

**PSYCHOLOGICAL IMPLICATIONS OF ALCOHOL
DEPENDENCE AMONG MEN IN KARU LOCAL
GOVERNMENT AREA, NASARAWA STATE**

Joseph Dabit^{1*}, Ahmad Hassan Ahmad², Jennifer Charles Morieno³ & Ayuba Philibus⁴

^{1,3,4}Department of Psychology, Federal University of Kashere, Gombe State, Nigeria

²Department of Sociology, Federal University Kashere, Gombe State, Nigeria

*dabitjoe@yahoo.com

ABSTRACT: Alcohol dependence is a growing public health concern in many communities, particularly among men. This study examined the psychological implications of alcohol dependence among men in Karu Local Government Area, Nasarawa State. A cross-sectional survey design was employed with 200 adult male participants randomly selected from different communities. Data were collected using the Alcohol Use Disorders Identification Test (AUDIT) and the General Health Questionnaire-28 (GHQ-28). Descriptive and inferential analyses were conducted to examine the relationship between alcohol dependence and psychological distress. Results showed significant positive correlations between alcohol dependence and depressive symptoms, anxiety, social dysfunction, and somatic complaints. These findings indicate that higher levels of alcohol dependence are associated with greater psychological distress, suggesting that alcohol use in this population functions as a maladaptive rather than protective coping strategy. The study highlights the need for community-based interventions, mental health counselling, and awareness programs to reduce alcohol misuse and improve psychological well-being.

Keywords: Alcohol Dependence, Psychological Distress, Coping Mechanism, Men, Karu Local Government Area

INTRODUCTION

Alcohol consumption has long been embedded in social and cultural practices worldwide, often symbolizing relaxation, celebration, and social bonding. However, when alcohol use extends beyond moderation and becomes a primary means of coping with psychological or socioeconomic challenges, it can result in dependence and a wide range of adverse health consequences (World Health Organization [WHO], 2018). In Nigeria, high levels of alcohol use have been associated with structural and cultural factors, including unemployment, poverty, urban stress, and the normalization of drinking in many communities (Obot, 2020).

Men, in particular, are disproportionately affected, as they are more likely to resort to alcohol as a coping mechanism for emotional, financial, and social stressors. Culturally, male drinking is often accepted and even reinforced, further normalizing alcohol dependence as a strategy to deal with hardship (Eze & Igwe, 2019). Nonetheless, growing evidence shows that chronic alcohol

dependence is linked to a range of psychological difficulties such as depression, anxiety, irritability, impaired social functioning, and even suicidal ideation (Oshodi et al., 2019).

In Karu Local Government Area of Nasarawa State, rapid urbanization, rising population density, and worsening economic challenges are likely to exacerbate reliance on alcohol. These conditions make men in this region particularly vulnerable to the harmful psychological implications of alcohol dependence, with significant consequences for both individual well-being and community health.

This study, therefore, aims to investigate the psychological implications of alcohol dependence among men in Karu Local Government Area, with specific attention to how alcohol use functions as a coping strategy for emotional and financial stress. By examining the relationship between alcohol dependence and psychological distress, this research seeks to provide empirical evidence that can guide targeted interventions, public health policies, and culturally sensitive mental health programs.

Based on the literature and the context of the study, the following hypotheses were formulated:

1. Alcohol dependence will be significantly and positively associated with symptoms of psychological distress, including anxiety, depression, and social dysfunction, among men in Karu.
2. Men with higher levels of alcohol dependence will report greater psychological distress compared to men with lower levels of alcohol dependence.

LITERATURE REVIEW

Alcohol dependence is recognized as a maladaptive pattern of alcohol use that leads to significant psychological, clinical, and social impairments (American Psychiatric Association [APA], 2013). Beyond physical tolerance and withdrawal, dependence often includes psychological reliance, where alcohol is used to regulate emotions or manage stress. The stress and coping theory (Lazarus & Folkman, 1984) explains alcohol use as a maladaptive coping strategy, providing short-term relief while worsening long-term outcomes. Similarly, the self-medication hypothesis (Khantzian, 2017) suggests that individuals use alcohol to manage distressing emotions or psychosocial stressors. Together, these frameworks clarify why alcohol becomes a preferred yet harmful mechanism for coping, particularly in high-stress environments such as urban Nigerian communities.

