attempt is made to interpret these passages theologically.

METHOD AND MATERIALS

Study Setting

The study was conducted among Pentecostal churches in Uyo, the administrative capital of Akwa Ibom State, Nigeria, since the state was created in 1997. A for-

mer colonial province, Uyo became a local government council in 1987 after a prolonged period of struggle for local political autonomy. The city has grown tremendously within the past few years, attracting people from different ethnic, religious and cultural groups in the country. According to figures from the 2006 national census, Uyo has a population of 309, 573 people. The traditional occupations of Uyo people are farming and commerce. Urbanization has, however, brought about the growth of various occupational activities, such as banking, cottage industry and white collar jobs, which refers to a variety of low-level office, administrative, or salaried positions mostly in the civil service. Poverty level in Uyo is high. A survey conducted in 2004 (FERT, 2004) indicates that over a third of the population live below the national poverty line. Access to basic social amenities such as healthcare, electricity, housing and water were very limited for a long time but there have been some improvements in recent years. The people were traditional worshippers in the past but the coming of western missionaries during the pre-colonial and colonial period witnessed gradual conversion to Christianity. A significant proportion of Christians in Uyo are Pentecostals, a version of the Christian faith that arrived in the area in the 1960s. The first set of Pentecostal churches in Uyo was the Apostolic Church and Assemblies of God, which came in the late 1960s and early 1970s. The late 1980s witnessed the beginning of the proliferation of Pentecostal churches in Uyo. The city has experienced rapidly growing rates of alcohol consumption in recent times, along with a surge in the intensity of night clubbing, partying, and visits to drinking places where hazardous consumption of alcohol is common place. The effects of this disturbing pattern of alcohol consumption are increasingly being felt in the incidences of road traffic accidents, violence and criminal activities throughout the city.

Study Participants

Participants in the study were recruited through multi-stage sampling method (Barker, 2005). This involved dividing the city into six large enumeration zones (EZs). Thereafter, cluster sampling was applied whereby Pentecostal churches in each of these enumeration zones were grouped together to form clusters. This was done based on a comprehensive list of the churches developed by the umbrella body of Pentecostal churches in Nigeria, the Pentecostal Fellowship of Nigeria (PFN). A systematic sampling involving the selection of every fifth Pentecostal church within a cluster was used to select 32 churches. In the final stage of sampling, the Pastor-in-charge, a lay leader and three congregants from each of the selected churches were contacted for interviews. Where the pastor was unavailable, an Assistant Pastor or Elder was interviewed in his or her place. The selection of Pastors, Lay Leaders and members was to ensure the systematic inclusion of the views of all segments of the church. Interviews were arranged in advance, in line with the schedule of individual participants. Some pastors where interviewed at their residence while others were interviewed in their office, often by appointment made with the secretary or office assistant. Lay leaders and congregants were contacted for interviews after church service, with their consent and the permission of the Pastor-in-charge. Altogether 157 persons were interviewed for the study out of the initial 160 enlisted, which puts the rate of participation at

98%. All participants gave informed consent to be interviewed. They were guaranteed anonymity and confidentiality in the use of the information they provided.

Data Collection and Analysis

Interviews were conducted in English language by 4 well-trained fieldworkers, and lasted for 5 months (June and October, 2012). The research instrument was a semi-structured, individual interview schedule which had been assessed independently by 2 methodological experts from the local university[2]. Focus Group Discussions (FGDs) were also conducted to allow for deeper and extensive exploration of the themes raised in the individual interviews. Two FGD sessions held, and each session had six participants in attendance. FGD sessions were conducted in English language and tape-recorded with an electronic recording device, while one of the field assistants took notes. The recorded discussions were transcribed and edited by an English major from the university. Both personal interviews and FGDs generated a stout body of narratives containing multiple representations of the moral economy of alcohol. Since culture concepts are relative, the study focuses on context-specific conclusions, rather than phony generalisations which have little validity across cultural contexts (Nyamnjoh, 2005). Analysis picked out segments of the narratives in which participants expressed both supportive and proscriptive views regarding alcohol. This was done in order to juxtapose these mutually contradictory narrative sets to reveal the ambiguous position of alcohol in the moral imagination. Repeated reading of the transcripts enhanced immersion in the data (Burnard, 1991). A thematic analysis was performed in line with the data reduction, display and verification procedure (Miles & Huberman, 1994), involving thorough examination of the narratives fitted into analysis matrixes. Themes and patterns emerging from content analysis were marked. The themes where further refined through the development of sub-themes and their properties. This process continued until the point of analytic saturation was reached. Key comments are quoted verbatim.

