ROLES OF RESIDENTIAL ENVIRONMENT AND SEX ON ALCOHOL ABUSE

Anyaegbunam, Michael Chibuzor

Department of Psychology
Faculty of Social Sciences,
Nnamdi Azikiwe University, Awka,
Anambra, Nigeria
E-mail – mykelivingstone777@yahoo.com

ABSTRACT

This study investigated Gender and Locality as determinants of Alcoholism among adults. A total of 128 participants comprising of 88 males (48 from Urban centre and 40 from Rural area)40 females (20 from Urban centre and 20 from Rural area).The participants were within the age range 20-55 years with a mean age of 35 years. Ugwuoba community and Enugu North, both in Enugu state were used for sampling. Mac-Andrew Alcoholism Scale was used for data collection (Mac- Andrew, 1965).2x2 factorial design was adopted while two-way ANOVA statistics was employed for data analysis. Thus, Gender yielded a significant effect on Alcoholism, f, (1, 124) = 120.5, P>.01 level of significance. Locality also yielded a significant effect on Alcoholism f, (1, 124) = 69.6 ,P>.01 level of significance. A significant interaction effect of gender and locality was observed. f (1,124) = 5.4,P >.05 level of significance. Findings were discussed and recommendations were also made.

Keywords: Gender, Locality, Alcoholism

1. Introduction

One of the most common types of risk-taking behaviour among adolescents and adults is the abuse of alcohol which has been shown to be related to car accident, drug abuse, unwanted sexual experience, delinquency and violence (Boyd, Howard and Zucker, 1985).

Alcohol occurs as a colourless liquid. However, other constituents of alcohol beverage can colour it. There are two major forms of alcohol: ethanol (ethyl alcohol) and methanol (methyl and alcohol). Omeje and Eze (1999). Only the former is edible. All references to alcohol in this study denote ethanol.

Ethanol can be available as palm wine, beer, stout, and local and imported varieties of spirits and wines. It has many street names that are mostly confined to localities. Some of the more common ones are "sapele water", "ogogoro", "kaikai", "holy water", and "water of canaan". Alcohol can be made from the fermentation of free sap example (palm tree) fruits, grains, honey etc. It seems to be the most popular and most tolerated of all the drugs that produce serious dependence. It is also one of the drugs of dependence to be discovered early by mankind. The Bible for instance, gives accounts of numerous encounters between man and alcohol.

Alcohol has been widely employed in medicine as a sedative, in the presentation and suspension of other drugs. In the hardening of the skin of bedridden patients whose skin may develop ulcers injected into nervous tissues to destroy it, for instance cases of intractable pain; applied to the skin to allay itching, or reduce sweating, and as a skin antiseptic. Most people use it in the management of stress and anxiety. It can also be given to debilitated patients to improve their vitality because of its high calorific value.

Alcohol is taken orally and because of its small molecular size as well as lipid and water solubility is rapidly taken up into the blood stream and readily distributed throughout the body. Also due to the above characteristics, alcohol molecules easily penetrates both neural and ordinary cells including the blood brain barrier

Alcohol is a depressant. There is usually a disruption of cellular metabolism when a dose of the substance is consumed for long periods, a factor that plays an important role in cell death and mostly leads to the development of korsakoff psychosis.

Alcohol also depresses neural activity by enhancing the action of GABA. This inhibits neural transmission. Alcohol's depressive effects, depending on the level of the substance in the circulatory

system, range from minor to gross impairment of perceptual, cognitive, verbal (for example disordered or slurred speech), and motor (for example uncoordinated and unsteady gait), functions. One very crucial aspect of cognitive and perceptual impairment produced by alcohol can be referred to as disinhibition – the diminution of activity in the reticulate activating system, the neural system responsible for attention. Very high doses of the substance produce sedation or general anesthesia at the extreme. Death can occur through gross suppression of respiratory activity assuming that unconsciousness did not occur to prevent further consumption (Omeje and Eze, 1999). The individual may however consume a lethal dose before the effect start to manifest.

At this level, the individual may be suffering from alcoholic disorder known as alcoholism. Alcoholism is a term with multiple and sometimes conflicting definitions. In common and historic usage,, alcoholism refers to any condition that result in the continued consumption of alcoholic beverages despite the health problems and negative social consequences it causes (Gary, 2007)

Medical definitions describe alcoholism as a disease which results in a persistent use of alcohol despite negative consequences (American Medical Association, 2000)

Alcoholism may also refer to preoccupation with or compulsion towards the consumption of alcohol and/or an impaired ability to recognize the negative effect of excessive alcohol consumption (Laura, 2005). Although not all these definitions specify current and on-going use of alcohol as a quality, some do, as well remarking on the long term effects of consistent, heavy alcohol use, including dependence and symptoms of withdrawal.