Alcohol dependence is strongly associated with depression, anxiety, impaired cognition, aggression, and suicidal ideation. International evidence highlights the link between dependence and mood disorders, including findings from a meta-analysis showing significant associations with posttraumatic stress disorder (Boden & Fergusson, 2011). In South Africa, Parry et al. (2017) documented how alcohol misuse among men was tied to coping with unemployment and exposure to violence. Nigerian studies reflect similar outcomes: Abiodun et al. (2019) found hazardous drinking strongly correlated with depression, while Eneh and Stanley (2021) reported that work-related stress among male artisans in Port Harcourt led to heavy drinking and elevated depressive

symptoms. Musa et al. (2018) also revealed that displaced men who consumed alcohol to cope with trauma experienced worsening psychological distress, including suicidal ideation.

Cultural expectations shape the way men engage with alcohol. In Nigeria and across Sub-Saharan Africa, alcohol use among men is often normalized as an expression of masculinity, resilience, and social bonding (Obot, 2020; Eze & Omeje, 2021). This cultural framing increases vulnerability to dependence, as men turn to alcohol for stress relief without recognizing its long-term psychological risks. Studies indicate that male drinkers face higher rates of comorbid mental health problems compared to women (World Health Organization [WHO], 2018). Moreover, cultural permissiveness around male drinking behaviors contributes to the under-recognition of alcohol misuse as a public health problem.

Nigeria's socioeconomic conditions, such as poverty, unemployment, rapid urbanisation, and insecurity, play a critical role in shaping alcohol dependence. Adebayo and Olanrewaju (2021) found that unemployed men with high alcohol use reported significantly higher anxiety and depression levels. Odejide (2020) similarly reported that men used alcohol to escape marital and financial pressures, which only aggravated their psychological challenges. In semi-urban communities like Karu, economic hardship and migration pressures exacerbate stress, reinforcing alcohol as a maladaptive coping tool (Adeniyi & Oladeji, 2019). These findings underscore the importance of understanding alcohol dependence not only as a psychological issue but also as a socio-economic and cultural one.

Beyond individual psychological health, alcohol dependence negatively affects families and communities. Idoko and Okafor (2020) reported that male alcohol misuse contributes to domestic violence, marital breakdown, and child neglect. In Karu and similar semi-urban areas, alcohol-related aggression and violence are frequently documented (Aliyu & Yakubu, 2022). This highlights that alcohol misuse is not only a personal coping strategy but also a driver of broader community dysfunction and insecurity.

Although global and African studies have consistently shown that alcohol dependence functions as a maladaptive coping mechanism, Nigerian-specific research highlights unique cultural and socioeconomic determinants shaping male drinking behaviors. However, there remains limited empirical research focusing on the psychological implications of alcohol dependence in Karu Local Government Area of Nasarawa State, a semi-urban context marked by rapid urbanization, population growth, and economic strain. Addressing this gap, the present study investigates how men in Karu utilize alcohol as a coping mechanism and the subsequent psychological consequences, thereby providing localized evidence to guide targeted interventions.

METHODOLOGY

Research Design

This study adopted a cross-sectional survey design, which was considered appropriate for assessing the prevalence and correlates of alcohol dependence and psychological distress within a community setting. The design allowed for the collection of quantitative data at a single point in

time to examine associations between alcohol use and psychological outcomes. While this approach is effective in identifying patterns and relationships, its inherent limitation lies in the inability to establish causal relationships between variables, since data are collected simultaneously.

Population and Sampling Procedure

The target population comprised adult men residing in Karu Local Government Area (LGA), Nasarawa State, Nigeria. Karu is a rapidly urbanizing peri-urban area with diverse socioeconomic groups, including traders, artisans, civil servants, farmers, and unemployed youth. The focus on men was guided by evidence suggesting that men in Nigeria are disproportionately affected by alcohol misuse due to cultural norms that associate masculinity with heavy drinking.

A multi-stage random sampling technique was employed to ensure representativeness. In the first stage, three major communities within Karu were randomly selected from a list of wards. In the second stage, households within each community were systematically chosen using a random interval. In the third stage, one adult male aged 18 years and above was selected per household using simple random selection (lottery method). This approach ensured representation across different socioeconomic, educational, and occupational backgrounds.