RESULTS

Socio-demographic characteristics of participants

The basic socio-demographic characteristics of the participants are presented on the table located bellow. The bulk of participants were male (73.5%). Women constituted a small proportion of the sample (26.4%). Similarly, majority of the participants were above the age of 40. Only 12.8% were below the age of 20. The participants' age structure corresponds fairly to the age distribution of Pentecostal congregations (see Gifford, 2004). The educational attainment of the participants was significantly high as the majority had tertiary level education (51%). Again, this resonates with the literacy level of the members of these congregations (Ojo, 2005). Majority of the participants (67.5%) were married. Only a small proportion (5.9%) were either divorced or separated. Ojo (2005) aptly captured the demographic profile of Pentecostal Christians when he described them as 'young, mobile, well educated people seeking a modernising milieu for self-expression'.

[2] University of Uyo, located in the city were the study was conducted.

Table 1. Basic Socio-demographic Characteristics of the Participants

	#	%
Sex		
Men	86	73. 5
Women	31	26. 4
Age		
Below 20	15	12.8
21 – 30	22	18.8
31 – 40	31	26.4
41 and above	49	41.8
Literacy Level		
Uneducated	9	7.6
Primary	13	11.1
Secondary	34	29
Tertiary	61	51.1
Marital Status		
Single	31	26.4
Married	7	5.9
Divorce or separated	79	67.5

Source: Fieldwork in Uyo, 2012

Drinking practices of the participants

Regarding the drinking practices of the participants, data indicates a sharp cleavage between those who condemn the consumption of alcoholic beverages and those who supported modest consumption. All those who condemn the use of alcohol (69%) said they do not consume any kind of alcoholic beverages. This is consistent with observational evidence regarding the denunciation of alcohol by most Pentecostal faithful. The intensity of abstinence may be glimpsed in the comment of a participant who stated, 'I don't take anything that contains alcohol, not even fruit wine. Nothing with alcohol enters my mouth'. Another simply said, 'I don't take alcohol; not beer, stout or fruit wine with alcohol content'. On the other hand, majority of those who supported the use of alcohol were themselves consumers of alcoholic beverages. However, the kinds of beverages they consume differed. The majority use softer beverages such as fruit wine containing 4 to 6% of alcohol, as well as imported beer and stout. They variously explained that the reason they favour these kinds of beverages is that they do not intoxicate unless one consumes a very large quantity. A participant in this group told us, 'I take beer because I can control how much I drink. I don't ever get drunk on it'. A few of the participants who supported alcohol also consume beverages with high alcoholic content (termed 'strong drinks'). This includes whisky, brandy and other kinds of imported spirits. They explained that they do not consume a significant quantity of these beverages, but just take enough to make them feel good. In the words of one of such participants, 'I take some whisky to feel good and relax, but I don't drink much'. But this indicates that while modesty in consumption is widely mouthed by these participants, this limit may be hard to preserve in practice.

Mainstream view of alcohol use

Majority of the participants (69%) were of the opinion that Christians should not consume alcoholic beverages. This position constitutes what may be called the 'mainstream' or 'orthodox' view of alcohol among Pentecostals. It is so called because this view is held by a great majority of these Christians, and reflects the dogmatic position of the majority of these churches. Participants who hold this view casted aspersions on those who consume alcoholic beverages. A participant stated, 'How can someone call himself a Christian and still take alcohol? I doubt if such a person is born again'. Alcohol use was regard-

ed by these participants as an aspect of the past sinful lifestyle which a truly born again Christian is expected to abandon. Therefore, those who consume alcoholic beverages are either not born again or are 'carnal Christians'[3]. This view of alcohol was premised on Biblical injunctions concerning the use of alcohol, particularly the Pauline epistle to the Ephesians[4] and the Old Testament book of Proverbs[5]. Arguing from the former passage, a participant told us:

> *A Christian should not drink alcoholic beverages. It is against the Bible. Paul forbade drinking alcohol because it makes people misbehave and commit all kinds of sins. As a matter of fact, watch the lifestyle of people who drink. Most of them womanize or commit crimes. No Christian who is genuinely born again should drink alcohol.*

Regarding the passage in Proverbs, another participant noted:

> *In the Bible, King Solomon says that wine (i.e alcohol) is not for kings, but for people who are about to perish. A Christian is a king because Jesus has made us kings before God. As Christians, we should abstain from wine so that we do not go astray and do things that dishonour God. People who drink alcohol are likely to commit sin and offend God. A Christian should not do that.*

The participants made strong moral argumentations regarding the impropriety of alcohol use based on these Biblical passages. It was contended that intoxication leads to moral degeneracy, which is manifested in profanity of speech, sexual promiscuity, and lack of self-control, impulsive spending, aggression and violence. They maintained that such conducts do not only dishonour God, but also drags the Christian into disrepute before non-Christians. A participant noted that alcohol intoxication is the very opposite of a spirit-filled Christian life. He added that a Christian should be filled with the Holy Spirit, and not with 'the spirit of alcohol'. Alcohol perceived as a substance that exerts negative control over the human personality and makes people engage in immoral behaviour. On the other hand, the presence of the Holy Spirit was said to promote ethical life-style. A participant told us:

> *The Bible compares alcohol to the Holy Spirit. The same way the Holy Spirit controls a man and leads him to do things that pleases God, alcohol will control him and lead him to do sinful things. What controls a person determines how he behaves. When you indulge in drinking, you yield control of your life to alcohol. A Christian should be controlled by the Holy Spirit, not by alcohol.*

The use of alcohol was also condemned because of the negative consequences associated with it. Participants pointed out that alcohol use is linked to various health problems such as depression, mental health problems, liver cirrhosis, physical injuries, road crashes and (untimely) death. They also drew attention to many

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3 This phrase is used to characterize Christians whose do not conform to the ideals of Pentecostal morality.

4 Ephesians chapter 5 verse 18.

5 Proverbs chapter 20 verse 1; 31 verses 6 and 7 inter alia.

social problems associated with drinking, including unemployment, poverty and disintegration of the family. A participant stated, 'I know a man who drinks. He is a debtor all over the neighbourhood. He uses his entire earnings to repay the debts he incurrs on account of drinking. How will he be able to take care of his family?'. Others noted that people who drink are usually violent at home. Domestic violence, they said, leads to injuries for family members, causes divorce and affects the care of children.

Subaltern voice on alcohol use

A small proportion (27%) of the participants did not share a prohibitionist view of alcohol. They held that alcohol could be used with moderation. Their account provides an alternative, though marginal, view of alcohol among Pentecostals. These participants may be considered liberals with respect to their perception of alcohol. Some of them perceived abstention from alcohol as an imposition a foreign culture on them. They maintained that Christianity is not against drinking beverages which contain alcohol. I refer to this position as 'subaltern' or 'marginal' because it exists on the dogmatic fringe, and is espoused by a small proportion of Pentecostal faithful.

Those who held this view also resorted to the Bible to support their position. This involved a revision of the interpretations supporting prohibition. For example, some participants argued that admonition of the Apostle Paul is not supposed to be interpreted as an outright proscription of alcohol consumption, but as an exhortation to exercise moderation when drinking. This position was expressed in the phrase, 'Paul said we should drink but not get drunk', which was a common refrain in the accounts of these participants. A participant pointed out, 'The Bible did not say that a Christian should not drink wine. It said that he should drink but not get drunk with it'. Another participant corroborated, 'there is nothing wrong in drinking a little alcohol. The problem is when you get drunk and misbehave'. The point made here is that it is intoxication, not mere ingestion, which leads to intemperance. This point is summed up in the following comment:

> *The Bible is not against drinking. It says, 'do not get drunk with wine'. That is not the same as saying don't drink wine. A Christian is allowed to drink wine, but he or she should not get drunk. This means that a Christian should drink moderately. He should not take too much so that he does not become intoxicated.*

The participants buttressed their views by referring to other passages of the Bible where drinking of wine is encouraged, particularly the wisdom books[6]. Whereas those who condemned alcohol interpreted these passages as encouraging the use of non-alcoholic beverages, participants who held the view that moderate use was proper said they refer to all kinds of beverages, including those containing alcohol. They contended that the Bible encourages feasting and merry-making, including consumption of all types of wine. Some of them referred to Jesus' participation at the wedding in Cana of Galilee[7], where he miraculously transformed water to wine, to support their position. This is how a participant captured these sentiments:

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6 This includes Proverbs, Ecclesiastes and Songs of Song.

7 John chapter 2 verses 1 to 10.

There is no place in the Bible where you are told not to drink. But there are many passages you can cite in support of drinking. For example, Jesus turned water into wine for the people to drink. Is that not a way of saying serve in ceremonies? The Bible even said wine makes people happy. If something will make you happy, is it wrong to have it?

Others referred to Paul's admonition that Timothy, his protégé, should drink a little quantity of wine because of his protracted abdominal condition[8]. They argued based on this passage that alcohol contains therapeutic properties, and that because of this it should not be completely proscribed. While acknowledging that some Christians have used this passage to justify indulgence in hazardous drinking, they maintained that this does not warrant the conclusion that alcohol is completely bad. They stated that the solution lies in the exercise of self-control by individual Christians, and not in outright condemnation of drinking.

DISCUSSION AND CONCLUSIONS

The study is a narrative exploration of moral construal of alcohol among Pentecostals in a Nigerian city. Findings indicate that two contradictory attitudes towards alcohol exist in this religious community. On the one hand, alcohol is denounced because it violates moral integrity and occasions social problems. On the other hand, it is regarded as 'a necessary evil' to be used cautiously. It is important to observe that those who consume alcohol recommended its use, while those who condemned it were themselves abstainers. Among other things, this implies that their views on alcohol were influenced by their practice. But the two view-points agree on the impropriety of heavy drinking and its link with moral degeneracy and social problems. They, however, disagree on the Christian's relationship to the dangerous commodity called alcohol in that while one prohibits it, the other contends for restrictive usage. References to the Bible in this struggle reflect its centrality in the construction of the Pentecostal moral order. Pentecostals 'make much about being Biblical' (Gifford, 2004). For them the Bible functions primarily as a repository of narratives used to sanction regimes of moral ideology. The apparent ambiguity of the Bible on alcohol seems to set the stage for an ideological struggle.

Alcohol, a commodity of historical significance, emerges as a site of moral contestations. It is perceived both as 'a modern demon luring people into disorderly conduct and threatening the moral order of society' (van Dijk, 2004), and a health-promoting, if dangerous, commodity, the negative effects of which may be checked through restrictive consumption. Moral contestations over alcohol support the argument that alcohol is enveloped by emotionally charged moral conventions (Dietler, 2006). It is associated with the construction of personhood, and symbolization of identity and difference (Douglas, 1987; Heath, 1987; 2000; Wilson, 2005). Drinking and/or abstention are practices through which personal and group identity are constructed, embodied, performed and transformed. Alcohol is an important symbol for defining identity, marking boundaries and shaping beliefs and practices. It is a discursive

[8] First Timothy chapter 5 verse 23.

and potentially volatile field, 'subject to an almost unlimited possibilities of variation in… modes of consumption, patterns of association and exclusion and moral evaluations' (Dietler, 2006, p. 232).