While ingestion of alcohol is by definition, necessary to develop alcoholism, the use of alcohol does not predict the development of alcoholism. The quantity, frequency and regularity of alcohol consumption required to develop alcoholism varies greatly from person to person. In addition, although the biological mechanism underpinning alcoholism are uncertain, certain risk factors, including social, environment, emotional, health and genetic predisposition have been identifies (Meyer, 2003). According to American

Psychological Association, Dictionary of Psychology, alcoholism is the popular term for alcohol dependence (Binder, 2000). According to him, there is debate whether dependence in this use is physical (characterized by withdrawal, psychological (based on reinforcement), or both.

The Diagnostic and statistical Manual IV (DSM IV) defined alcoholism as repeated use despite recurrent adverse consequences, further defining alcohol dependence as alcohol with tolerance, withdrawal, and an uncontrollable drive to drink.

However, various researches have been done in relation to alcohol dependence such as causes and effect of alcohol dependence and alcoholism.

It was opined that sex of an individual determines his or her alcohol intake. This is because, researches have it that females get intoxicated more quickly than males because of the body constitutional factor or composition such as body size, availability of fatty tissue to which alcohol molecules can bind to and escape rapid degrading enzymes in the stomach wall – which are usually to the disadvantage of females (Omeje and Eze, 1999)

Statement of the Problem

The following problems will be addressed in this study.

Will there be a significant effect of gender on alcoholism?

Will there be a significant effect of locality on alcoholism?

Purpose of the Study

The aims of this study are as follows

i. To determine whether a significant gender difference will exist on alcoholism among adults
ii. To examine whether there will be a significant effect of locality on alcoholism among adults

2. Literature Review

Alcoholism is a primary chronic disease with genetic, psychological and environmental factors influencing its development and manifestation. The disease is often progressive and fatal. It is

characterized by continuous or periodic impaired control over drinking, preoccupation with the drug, use of alcohol despite adverse consequences and distortions in thinking, most notably denial

Alcohol and Your Body

Alcohol is absorbed into the bloodstream from the stomach and the upper intestine. It then circulates around the body to the brain. Alcohol affects your brain. The first drink or two make people feel good. This is because a little bit of alcohol speeds up your heart rate and other body systems.

Gender Differences

Men and women process alcohol differently. (Rotgers, Kern and Hoeltzel, 2002)

- A large part of the body is water. The more you weigh, the more fluid (blood, water, etc) you have in your body. The more fluid you have, the more the alcohol is diluted, so it doesn't have as big an effect as quickly.
- Women are smaller, so they have less fluid, so the alcohol circulating through them is more concentrated and affects them more quickly.
- Women also have less of the liver chemical that gets rid of alcohol
- Generally, a 55 kilogram (120 pound) woman will definitely be affected negatively (thinking, co-ordination) if she has two drinks in an hour. An 82-kilogram (180 –pound) man will show these effects if he has about 3.5 drinks more without giving the liver time to get rid of the alcohol that's already in the body.

  Heavy drinking can lead to :

  - Damage to the pancreas, which is an important part of processing food and other parts of the digestive system
  - Cancers (for example-mouth, throat, liver)
  - High Blood Pressure
  - Heart problems

- Strokes
- Brain and nerve damage
- Less sex hormone production
- Physical and psychological dependence/addiction
- An increased risk of breast cancer in women

Genetic Theory

This theory defines alcoholism as the result of predisposed reaction to alcohol due to chromosomes, genes or hormonal deficiencies

John and Laura (2000) indicate that alcoholism does not have a single cause – including genetic – but that genes do play an important role by affecting processes in the body and brain that interact with one another and with an individual's life experience to produce protection or susceptibility" they also report that less than a dozen alcoholism –related genes have been indentified, but that likely awaits discovery.

At least one genetic test, John and Laura (2000) exists for an allele that is correlated to alcoholism and opiate addiction. Human dopamine receptor gene have a detectable variation referred to as the DRD2 TAGL polymorphism. Those who possess the A1 allele (variation) of this polymorphism. Those who possess the A1 allele (variation) of this polymorphism have a small but significant tendency toward addiction to opiates and endorphin-releasing drugs like alcohol (Dencker, 2001). Although this allele is slightly more common in alcoholics and opiate addicts it is not by itself an adequate predictor of alcoholism, and some researchers argue that evidence for DRD2 is contradictory (Skondia, 2002)

There is more and more research indicating that genetic and other biological factors are involved in the development of dependence.

Heavy alcohol consumption, especially when combined with poor nutrition, also leads to abnormalities in the liver and pancreas, which are essential in processing vitamins, protein and other nutrients (National Library and National Institutes of Health, 2004). Nutritional deficiencies lead to physical

problems and can cause depression and anxiety because of chemical imbalances. These may then lead to further drinking as a way of self-medicating. There is also evidence that shows differences in the way people's bodies process alcohol (Rotgers, Kern and Hoeltzel). For example, it is known that women are more likely to develop serious physical problems (liver, etc) than men and sooner. Some women seem to be deficient in a certain enzyme that is in involved in metabolizing alcohol. Some studies show that certain people who eventually develop dependence are more able to handle alcohol right from the beginning. They can drink much more than other people before they show signs of drunkenness. Perhaps because they can drink more before feeling the effects, they in fact do drink more.