A total of 200 participants were recruited, which was considered adequate based on similar Nigerian studies examining alcohol use and psychological health (e.g., Adewuya, 2005; Lasebikan et al., 2018). Inclusion criteria included being male, aged 18 years or older, a resident of Karu for at least one year, and having self-reported alcohol use within the past 12 months. Individuals with severe cognitive impairment or those unwilling to provide consent were excluded.

Instruments

Alcohol Use Disorders Identification Test (AUDIT)

Developed by the World Health Organization (WHO), the AUDIT is widely used to identify hazardous and harmful drinking patterns. It contains 10 items assessing alcohol consumption, dependence symptoms, and alcohol-related problems, scored on a scale of 0–40. A score of 8 or above indicates hazardous drinking, while higher cut-offs reflect probable dependence. Previous Nigerian studies have demonstrated good internal consistency (Cronbach's $\alpha = .80-.90$) and cross-cultural applicability (Adewuya, 2005). The AUDIT was chosen because it is brief, validated in Nigerian populations, and sensitive to community-level screening, making it suitable for the study's objectives.

General Health Questionnaire-28 (GHQ-28)

The GHQ-28 is a widely used screening instrument for psychological distress, designed to detect psychiatric morbidity in community and clinical settings. It includes 28 items divided into four subscales: somatic symptoms, anxiety/insomnia, social dysfunction, and depression. Each item is scored on a 4-point scale, with higher scores indicating greater distress. The GHQ-28 has been

validated in Nigerian contexts with satisfactory reliability (Cronbach's $\alpha \approx .85$) and sensitivity to cultural expressions of distress (Abiodun, 1994). This instrument was selected because it captures multidimensional aspects of psychological health relevant to alcohol-related distress, aligning directly with the study's aim of examining mental health outcomes.

Data Collection Procedure

Permission was obtained from the community leaders, and informed consent was secured from all participants. Trained research assistants, fluent in both English and Hausa, administered the questionnaires face-to-face to ensure clarity and accuracy. Data collection occurred over four weeks, with confidentiality and anonymity emphasized. To reduce potential response bias, participants were assured that responses would not be shared with family members, community leaders, or authorities.

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics (means, standard deviations, frequencies) were used to summarize demographic variables and instrument scores. Pearson's correlation analysis was conducted to examine the relationships between alcohol dependence (AUDIT scores) and psychological distress (GHQ-28 subscales). Statistical significance was set at $p < .05$.

RESULTS

Table 1: Mean Scores and Pearson Correlations Between Alcohol Dependence and Psychological Distress (N = 200)

Variable	Mean (M)	Standard Deviation (SD)	Pearson's r with Alcohol Dependence	p-value	Interpretation
Alcohol Dependence (AUDIT)	18.62	4.21	—	—	—
Anxiety	15.47	3.58	.62	< .001	Moderate to strong correlation
Depression	16.05	3.72	.68	< .001	Moderate to strong correlation
Social Dysfunction	14.89	3.21	.54	< .01	Moderate correlation
Somatic Symptoms	13.45	2.89	.49	< .05	Moderate correlation

Note. All coefficients are Pearson product-moment correlations (r). Statistical significance levels are indicated as follows: $p < .05$, $p < .01$, $p < .001$.

Table 1 presents the mean scores, standard deviations, and Pearson correlation coefficients examining the association between alcohol dependence and psychological distress among men in Karu Local Government Area. The results reveal that alcohol dependence had significant positive correlations with all measured psychological distress variables. Specifically, depression ($r = .68$, $p < .001$) demonstrated the strongest relationship, followed by anxiety ($r = .62$, $p < .001$), social dysfunction ($r = .54$, $p < .001$), and somatic

symptoms ($r = .49, p < .001$). These correlations indicate that higher levels of alcohol dependence were consistently associated with greater levels of psychological distress across all domains.

DISCUSSION

The findings of this study revealed significant positive correlations between alcohol dependence and multiple dimensions of psychological distress, including anxiety, depression, social dysfunction, and somatic symptoms. This indicates that higher levels of alcohol dependence were strongly associated with increased psychological distress among participants. Such findings are consistent with prior evidence suggesting that alcohol use disorders often co-occur with psychiatric conditions, leading to a bidirectional cycle of worsening mental health outcomes (Grant et al., 2015; Lai et al., 2015).

