ALCOHOL DEPENDENCE, SOCIAL ANXIETY AND PSYCHOLOGICAL WELL-BEING: A COMPARATIVE STUDY AMONG EKITI STATE UNIVERSITY, ADO EKITI AND OLABISI ONABANJO UNIVERSITY, AGO IWOYE UNDERGRADUATES IN NIGERIA.

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ABSTRACT
The study examined the influence of alcohol dependence on social anxiety and psychological well being by comparatively studying undergraduates from Olabisi Onabanjo University, Ago Iwoye (OOU) and Ekiti State University, Ado Ekiti (EKSU). A total of 191 students drawn from the two institutions participated in the study, using the snowball sampling technique. They included 96 from Ekiti State University, Ado Ekiti (41 females and 55 males) and 95 from Olabisi Onabanjo University, Ago Iwoye (48 females and 47 males). Alcohol Dependence Scale, General Health Questionnaire (28), and Social Interaction Anxiety Scale were used to measure alcohol dependence, psychological well being and social anxiety respectively. Four hypotheses were generated and tested using both the t-test and the Analysis of Variance. Results of data analysis revealed that alcohol dependence significantly affects social anxiety \[ r (191) = -.162, P,.05 \]. It was also shown that alcohol dependence has a significant influence on social dysfunction \[ t (189) = 2.32, P<.01 \] and anxiety insomnia \[ t (189) = 1.86, P<.05 \] (two of the four sub-scales of psychological well-being). Results also revealed a significant difference in alcohol dependence between students from institutions \[ F (1,190) = 11.48, P<.05 \] with Ekiti State University undergraduates \( x=14.16 \) being more dependent on alcohol than their Olabisi Onabanjo University undergraduate \( x=9.37 \) counterparts; and that males are significantly more dependent on alcohol than their female counterparts. Findings from the study were discussed in line with available literature and it was recommended that undergraduates should be properly guided by both the law enforcement agents, parents and school administrators while also being exposed to the consequences of drug, especially alcohol, dependence and the use of illicit substances.

Keywords: Alcohol Dependence, Social Anxiety, Psychological well being, Undergraduates.

INTRODUCTION:
Anecdotal evidences suggest that individuals, who can afford, easily access and are less busy or idle uses substances more than their more busy counterparts. This may be used to justify for why cannabis use is more rampant among miscreants, street urchins, and garage boys and girls. As for the use of alcohol, substantial evidences (e. g. Ellickson and Morton, 1999; Clayton and Ritter, 1985, Odejide, Ohaeri and Ikuesan, 1989, Akanni and Adayonfo, 2015) in literature suggests that alcohol is a gateway substance that is often served as part of traditional rites in marriages, naming ceremonies, and festivals in specific cultures. That they are gateway drugs may also precipitate their addiction and dependence.

Psychological well being is a construct being widely used in Psychology parlance to encompass wellness in thoughts, actions and feelings. It embodies interlinked ideas, affect, recollections, perspectives, and mental networks. Goldberg (1978) developed a measure of Psychological Well Being called the General Health Questionnaire and it has four dimensions of: somatic symptoms, anxiety insomnia, social dysfunction, and severe depression. These dimensions are measures of cognitive, behavioural and affective components of attitude and behaviour.

The theory of reasoned action by Fishbein and Ajzen (1975) have explained that an individual’s behavioural intention results from one’s attitude towards performing a behaviour, juxtaposed with empirically derived weights and the individual’s subjective norms related to performing the behaviour. Social anxiety is an anxiety disorder characterised by an intense fear in one or more social situations, causing considerable
distress and impaired ability to function in, at least, some parts of daily life (APA, DSM-IV, 1994). Persons with social anxiety disorder either avoid the feared situations or experience them with extreme anxiety, thus inflicting some forms of emotional distress on themselves. Individuals with emotional distress are said to suffer some forms of psychological imbalance and this may affect, in turn, their daily functioning.

Alcohol intake and consequent dependence, in most cases, like other forms of undesirable behaviour (e.g. indiscriminate sexual practices), is rampant among undergraduates (Substance Abuse and Mental Health Services Administration, SAMHSA, 2011; Thombs, Olds, Bondy, et al, 2009, Rosemary Iconis, 2014). These students almost always provide justifications for their intake of alcohol; including the use of alcohol as a defense mechanism for the fear of people or crowd during seminar presentations, declaration of political manifestoes, project work defense, coping mechanism for daily stresses etc. It is believed that the use of alcohol shields them from perceived social anxiety and brings about good performances on stage. To some too, alcohol use is said to help them forget about their worries particularly in this period of uncertainty about the future. Usage of alcohol may eventually lead to dependence or inability to quit its usage. This may, in effect, constitute a social problem to the society in terms of the mental health status and quality of work life of alcohol users/dependants.