Researchers do not fully understand what kind of genetic and biological differences are involved, how the differences lead to an increase risk of alcohol dependence, or even if they definitely do lead to dependence. It is not just simply that there is a gene that causes alcoholism or that alcohol problems are inherited. Rather it is likely that they may a variety of genes, biological characteristics and complex indirect interactions that in combination with other circumstances, may lead to alcohol dependence in a specific individual. All researchers emphasize that biological factors alone do not fully explain addiction. Biology always combines with social, environmental and individual psychological factors to produce behavior. Not everyone with certain genetic or chemical characteristics develops dependence, even when personal and environmental factors are similar to the addicts. Saying there are some biological factors underlying addiction is not the same as saying addiction is a disease.

Disease Theory

Those who have innate disease cannot control their use of alcohol. When they first drink, the underlying disease is activated. The disease then leads them to drink more until it destroys them physically, emotionally and spiritually. There is no cure, it is said, but the effects of the disease can be stopped if the person stops drinking. The concept of addiction as a primary disease developed mainly as a reaction to the belief that people who are frequently and troublesomely drunk were simply bad people.

The evidence shows that a minority of people (25 to 30 percent) experience progressively worse symptoms if they continue to drink. However, most people move in an out of alcohol problems with various levels of seriousness and problem drinking episodes are separated by periods of abstinence or non-problem drinking. In most cases, it is not possible to say definitely that a person who had an alcohol disorder in the past will continue to have problems in the future. Although alcohol dependence seems to have biological elements in some people, the evidence is clear that it is not one kind of disease and that alcohol problem do not necessarily get worse or move along to dependence.

Some experts, educators and treatment providers now take the view that even though alcohol addiction and abuse may not truly be a disease, the idea that it can be like a disease is helpful. This viewpoint was first used in making society understand that people with alcohol problems should be able to get help. Today, some helpers explain that this belief makes it easier for some people to make sense of their behavior and work towards change

Psychosocial Theory

Psychoanalytic – Psychodynamic –Ego Theorists

Brisman and Siegel (1999) discussed bulimia and alcohol abuse as both forms of addiction and note there is some overlap between bulimia symptoms and alcohol abuse (13% of college women, 27% of clients). While early psychoanalytic and dynamic therapists, Freud (1930) viewed addiction as an id-ego struggle in which the Id and its pleasure principle won or as a replacement for loss objects.

Kohut (2000) viewed addiction as a replacement for a defective ego structure. The substance either food or control threatening emotions (Khantzian 2000).

All experts including those who believe in the disease model agree psychological, social and environmental events are important elements in the development of problem drinking patterns.

Research shows that learning has a great effect on the development of harmful drinking behavior, people learn how to drink, what to expect from drinking and to use drinking for certain purposes. People who have experienced rules about appropriate drinking learn those rules and rituals (although they may not always use what they have learned). Those who see mostly uncontrolled drinking with the intention of intoxication learn to drink that way.

People are also shaped by the consequences of drinking. Human beings continue to behave in certain ways if they get positive consequences for the behavior. If a person's social group drinks heavily and He\She gets feedback from friends for drinking the same way, He / She will be more likely to continue in the pattern. If a person gets other rewards from drinking- for example, He / She is more social or less anxious – He / She may also learn to use alcohol as a way of coping with uncomfortable and painful feelings. These positive consequences may be more emotionally powerful than negative ones like hangovers or family problems.

As was discussed earlier, habit is a learned pattern of drinking. People learn to use alcohol in certain situations including developing the habit of drinking heavily. In the North America for example, people may get into the habit of drinking heavily each time.

They go to the bar, whereas they might not drink at all otherwise. Habit can be hard to change because it is a routine that people have developed without really thinking about it – a way of behaving that has become an automatic reaction.

There is much research that shows if a person expects to be affected by alcohol a certain way, she/he will in fact experience that effect. There have been experiments showing that people can become high (that is, they act high and believe they are high) even though they drink only non-alcoholic drinks, if they believe they were drinking alcohol. The Social Issues Research Centre (1998, p.6), describing the evidence, says:

There is overwhelming historical and cross-cultural evidence that people learn not only how to be affected by drink through a process of socialization……

That is whatever behavior people expect alcohol to produce that is how they will behave, although it is unlikely that most of us consciously realize that our beliefs are a factor in our behavior. Also if people believe and expect that intoxication is a normal part of drinking, they may well drink to intoxication. If they believe they have no control over alcohol once they have a drink, they may well drink in an uncontrolled way. If people expect that alcohol leads to aggression, they may well act aggressively. (Many studies show that alcohol-related violence is a learned behavior, not a universal and automatic result of heavy drinking. See Health, 1995 for a review of such studies. Alcohol may, make people less able to control anger and aggression.