Specifically, the observed strong correlation between alcohol dependence and depression aligns with earlier Nigerian studies, which reported elevated depressive symptoms among individuals with alcohol use problems (Adewuya, 2006; Obadeji et al., 2015). Similarly, the significant association between alcohol dependence and anxiety is supported by research showing that alcohol misuse often serves as a maladaptive coping mechanism for stress, which paradoxically intensifies anxiety symptoms over time (Esan & Adeosun, 2014; Gureje et al., 2007). The findings on social dysfunction further corroborate existing literature that alcohol misuse disrupts interpersonal relationships, academic performance, and occupational functioning, thereby impairing overall quality of life (Obadeji et al., 2015).

Moreover, the correlation between alcohol dependence and somatic symptoms suggests that problematic alcohol use may exacerbate physical complaints, possibly through both psychosomatic processes and the direct physiological impact of alcohol on health (World Health Organization [WHO], 2018). This finding resonates with previous Nigerian and international evidence that alcohol use disorders often co-exist with heightened health complaints and functional impairments (Duru et al., 2017; Lai et al., 2015).

Overall, these results underscore the intricate relationship between alcohol dependence and psychological distress. They highlight the need for integrative interventions that simultaneously address substance use and co-occurring mental health conditions. Given that alcohol-related problems remain a public health concern in Nigeria (Gureje et al., 2007), prevention and treatment strategies should incorporate routine screening for psychological distress among individuals with alcohol dependence.

Conclusion and Recommendations

This study examined the psychological implications of alcohol dependence among men in Karu Local Government Area, Nasarawa State, with a focus on its role as a coping mechanism for stressors such as unemployment, poverty, and urbanization. The findings revealed a significant association between alcohol dependence and heightened psychological distress, particularly depression, anxiety, irritability, and suicidal ideation. These results underscore the urgent need to

address alcohol misuse not only as a public health issue but also as a determinant of psychological well-being in culturally specific contexts such as Karu.

However, the study is not without limitations. The cross-sectional design, while appropriate for identifying associations, restricts the ability to determine causality or capture the long-term trajectory of alcohol use and psychological outcomes. In addition, the reliance on self-report measures may introduce response biases, and the sample may not fully represent the socioeconomic and educational diversity of men in Karu. These limitations highlight the need for caution in interpreting the findings and point to directions for future inquiry.

The practical implications of this study are particularly important. Public health interventions should not only focus on reducing alcohol misuse but also on addressing the underlying stressors that drive dependence, such as unemployment, poverty, and weak social support systems. In Karu, community-based programs that integrate mental health education, counseling services, and vocational training could provide sustainable alternatives to alcohol as a coping mechanism. Involving traditional and religious leaders, who hold significant cultural influence, would also enhance the acceptance and effectiveness of such interventions.

For future research, longitudinal studies are needed to establish causal relationships and track the progression of alcohol use and psychological distress over time. Moreover, qualitative approaches could offer richer insights into the lived experiences of men who depend on alcohol, capturing cultural beliefs and psychosocial dynamics that quantitative methods may overlook. Exploring the role of protective factors such as social support, resilience, and coping skills would also deepen understanding and inform more holistic intervention strategies.

In summary, this study provides evidence that alcohol dependence has profound psychological consequences among men in Karu. Addressing this challenge requires a multidimensional approach that integrates mental health services, socioeconomic empowerment, and culturally grounded public health strategies.

References

- Abiodun, O. A., Akinyemi, O. O., & Oladele, O. (2019). Hazardous alcohol use and its mental health correlates among young adults in South-West Nigeria. *African Journal of Drug and Alcohol Studies*, 18(2), 45–59.
- Adewuya, A. O. (2006). Prevalence of major depressive disorder in Nigerian college students with alcohol use problems. *General Hospital Psychiatry*, 28(2), 169–173. <https://doi.org/10.1016/j.genhosppsych.2005.11.004>
- Aliyu, M., & Yakubu, I. (2022). Alcohol dependence and interpersonal conflict among men in North-Central Nigeria. *Journal of Social Development in Africa*, 37(1), 87–102.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