The social psychological health and well-being of university undergraduates is of particular importance in comprehending and assessing adolescents’ academic goals, achievement orientations and later life success and economic growth of any nation. Any nation, whose adolescent’s social-psychological health is impaired may be economically doomed because knowledge, they say, is power; and the strength of a polity rests, essentially, on the knowledge and technological know-how of the inhabitants of the society. Colicbaric, Satalic and Lukesic (2003) have submitted, for example, that the university period increases responsibility for choices and healthy practices; lending credence to the importance of the social-psychological health and well-being of undergraduates. Studies (e.g. Gorka, Shankman, Olino et al, 2014; Moronkola, 2003; Stevens, Claudius, Bantin, Hermann, and Gerlack, 2013) have implicated alcohol use and dependency as detrimental to adolescents’ successful achievement orientations; and consequent economic growth and development of a nation. Osikoya and Alli (2006) in their study identified dependence and addiction as one of the major consequences of drug abuse characterized by compulsive drug craving and seeking behaviour. They opined that such is inimical to any social and environmental setting.

It is therefore imperative to find out whether alcohol dependence affects social anxiety or the psychological well-being of alcohol users; or whether there are even sex differences in the effects of alcohol dependence of undergraduates in EKSU and OOU. Based on these objectives therefore, this study proposed to find out if:

i. There will be any significant relationship between alcohol dependence, social anxiety and psychological well-being among university undergraduates

ii. There will be a significant difference in alcohol dependence between EKSU and OOU undergraduates

iii. There will be a significant difference between male and female undergraduates from the institutions on their levels of alcohol dependence

**METHOD**

**Research Settings**: The research was carried out in Olabisi Onabanjo University, Ago-Iwoye and Ekiti State University, Ado Ekiti. Ekiti State University (EKSU) is a citadel of learning situated at kilometre 11, along Ado-Iworoko Ekiti road in Ado-Ekiti. Ado-Ekiti, although the capital town of Ekiti State in
Nigeria, is predominantly a civil servants’ town. Other than the various ministries that house government departments and parastatals, the town has no major industries that could profitably engage the teeming population of undergraduates in the town. Therefore, during free periods, the students seem to engage more in drinking alcoholic substances and indiscriminate sexual engagements, especially among the female students, for sustenance and coping with life; particularly during these periods of economic recessions in Nigeria.

Olabisi Onabanjo University (OOU), on the other hand, is situated in Ago-Iwoye in Ogun State; Nigeria. Ago-Iwoye is only a few kilometres from Lagos; the commercial nerve centre of Nigeria. Besides her closeness to Lagos, other towns like Ifo, Sango, Otta, Abeokuta, and Agbara with big industrial estates are very close to Ago-Iwoye. It is therefore expected that the social life and profitable commercial work engagement among undergraduates of Olabisi Onabanjo University should be non-comparable with those of their counterparts in Ekiti State University. It is assumed that lack of, or insufficient, engagements may render individuals too free and in the bid to engage oneself in some sort, idle students may loiter around bars and engage in alcohol drinking.

**Research Participants:** Participants in this study are one hundred and ninety-one (191), made up of 102 males (53.40%) and 89 females (46.60%). Ninety-six (96) (50.26%) of these are from Ekiti State University while the rest 95 (49.74%) are from Olabisi Onabanjo University. Of these, 55 (57.29%) are males and 41 (42.71%) are females from Ekiti State University while 47 (49.47%) are males with 48 (50.53%) females from Olabisi Onabanjo University. Participants mean age (x) is 21.16 years.

**Research Design:** The study used the survey research method adopting the use of structured questionnaire to elicit responses as they apply to the research participants. Thus it was ex-post facto study involving the independent samples’ research design.

**Sample Technique:** Owing to the nature of the research, involving alcohol use and the secretive nature of most research participants in Nigeria; the snowball sampling technique was adopted. Thus, with acquaintances, it was easy to get other alcohol users, whose informed consents were obtained, to participate in the study.