As was discussed earlier, cultures/societies develop attitudes, beliefs, expectations of effects and standards about alcohol use as well as ways of discouraging unacceptable use. Penalties can be legal ones such as making drunk driving a criminal offence. They can also be less structured, but highly effective negative consequences like social shunning and gossip. The greatest problems seem to arise when a society tolerates heavy as normal drinking and drunkenness rather than having strong clear rules about acceptable and unacceptable drinking behavior and meaningful punishments.

Subcultures are smaller groups within the main society teenagers, friendship groups or church members, for example. Subcultures can also develop their own attitudes, rules and expectations about drinking. For example, heavy binge drinking is often seen as normal and acceptable by college students. However, people who belong to religious groups that have strict do not accept drinking at all

Some people with certain personality characteristics and in certain environmental circumstances may be at greater risk of developing alcoholic problems. Examples are:

- Certain mental disorders (e.g. anxiety, depression) may be more likely to lead to harmful alcohol use

- People who have antisocial personalities (that is they are aggressive, do not follow the rules of society, do not take responsibility for what they do, do not relate well to other, etc) are more likely to abuse alcohol
- People whose social group drinks heavily may develop problems themselves
- Highly stressful life events like isolation, violence and abuse may create a greater risk of alcohol abuse as a coping method.

Finally, research also shows that "…. Substance abuse frequently occurs within a social context characterized by social and economic disadvantage" (Single, 1999,p.19).That is people more often drink in problematic ways in situations of poverty and unemployment, low education level, unstable family conditions, unstable social environments, and lack of resource and supports. The connections are complex between alcohol abuse and these other factors that affect health. But it is likely that when individuals do not have the tools to make a meaningful life, feel a lack of secure rootedness in family and society, and /or do not have a sense of direction for a positive future, they may learn to use alcohol as a coping tool. This alcohol misuse then creates even more problems.

To a great extent, then alcohol misuse and problems arise out of personal psychological person's expectations. Harmful and disadvantaged environmental, economic, and social conditions increase the likelihood that people will develop problems.

Abrams and Niura (1998) quoted Bandura (1979) saying that "Alcoholics are people who have acquired through different reinforcement and modeling experiences alcohol consumption as a response to aversive stimuli". The alcoholic sees others drinking

(modeling), expects that it is enjoyable (expectancies) and decides to try it.

The alcoholic finds that it reduces stress and is socially rewarding (positive reinforcement) and begins drinking. Depending on individual and situational factors, normal use may become alcoholic. After continual use physical dependence maintain the abuse. Thus social learning theory incorporates

differential reinforcement modeling, expectancies, psychology, genetic and other individual differences and situational factors, to propose a model of alcoholism.

Empirical Review

Various researches have been conducted in alcoholism. In one of the researches, Pender (2004) studied prevalence of alcoholism in America. Paddington Alcohol Test (TAP) was used. Out of 550 participants that were used as samples, 350 represented the percentage who were discovered to be alcoholic.

In another study, that compared rural and urban alcohol and drug abuse dependence. Warner and Leukefeld (2001) observed that rural drug abusers have significantly higher rate of lifetime drug use than do abusers in urban areas. This shows that people in the rural areas engage more in drug abuse compared with those in the urban areas. 1,500 participants were used for this study, rural n-720 while urban participants comprised of 800 participants.

Furthermore, in a survey conducted by Smith, Touquet, Wright and Gupta (2004) using National Comorbidity Survey (NCS) to observe the prevalence of alcohol abuse when compared with females. The study further exposed high rate of drug abuse and dependence among the youth. On the influence of Age on drug abuse and dependence, the study revealed that youth between the ages of 20-35 engage more in drug abuse and dependence when compared with other age group. Peer influence and environmental factors were major factors behind the rate of alcohol abuse and dependence among them.

In a similar study, females were less likely than males to report alcohol disorders and African Americans were also less likely than whites to report alcohol disorder (John, 2005)

In a report presented by the National Institute on Alcohol and Alcoholism, (2002), males were observed to report higher in alcoholism when compared with females.

The research was conducted in five American States namely, California, Chicago, Texas, New York and Minnesota, Mac-Andrews. Alcoholism scale was used. Mores o, the National Institute of Alcohol Abuse and Alcoholism (2003) surveyed a group of 4,422 alcoholics and found that after one year some were no

longer alcoholics with the breakdown as follows:25% still dependent, 27.3% in partial remission (some symptoms persisted) 11.8% asymptomatic drinker (consumption increases chances of relapse)35.9% fully recovered – made up of 17.7% low risk drinkers, plus 18.2% abstainers.

In another study conducted by Coner (1999) to check the most commonly abuse substance by adolescents, 1,205 participants comprising of 705 males and 500 females were used for the study. Coner observed that alcohol is the most commonly abused substance

Here in Nigeria, Jegede (2000) carried a survey among undergraduates of higher institution. The aim of the study was to determine the prevalence of alcoholism among youth. Mac Andrews Alcoholism scale was used. The result revealed that the problem of alcoholism is at an increasing rate in our culture

The result also revealed that the problem is prevalent among males. Pender (2004) observed that substance use disorder is a major problem, facing many countries both the developed and developing ones.