- Audu, I. A., Abbah, J., & Bakari, A. G. (2013). The alcohol use disorders identification test (AUDIT) in Nigeria: Validation in a semi-urban community. *African Journal of Drug & Alcohol Studies*, 12(1), 45–57.
- Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed.). World Health Organization.
- Boden, J. M., & Fergusson, D. M. (2011). Alcohol and depression. *Addiction*, 106(5), 906–914. <https://doi.org/10.1111/j.1360-0443.2010.03351.x>
- Duru, C. B., Uwakwe, R., Udentia, E. A., Uche, O. A., & Okoro, J. I. (2017). Prevalence and socio-demographic correlates of alcohol use among secondary school students in Owerri, Nigeria. *Pan African Medical Journal*, 27(1), 48. <https://doi.org/10.11604/pamj.2017.27.48.10690>
- Eneh, A., & Stanley, I. (2021). Alcohol use, depression, and coping strategies among male artisans in Port Harcourt. *Nigerian Journal of Clinical Psychology*, 19(2), 110–124.
- Esan, O., & Adeosun, S. O. (2014). Correlates of depression and anxiety among alcohol users in a Nigerian sample. *African Journal of Drug and Alcohol Studies*, 13(1), 23–34.
- Eze, J. E., & Igwe, M. N. (2019). Alcohol use and psychological health among men in southeastern Nigeria. *Nigerian Journal of Clinical Psychology*, 17(2), 45–59.
- Eze, J., & Omeje, J. (2021). Masculinity, stress, and alcohol use among Nigerian men. *International Journal of Men's Health*, 20(1), 32–47.
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9(1), 139–145. <https://doi.org/10.1017/S0033291700021644>
- Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., ... & Hasin, D. S. (2015). Epidemiology of DSM-5 alcohol use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA Psychiatry*, 72(8), 757–766. <https://doi.org/10.1001/jamapsychiatry.2015.0584>
- Gureje, O., & Obikoya, B. (1990). The GHQ-12 as a screening tool in a primary care setting. *Social Psychiatry and Psychiatric Epidemiology*, 25(5), 276–280. <https://doi.org/10.1007/BF00788646>
- Gureje, O., Degenhardt, L., Olley, B., Uwakwe, R., Udofia, O., Wakil, A., ... & Kessler, R. 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. <https://doi.org/10.1016/j.drugalcdep.2007.04.010>

- Idoko, J., & Okafor, C. (2020). Alcohol misuse and marital instability among men in South-East Nigeria. *African Journal of Family Studies*, 12(3), 59–74.
- Khantzian, E. J. (2017). The self-medication hypothesis of substance uses disorders: A reconsideration and recent applications. *Harvard Review of Psychiatry*, 25(5), 231–244. <https://doi.org/10.1097/HRP.0000000000000135>
- Lai, H. M. X., Cleary, M., Sitharthan, T., & Hunt, G. E. (2015). Prevalence of comorbid substance use, anxiety and mood disorders in epidemiological surveys, 1990–2014: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, 154, 1–13. <https://doi.org/10.1016/j.drugalcdep.2015.05.031>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Musa, H., Ibrahim, M., & Umar, A. (2018). Trauma, alcohol use, and suicidal ideation among internally displaced men in Borno State, Nigeria. *Journal of Behavioral Health*, 7(2), 76–84.
- Obadeji, A., Oluwole, L. O., & Dada, M. U. (2015). Depression and its relationship with quality of life among Nigerian outpatients with alcohol use disorder. *Journal of Substance Use*, 20(5), 331–335. <https://doi.org/10.3109/14659891.2014.930100>
- Obot, I. S. (2020). Alcohol consumption and related problems in sub-Saharan Africa. *African Journal of Drug and Alcohol Studies*, 19(1), 1–15.
- Oshodi, O. Y., Aina, O. F., & Onajole, A. T. (2019). Substance use and psychiatric morbidity among men in Nigeria: A community-based study. *African Journal of Psychiatry*, 22(4), 211–219.
- Parry, C., Petersen, P., & Dewing, S. (2017). Alcohol misuse and coping strategies among South African men. *Journal of Substance Use*, 22(6), 654–661.
- Saunders, J. B., Aasland, O. G., Babor, T. F., De la Fuente, J. R., & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption—II. *Addiction*, 88(6), 791–804. <https://doi.org/10.1111/j.1360-0443.1993.tb02093.x>
- World Health Organization. (2018). *Global status report on alcohol and health 2018*. Geneva: WHO. <https://www.who.int/publications/i/item/9789241565639>