**Measures:** A questionnaire comprising of four (4) sections was used in the study. **Section ‘A’** comprise of personal bio-data information of research participants such as sex, age, and name of institution. **Section ‘B’** comprised of the Alcohol Dependence Scale (ADS) developed by Skinner and Horn (1984). The scale provides a quantitative measure of severity of alcohol dependence consistent with the concept of alcohol dependence syndrome. It is a 25 items measure whose validity co-efficient; according to Suzanne, Doyle & Donovan (2009) is 0.35 for out-patients and 0.18 for after care participants. It has an internal consistency ranging from 0.82 to 0.87. Dichotomous items are scored 0, 1, three choices items are scored 0,1,2, and four choices items are scored 0,1,2, and 3. In each case, the higher the value obtained, the greater the independence. Social anxiety was measured in **section ‘C’** of the questionnaire with Social Interaction Anxiety Scale developed by Mattick and Clarke (1998). It is a 20 items self-report scale designed to measure social interaction anxiety which is defined as distress when meeting and talking with other people. The scale has a convergent validity of 0.86 when compared with other scales measuring social anxiety; and split-half internal consistency of 0.88, according to Peter (2000) Response options of measure range from ‘0’ (not all characteristics of me), through ‘1’ (true of me), to ‘4’ (extremely characteristic of me).
And finally, section ‘D’ of the measure consist of the General Health Questionnaire (GHQ-28) developed by Goldberg (1978). The measure is a 28 items measure of emotional distress in medical settings. It screens to detect those likely to have or be at risk of developing psychiatric disorders. GHQ is divided into four subscales of: 1 somatic symptoms (items 1-7); 2. Anxiety/ insomnia (items 8-14), social dysfunction (items 15-21), and severe depression (items 22-28) (Goldberg, 1978). Test-retest reliability of the measure has been reported to be high (0.78 to 0.90) (Robinson and Price, 1982), and inter-rater reliability have been shown to be excellent (Cronbach’s =0.90-0.95) (Falide and Ramos, 2000). GHQ is accompanied by four possible responses: Not at all, No more than usual, Rather more than usual, and Much more than usual; which are scored from zero (0) to 3 for each response. The total possible score on the scale ranges from zero to 84. Thus using this method, a total score of 23/24 is the threshold for the presence of distress.

Procedure: Research instrument was personally and individually administered on the research participants with the help of two trained research assistants. The research participants consent to participate in the study were sought and obtained before the administration of questionnaire. The participants were individually met in their homes and departments on campus and requested to give appointments for the completion of the questionnaire. Each questionnaire takes approximately 38mins to complete and participants were left to fill the questionnaire on their own and then return to the researchers who were waiting at designated spots. Respondents were appreciated with handkerchief and a ball-pen each as incentives for complete participation in the study. Altogether, two hundred copies of the questionnaire (100 copies per school) were administered but only 191 were statistically analysed because four copies were not returned at all and another 5 copies were incompletely/inappropriately filled.

RESULTS
Table 1. Correlation matrix table showing relationship among variables among OOU and EKSU undergraduates.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Dependence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>-.162 **</td>
<td>.025</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.191</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic Symptoms</td>
<td>.019</td>
<td>.079</td>
<td>.101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>191</td>
<td>191</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Insomnia</td>
<td>.124</td>
<td>.087</td>
<td>.220 **</td>
<td>.518 **</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>191</td>
<td>191</td>
<td>191</td>
<td>191</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Dysfunction</td>
<td>.114</td>
<td>.117</td>
<td>.085</td>
<td>.207 **</td>
<td>.477 **</td>
<td></td>
</tr>
<tr>
<td></td>
<td>191</td>
<td>191</td>
<td>191</td>
<td>191</td>
<td>191</td>
<td></td>
</tr>
<tr>
<td>Severe Depression</td>
<td>.012</td>
<td>.867</td>
<td>.116</td>
<td>.255 **</td>
<td>.406 **</td>
<td>.232 **</td>
</tr>
<tr>
<td></td>
<td>191</td>
<td>191</td>
<td>191</td>
<td>191</td>
<td>191</td>
<td>191</td>
</tr>
</tbody>
</table>
From the table above, results revealed that alcohol dependence is related to social anxiety \[ r (191) = -.162, P< 0.5 \] among undergraduates of OOU and EKSU. The relationship is negative however, suggesting that the more dependent one is on alcohol, the less socially anxious he/she becomes. It is also revealed that anxiety insomnia is related to social anxiety \[ r (191) = .220, P<.01 \] and somatic depression \[ r (191) = .518, P<.01 \]. Results also revealed that social dysfunction is related to somatic symptoms \[ r (191) =.207, P<.01 \] and to anxiety insomnia \[ r (191) =.477, P<.01 \]. Severe depression is also found to be related to somatic symptoms, anxiety insomnia, and social dysfunction. Therefore these results indicated that alcohol dependence is related to social anxiety but not to psychological well-being since none of the four dimensions of psychological well-being is related to alcohol dependence.