Many studied have investigated also and drug abuse and dependence separately for urban and rural areas (Shuderman 2004). However few studies have looked at the association between the geographic context of alcohol and drug abuse and metropolitan residents use of alcohol and drugs disorder. Results of studies comparing rural and urban alcohol and drug abuse and alcoholism are mixed and are often affected by the possibility of bias or united generally by sample selection. For example, Warner and Leukfeld (2004) studied incarcerated subjects and found rural drug abusers in urban areas. Donner (2005) reviewed 65 reports of research on youth alcohol and drug abuse and found alcohol and drug abuse to be similar for both rural and urban youth.

Roundlee and Clayton (2006) substance analyzed data from a stratified random subsample of the Kentucky youth survey schools as well as among racially mixed and racially homogenous schools.

Early report found higher rate of alcoholism among African American (Zani 2005). Anthony and Helzwer (2003) found true racial differences in the prevalence of drug abuse and dependence with

Kesslex (2002), reporting that African Americans in the NCS have significantly lower prevalence of substance-use disorders than whites. This is consistent with the epidemiological Catchment Area (ECA) finding of higher prevalence of drug and alcohol abuse and dependence among young whites, Brown (2001), years of age compared with that among young African Americans.

Following the aims of their analysis, they used the National Commodity Survey (NCS) because in addition to providing a representative sample of U.S residents. It includes geographies, area of residence, demographic socioeconomic variables, and the prevalence of alcohol and drug abuse and dependence disorders. Zucker and Gomberg (2004) reviewed the re-evaluated Vailliant and Milofsky's (2003) data and noted that adolescents who would later become alcoholics had poorer grades in school, higher truancy, higher dropout rates, and higher rates of impulsivity and hyperactivity than adolescents, although there were no significant differences on measures of IQ. This may be related to Miller's (2002) finding of neurological deficits. Would be alcoholics has a higher rate of antisocial and aggressive behavior too, which may have been a result of problematic, homes or of whatever factors causes alcoholism or may be a factor leading to alcohol abuse. There were some ethnic differences in would – bes (more Irish and less Italian which they explained as being the result of not only norms of alcohol use, but also of individual a s interpersonal difference, occupational aspiration, cohesiveness of kinship networks and many other socialized behaviours.

The would-be alcoholics grew up in homes with higher marital conflict and less contact with parents. This may be the cause of higher marital conflict in the adult with alcoholic's home, resultant from learning higher conflictual ways of maintaining relationships as well from their own use of alcohol.

Miller (2002), Neuropsychological studies have shown that substance abuses have deficits in

a. Abstract concept f
b. Set formation
c. Set maintenance

Cognitive Flexibility

Though there is little evidence to link these deficits directly to the effects of substance abuse on the brain. Both alcoholics and their non-drinking offspring have verbal and language skills deficits.

Some personality studies have found poor ego strength, low frustration, tolerance and impulsivity to predate alcohol abuse. Some personality studies have found poor ego strength, low frustration, tolerance and impulsivity to predate alcohol abuse (Weber, 2001), others discussed field dependency, external locus of control, attenuated time extension, poor ego strength, poor object relations and cognitive rigidity as resulting from alcohol abuse (Keber, 2002). They seem to centre on an impulsive character disorder group, and an anxious-depressed subgroup. Brown (2000) tested 321 college students with the alcohol expectancy questionnaire covering 6 kinds of expectancies

Global Positive change, Sexual assertion,* Social and physical pleasure ,* Social assertion ,* Tension reduction ,* Arousal with feeling of power

They found three kinds of college drinkers

i. Heavy users who classify themselves as such
ii. Problematic drinkers, who may call themselves alcoholics, get in trouble with the law and have hangovers
iii. Situational drinkers, who drink only in some situations (high scores drink in bars with strangers, low scores at home with family or alone) grouped together background factors were better, predictors, but single best predictors with expectancies. Keep in mind that the best correlation they got was using both background and expectancies. Conty 36% of variance. Hull (2000) cited objective self-awareness as a contributing in alcohol abuse and found it impaired self-relevant

information processing (Hull 2000). Individuals with high self-focus drank more after failure than low self focus drinkers and had higher relapse when they experienced failure than low self-focusers (Hull and Young, 2000). However, increasing an alcoholics self-focus for theory may cause negative effects (Gibbons, 2003) which possible to avoid (Steinbarger and Adermen, 2000) have not definitely linked to positive outcome

Hypothesis

The following hypothesis was tested in the study

- **H1** -There will be no significant effect of Gender on Alcoholism among Adults
- **H2** -There will be no significant effect of locality on Alcoholism among Adults
- **H3** -There will be no significant interaction effect of Gender and locality on Alcoholism among Adults

3. Method

Participants

A total of 18 participants comprising of 68 urban adults (48 males and 20 females) and 60 rural adults (40 males and 20 females) were randomly sampled for this study. The male participants were within the age bracket of 20-55 years with a mean average of 41 years and standard deviation of 6 years. The female participants were also under the age limit of 25-50 years with a mean age of 36 years and a standard deviation of 4 years.