This study is not concerned with assessing the moral presuppositions surrounding alcohol, but with the consequences of such ambiguous representations. One of these consequences is that it breeds an ambivalent drinking culture wherein 'no prescribed pattern of behaviour exists to regulate drinking behaviour' (Bengal, 2005). This predisposes to 'deviant, unacceptable and asocial behaviour, as well as chronic, disabling alcoholism' (p. 1052). Moderate drinking may be the ethical ideal, but heavy drinking remains the signature pattern. The language of moderation may even mask patterns of chronic problem drinking, making it elusive to interventions. It may also be interpreted by the abstinent population as an invitation to drink. Recognition of the harms of heavy drinking, however, provides a point of focus for intervention aiming to address drinking problems. There is need for a coherent dogmatic position on alcohol consumption that is responsive to the social, economic, health and moral consequences of drinking and that provides restraint on problem drinking. There is also need for further studies on moral construal of alcohol in order to broaden understanding and provide relevant information for policy and action on alcohol problems.

REFERENCES

Abu-Lughod, L. (1986). *Veiled sentiments: honour and poetry in Bedouin society*. Berkeley: University of California Press.

Ambler, C. H. (1987). *Alcohol and disorder in pre-colonial Africa*. African Studies Centre Working Paper No. 126, Boston University, Boston, MA, USA.

Anderson, A. (2004). *An introduction to pentecostalism: global charismatic christianity*. Cambridge: Cambridge University Press.

Barrett, D. (2001). *World Christian Trends, AD 30 – AD 2200*. Pasadena: William Carey.

Barrett, D & Johnson, T. (2002). Global statistics. In: Burgess, S & Eduard, van der M. (eds.) *The new international dictionary of pentecostal and charismatic movements*. Michigan: Zondervan.

Barbalet, J. W. (). *Passion and profits: the 'protestant ethic and the spirit of capitalism' in context.* Cambridge: Cambridge University Press.

Barker, T. (2004). *Doing social research (5th Edition).* New York: McGraw Hill.

Bengal, V. (2005). India: alcohol and public health. *Addiction*, 100, 1051-1056.

Burnard, P. (1991). A method for analyzing interview transcription in qualitative research. *Nurse Education Today*, 11(6), 461-466.

Chafe, W. L. (1980). *The pear stories: cognitive, cultural and linguistic aspects of narrative production*. Norwood, NJ: Ablex.

Coleman, S. (2000). *The globalization of charismatic christianity: spreading the gospel of prosperity*. Cambridge: Cambridge University Press.

Coldiron, M. E. (2008). The relationship between alcohol consumption and unprotected sex among known HIV-discordant couples in Rwanda and Zambia. *Aids & Behaviour*, 12, 594-603.

Dietler, M. (2006). Alcohol: anthropological/archeological perspectives.

Annual Review of Anthropology, 35, 229-249.

Douglas, M. (ed.) (1987). *Constructive drinking: perspectives on drinking from anthropology*. Cambridge: Cambridge University Press.

Ford, J.; Kadushin, C. (2002). Between sacred beliefs and moral commitment: a multi-dimensional approach to the relationship between religion and alcohol among whites and blacks. *Sociological Forum*, 17(2), 255-279.

Ford, J. (2006). Some implications of denominational heterogeneity and church attendance for alcohol consumption among Hispanics. *Journal of Scientific Study of Religion*, 45(2), 253-267.

Foundation for Economic Research and Training. (2004). *Poverty profile of Akwa Ibom State*. Uyo: FERT.

Gifford, P. (ed.) (1995). *The christian churches and the democratization of Africa*. Leiden: Brill.

Gifford, P. (2004). Persistence and Change in Contemporary African Religion. *Social Compass*, 51(2), 169-176.

Hearth, D. B. (1987). A decade of development in the anthropological study of alcohol use. In Douglas, M. (ed.) *Constructive drinking: perspectives on drinking from anthropology* (pp. 16-69). Cambridge: Cambridge University Press.

Heath, D. B. (2000). *Drinking occasions: comparative perspectives on alcohol and culture*. Philadelphia: Brunner/ Mazel.

Heap, S. (2005). 'A bottle of gin is dangled before the nose of the natives': gin currency in colonial southern Nigeria. *African Economic History*, 33, 69-85

Hollenweger, W. (1997). *Pentecostalism: origins and development worldwide*. Pearbody: Hendrickson.

Jarvinen, M. & Room, R. (2005). *Youth drinking cultures: European experiences*. Aldershote: Ashgate.

Joffe, A. H. (1998). Alcohol and social complexity in ancient western Asia. *Current Anthropology*, 3, 297-322.