The rural participants were selected from the inhabitant of Okpuno village in Ugwuoba Oji River Local Government Area of Enugu State while the urban participants were selected from the inhabitant of Enugu North Local Government , Enugu State. The rural participants were made up of 40 farmers (30 males and 10 females)8 male drivers, 5 female hair dressers, 2 male palm wine tappers and 5 female petty traders respectively.

The urban participants were made up of 30 civil servants (22 males ad 8 females) 18 traders (10 males and 8 females) 4 female hair dressers, 10 male auto-mobile mechanics and 6 secondary school teachers.

Instrument

Mac-Andrew Alcoholism Scale (Mac-Andrew, 1965), standardized in Nigeria by (Selemo, 1995). It is a 49 items questionnaire with dichotomous response pattern (true and false) designed to measure alcoholism. The instrument is used to screen, diagnose, determine the prognosis and identify the personality characteristics of alcoholics. It is made up of true and false items.

However, items 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 17, 18, 119, 21, 23, 24, 26, 27, 29, 30, 31, 32, 33, 34, 36, 37, 40, 42, 45, 48 were worded.

"1" point if the responses is true and zero (0) if it is false. In addiction, opposite in the case on items 2, 15, 16, 20, 25, 28, 38, 43, 44, 46, 47, 49

To obtain the score of a client/respondent, requires addition of all the responses with reference to the scoring pattern. However the normative mean for this test is 23.79

This means that a mean score above 23.79 or a raw score above 24 indicates the person is having the problem of excessive alcohol consumption

Reliabiity of the instrument

Paskin and Daley (1991) gave a descriptive validity of MAS by stating that "this scale is stable over time and does not appreciably change with changes in drinking status" (p.39)

Validity of the instrument

Graham (1997) reported that "for a cross-validation sample, a raw score of 24 correctly identified 80%cases …" (p. 162)

Procedure

A total of 160 copies of questionnaire were randomly distributed to select participants for this study. The distribution was done in two phases. The first was the selection of rural participants while the second was the selection of urban participants.

In the selection of rural participants, the researcher started by visiting them on the various houses. To every participant, the researcher explained his mission and asked the participants to cooperate. This was done after rapport and confidentiality must have been generated. This was achieved with the assistance of the researcher's friend who hails from the community. Thus a total of 80 copies were distributed in the community. Though all of the copies were returned, only 60 copies that were correctly filled were used for data analysis

In the urban centre, the same thing was done, the researcher approached the participants in their homes and offices. However, the exercise was less difficult in the urban centre than the rural area.

Out of the 80 copies that were distributed, 75 copies were returned out of which 5 copies were not correctly filled and were not used for data analysis. Finally, the exercise took the researcher about 8 weeks

Design

Based on two independent variables, Gender and Locality with two levels each, due appropriate design adopted was 2 x 2 factorial design while two way analysis of variance f test was used for data analysis

4. Results

This chapter presented the results and data analysis of the study.

Table 1: Summary table of mean on the Gender and Locality as factors in Alcoholism among Adults.

		Locality	
		Urban	**Rural**
Gender	Male	$X_{11} = 23$	$X_{12} = 31.5$
	Female	$X_{21} = 16.1$	$X_{22} = 20.9$

From table 1 above, rural male obtained the highest mean of (31.5) followed by urban male with a mean of (23). Rural female has a mean of (20.9) while urban female scored the least mean of (16.1)

Table 2: Mean Table for Male and Female Adults Living in both Urban and Urban and Rural Communities
LOCALITY

	Urban	Rural	
Male	$X_{11} = 23$	$X_{12} = 31.5$	$T_1 = 54.5$ **$X_1 = 27.25$**
Female	$X_{21} = 16.1$	$X_{22} = 20.9$	$T_2 = 37$ **$X_2 = 18.5$**
$T_{.1} = 39.1$	$T_{.2} = 52.4$	$T\ldots. = 91.5$	
$X_1 = 19.55$	**$X_2 = 26.2$**		

From table 2, male adults living in both urban and rural communities had a higher mean score of 27.25 above that of the female adults in both urban and rural communities who obtained a lower mean score of 18.5. This signifies that males drink more alcohol than females in the urban and rural communities studied

Also from the table, rural community had a higher mean score of 26.2 above that of the urban community which had a lower mean score of 19.55 signifying that alcohol consumption is higher in the rural communities than in urban communities.

4.3 Table III: Summary table of two way ANOVA on Gender and Locality as factors in Alcoholism among Adults using unweighted mean

Source of Variation	**Sum of square**	**df**	**Mean square**	**F cal**	**P**
(Rows) Gender	2044.42	1	2044.42	120.5	>.01
(Column) locality	1180.81	1	1180.81	69.5	>.01
(Interaction(Gender and locality	91.05	1	91.05	5.4	>.05
Within cell	2104.6	124	16.97		

Table two above indicates that F_1 calculated value of 120.5 is greater than f_1 critical value of 7.44 at p>.01 level of significance. Hence the first hypothesis which stated that "there will be no significant difference in Alcoholism between male and female adults" is hereby rejected. This shows that a significant difference exists between male and female adults in alcoholism

In addition, f calculated value of 69.6 is also greater than f critical value of 7.44 at p>.01 level of significance. This shows that the second hypothesis which stated that "there will be no significant difference in alcoholism between rural and urban adults" was also rejected. This indicated that rural and urban adults differ significantly in alcoholism.

However, f calculated value of 5.4 is found to be greater than f critical value of 4.13 at p>.05 level of significance. This shows that there is a significant interaction effect of Gender and Locality in Alcoholism among Adults

Summary of the results

The results above indicate that male and female adults differred significantly in alcoholism. A significant difference was also observed between rural and urban adults on alcoholism. The result also showed a significant interaction effect of gender and locality on alcoholism among adults.

5. Conclusion

Based on the findings of this study, the researcher hereby conclude that Gender as a factor yielded a significant effect in alcoholism. The result showed that males abuse alcohol more than females. That is why the problem of alcoholism is more on them than females. The result also revealed that people in the rural areas abuse alcohol more than those in the urban centres.

Research limitations and directions for future research

Based on the outcome of this study, the researcher hereby recommends that future researchers should carry out similar studies in other areas to cross-validate the outcome of this study.

In addition, there is need for re-orientation on the use of alcohol. The society especially people in the rural areas need to be educated more on the dangers of alcohol abuse. There is need for both |Governmental and Non-Governmental Organizations to carry campaign against alcohol abuse not only in the urban centre but more in the rural areas.

One major limitation of the study is the small size of the participants. Out of the myriads of adults in the urban and rural areas, only 128 was used for the study.

In addition, the selection of participants was difficult, because of the construct (Alcoholism). The major problem was in selection of rural dwellers. Most of them especially the women were afraid of responding to the test with a view that the community will see them as alcoholics. Data collection was also difficult in the rural area because of illiteracy amongst some.

REFERENCES

Abrams B.O. and and Niura J.B. (1998): "Detection of alcohol misusing patients in accident and emergency departments: the Paddington alcohol test (PAT)". ***Journal of Accident and Emergency Medicine B (5):*** 308 – 312. Retrieved on 1998 2006-11-19

American Medical Association (2000): Definition and criteria for the Diagnosis of Alcoholism, ***the journal of the American Medical Association****, 268 (8)*

Anthony K.C. and Helzwer Q.J. (2003) Assessing how adolescents think about the morality of substance use. ***Drugs and society***, 8, 111-124

Bandura J.S. (1979). The Influence of parent, sibling and peer modeling and attitudes on adolescent use of alcohol. ***International Journal of the Addictions*** 28, 853-880

Binder R.K. (2000): Final Report to the W.I. Grant Foundation. Unpublished manuscript, Harvard University

Boyd, P.Z. Howard, R.M. and Jucker O.S. (1995). Alcohol problems among adolescents: current directions in prevention research. Hillsdale, N.J: Erlbaurm

Brisman K.F. and Siegel K.K. (1999). The relation between perceived vulnerability to HIV and precauted sexual behaviour. Psychological Bulletin, 189, 390

Brown K.Z. (2001). Moderator effects of personal meaning in adolescent alcohol abuse. Counseling and Educational Psychology Research Exchange, March 26, 1-12

Coner B. Y. (1999). The role of personal meaning development in adolescent alcohol use. The biannual meeting of the society for research in child development, Albuguerque, Nin

Dencker M.G. (2001). Risk and protective factor for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. ***Psychological Bulletin*** 112, 64-105

Donner O.O. (2005). Four factor index of social status, Unpublished manuscript. Yale University, Department of Sociology, New Haven

Freud S. (1930). Family influences on alcohol abuse and other problem behaviours among adolescents in a general population sample. Pg.64-65

Gary, C.E. (2007). Trends in adolescent alcohol and other substance use: Relationships to trends in peer, parent, and school influences. Substance use and misuse, 34, 1427 – 1449

Graham J.R. (1997). ***The MMPIA practical guide***, New York Oxford University Press

Gibbons O.S, (2003). Effectiveness of school based drug prevention programs: A metal-analysis of the research. ***The Journal of Primary prevention***, 18, 71 - 128

Health, D.W. ed. International Handbook on alcohol and Culture. Westport, CT: Greenwood Press, 1995 ed. Massachusetts: Allyn and Bacon, 1995

Hull, W.S & Way, T.N. and. (2000). A development method to analyze the personal meaning adolescents make of risk and relationship: ***The case of drinking;Applied Development Science.*** 47-65

Jegede G.A. (2000). Alcohol problems among adolescents: ***Current directions in prevention research*** pp.13-31) Hillsdale, NY:Erlbaum

John J.B. (2005). The effect of pracetan on cipofusion of the rat cerebellar and hippocampa: neurons after long-term alcohol: treatment and withdrawal". Alcoholism: Clinical and Experimental Research 15, pp. 834-838