Korieh, C. J. (2003). Alcohol and empire: "illicit" gin prohibition and control in colonial eastern Nigeria. *African Economic History*, 31, 111-134.

Lutz, C. A. (1988). *Unnatural emotions*. Chicago: University of Chicago Press.

Martin, D. (1990). *Tongues of fire: the explosion of protestantism in Latin America*. Oxford: Blackwell.

Martin, D. (2002). *Pentecostalism: the world their parish*. Oxford: Blackwell.

Marshall, R. (1991). Power in the name of Jesus. *Review of African Political Economy*, 52, 21-37.

Maxwell, D. (1998). 'Delivered from the spirit of poverty': Pentecostalism, prosperity and modernity in Zimbabwe. *Journal of Religion in Africa*, 28(3): 350-373.

Mathee, R. (2014). Alcohol in the Islamic middle east: Ambivalence and ambiguity. *Past & Present*, 222, 100-125.

Meyer, B. (1998). 'Make a Complete Break with the Past': Memory and Post-colonial Modernity in Ghanaian Pentecostalist Discourse. *Journal of African Religion*, 27(3), 316-349.

Miles, B; Huberman, A. (1994). *Qualitative data analysis: an expanded sourcebook*. London: Sage.

Navarro, C. G & Leatham, M. C. (2004). Pentecostal adaptations in rural and urban Mexico: an anthropological assessment. *Mexican Studies*, 20(1), 145-166.

Netting, R. M. (1979). Beer as a locus of value among the West African Kofyar. In Marshall, M. (ed.) *Beliefs, behav-*

iour and alcoholic beverages. Ann Arbor: University of Michigan Press.

Nyamnjoh, F. B. (2005). Fishing in troubled waters: disquettes and thiofs in Dakar. *Africa*, 75, 295-324.

Offiong, D. (1982). The process of making and the importance of the Ekpo mask. *Anthropologica*, 24(2), 193-206.

Olorunfemi, A. (1984). The liquor traffic dilemma in British West Africa: the southern Nigeria example, 1895-1918. *International Journal of African Historical Studies*, 17, 231.

Ojo, M. (2005). *Modernity and social transformation in Nigerian Pentecostalism*. Proceedings of a workshop on Pentecostalism and its Potential Contribution to Development. Johannesburg: Centre for Development and Enterprise.

Parry, C. D. H. (2000). Alcohol problems in developing countries: challenges for the new millennium. *Suchtmed*, 2 (4), 216-220.

Price, L. (1987). Ecuadorian illness stories. In Holland, D. and Quinn, N. (ed.) *Cultural models in language and thought* (pp. 313-342). Cambridge: Cambridge University Press.

Robbins, J. (2004) The Globalization of Pentecostal and Charismatic Christianity, *Annual Review of Anthropology*, 33, 117-143.

Stromberg, P. G. (1985). The impression point: synthesis of symbol and self. *Ethos*, 13, 56-74.

Strauss, C. (1990). Who gets ahead? Cognitive responses to heteroglossia in American political culture. *American Ethnologist*, 17, 312-328.

Tidball, D. (1994). *Who are the evangelicals? Tracing the roots of today's movements*. London: Marshall Pickering.

Trenk, M. (2001). Religious uses of alcohol among the woodland Indians of North America. *Anthropos*, 96, 73-86.

Van Dijk, R. A, (2002). Modernity's limit: Pentecostalism and the moral rejection of alcohol in Malawi. In: Bryceson, D. F. (ed.) *Alcohol in Africa: Mixing business, pleasure and politics* (pp. 246-264). Portsmouth: Heinemann.

Van Dijk, R. (2004). Negotiating marriage: questions of morality and legitimacy in the Ghanaian pentecostal diaspora. *Journal of Religion in Africa*, 34(4), 439-467.

Wilson, J. & Clow, H. K. (1981). Themes of power and control in a Pentecostal assembly. *Journal for the Scientific Study of Religion*, 20(3): 241-250.

Wilson, T. M. (ed.) (2005) *Drinking cultures: alcohol and identity*. New York: Berg.

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