John K.C and Lawra C.J. (2000). Specialized Alcohol Counseling and Effective Treatment for Alcohol Dependence when delivered with Medical Management

Keber G.D. (2002). Naltrexone in the treatment of dually diagnosed patients. ***Journal of Attractive Diseases*** 16 A27, 125

Khantzian A.C. (2000). Controlled drinking by alcoholics? New findings and re- evaluation of a major affirmative study ***Science, 2000 Jul 9, 217 4555); 169-75***

Kohut c B. (2000). Experience of a "Slip among alcoholics treated with Naltrexone or placebo. ***American Journal of Psychiatry,*** 153 (2)_". 281-283

Laura, M.B. (2005). Adolescents' perception of risk: ***understanding and preventing high risk behaviour*** pgs; 20, 177-182

Mac Andrews, F.C. (1965). The differentiation of male alcoholic outpatients from non alcoholics psychiatric outpatients by means of MMPI Quarterly Journal of Studies on alcohol 26(2), 238-246

Meyer, A.B. (2003). Adolescents' perceptions of their risk environment. ***Journal of Adolescents***, 18, 229-245

Miller, W.R. and S. Rollnick,(2002). Motivational Interviewing: Preparing People for Change. 2nd ed. New York: Guilford Press.

National Institute on Alcohol Abuse and Alcoholism. Research Refines Alcoholism Treatment Options" Alcohol Research and Health vol. 24, No 1, 2000
http://www.niaaa.nih.gov/publications/arh24-1/53-61.pdf

National Institute on Alcohol Abuse and Alcoholism (2003) Detecting Alcoholism: ***The CAGE Questionnaire*** JAMA 252

National Library of Medicine and National Institute of Health (NIH). "MEDLINE plus Medical Encyclopedia: Alcoholism". 2014a.
http://www.nlm.nih.gov/medlineplus/ency/article/000944.htm

.Omeje O.K. and J.E. (1999). ***Fundamentals of Substance Abuse*** Snaap Press Ltd. P.51-59

Paskin, B. & Daley, C.E (1991).In Onwuegbuzie, A. J., Bailey, P., *Daley*, C. E. (2000). ..... Attitude and expectancies as predictors of *drinking* habits : a comparison of three *scales*

Pender, C.N. (2004). Adjuvant therapy with parenteral piracetan in alcohol withdrawal delirium orv Hetil; 144:pp.927-30

Rotgers, F., M.F., Kern and R. Hoeltzel. Responsible Drinking: A Moderation Management Approach for Problem Drinkers. Oakland CA: New Harbinger Publications, 2002

Roundlee, C.B. and Clayton, J.D. (2006). The efficiency of piracetan of the mental functional capacity of chronic alcoholics (author's transl)". Med Klin April 23; 71(7) 711 -6

Selemo, B.F. (1995). The consumption pattern and the psychological effects of alcohol use among brewers and on brewers of ogogoro. Unpublished M.Sc. Research project, department of psychology university of Lagos

Shudarman, R.F. (2004). Cognitive function in alcoholics in a double-blind study of piracetam, liyec vjesm, 112 (3-4):111-4

Skondia, C.G. (2002). Piracetam in alcoholic psychoses: a double-blind, cross over, placebo controlled study", J, Int Med Res B, pp.185-187

Smith S, Touquet R, Wright S, Das Gupta N. (2004). Detection of alcohol misusing patients in accident and emergency departments: the Paddington Alcohol Test (PAT). Journal of Accident and Emergency Medicine 1996; 13(5): 308-312

Social Issues Research Centre (SIRC). "Social and Cultural Aspects of Drinking". Oxford, UK: SIRC, 1998. http://www.sirc.org/publik/drinking contents.html

Steinbarger, O.B. and Adermen, J.N. (2000). Associated with Alcohol-Dependence although its Effect Size. Is small alcohol and Alcoholism (2000)41 (5):479- 485

Warner B. & Leukefeld C.G. (2001). Rural-Urban Differences in Substance Use and Treatment Utilization Among Prisoners, *American Journal of Drug and Alcohol Abuse*, 27(2), 265-280.

Warner, T. A. and Leukefeld, C. N. (2004) Spontaneous Recovery in Alcoholics: A Review and Available Research, by R.G. Smart Drug and Alcohol Dependence, vol. 1, pg. 284

Weber, E. U. (2001). Personality and risk taking. In N. J. Smelser & P. B. Baltes (Eds.), *International encyclopedia of the social and behavioral sciences* (pp. 11274-11276). Oxford, UK: Elsevier.

Vaillant, B.C. and Milofsky's P.N. (2003). Parental support and control as predictors of adolescent drinking, delinquency and related problem behaviors. Journal of marriage and the family, 54,763-776

Zani, K.C. (2005). Adolescent perceived parenting styles and their substance use: concurrent and longitudinal analysis. Journal of Research on Adolescence, 11, 401-423

Zucker, B.C. and Gomberf, C.B. (2004). A guide for families and communities. Baltimore: Brooker publishing. ISBN 1-55766-283-5.