Table 2: Descriptive statistics table showing the mean (x) and distribution in terms of sex and institution of the participants

<table>
<thead>
<tr>
<th>Sex</th>
<th>Institution</th>
<th>Mean (x)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>EKSU</td>
<td>15.45</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>OOU</td>
<td>10.21</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>13.04</td>
<td>102</td>
</tr>
<tr>
<td>Female</td>
<td>EKSU</td>
<td>12.41</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>OOU</td>
<td>8.55</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>10.33</td>
<td>89</td>
</tr>
<tr>
<td>Total</td>
<td>EKSU</td>
<td>14.16</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>OOU</td>
<td>9.37</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>11.77</td>
<td>191</td>
</tr>
</tbody>
</table>

Table 3: 2x2 Analysis of Variance (ANOVA) summary table showing the differences in sex and institution of undergraduates of OOU and EKSU on alcohol dependence

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>262.08</td>
<td>1</td>
<td>262.08</td>
<td>3.07</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Institution</td>
<td>981.07</td>
<td>1</td>
<td>981.07</td>
<td>11.48</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Sex and institution</td>
<td>22.13</td>
<td>1</td>
<td>22.13</td>
<td>.259</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Error</td>
<td>15987.38</td>
<td>187</td>
<td>85.49</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>17365.32</td>
<td>190</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Results from table 3 above revealed that there is a significant difference in sex \( F (1,187) = 3.07, P<.05 \) of undergraduates, and in alcohol dependence based on institution \( F (1,187) =11.48, P<.05 \) among undergraduates of both Olabisi Onabanjo University, Ago Iwoye and Ekiti State University, Ado Ekiti. However, there is no significant interaction effect of sex and institution on alcohol dependence. A comparison of the mean (x) scores from table 2 above revealed that males (x=13.04, total) are more dependent on alcohol than their female counterparts. Also, the table 3 above showed that EKSU undergraduates (x=14.16) are more dependent on alcohol than their OOU counterparts (x=9.37).
Table 4: Independent t-test summary table showing the influence of alcohol dependence on psychological well-being of Nigeria university undergraduates

<table>
<thead>
<tr>
<th>Variables</th>
<th>Alcohol dependence</th>
<th>N</th>
<th>Mean (x)</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic Symptoms</td>
<td>High</td>
<td>97</td>
<td>5.27</td>
<td>189</td>
<td>0.48</td>
<td>&gt;.05</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>94</td>
<td>5.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety/ Insomnia</td>
<td>High</td>
<td>97</td>
<td>7.09</td>
<td>189</td>
<td>1.86</td>
<td>&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>94</td>
<td>5.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Dysfunction</td>
<td>High</td>
<td>97</td>
<td>5.48</td>
<td>189</td>
<td>2.32</td>
<td>&lt;.01</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>94</td>
<td>4.19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe Depression</td>
<td>High</td>
<td>97</td>
<td>7.02</td>
<td>189</td>
<td>0.04</td>
<td>&gt;.05</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>94</td>
<td>6.99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Wellbeing</td>
<td>High</td>
<td>97</td>
<td>6.19</td>
<td>189</td>
<td>1.97</td>
<td>&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>94</td>
<td>5.08</td>
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</tbody>
</table>

From the table above, results revealed that alcohol dependence significantly affects anxiety/insomnia \( t (189) = 1.86, P<.05 \) and social dysfunction \( t (189) = 2.32, P<.01 \). However, alcohol dependence does not affect somatic symptoms and severe depression. Overall however, there is a significant influence of alcohol dependence on psychological well being \( t (189) = 1.97, P<.05 \).

**DISCUSSION**

This research work examined the effect of alcohol dependence on social anxiety and psychological wellbeing while also comparing these effects on the students of Olabisi Onabanjo University, Ago Iwoye and Ekiti State University, Ado-Ekiti. Results revealed that alcohol dependence significantly affects social anxiety. This finding is in consonance with the findings of Gorka, Shankaman, Olin, Seeley, Kosty & Lewinsohn, (2014) who found out that alcohol consumption curbs negative effects of social anxiety and thus posit that alcohol is used frequently to self-medicate social anxiety. According to Stevens, Claudius, Bantin, Hermann & Gerlach (2013), people with social anxiety have been shown to have a greater focus on external stimuli while sober, and become more internally focused when drunk or even have the expectation of drinking. Also, Schry, Norberg, Maddox, & White (2014), posit that social anxiety has been shown to have greater effect on females drinking due to roles and personal consequences while the effect on male was due to physical consequences.

Many people experience social anxiety. That is, they feel uncomfortable to speak in public or to stranger for the fear of embarrassment. Nevertheless, people with social anxiety report that aside from totally avoiding inducing situations, alcohol use is one of their primary means of coping. This expectation that alcohol reduces anxiety may motivate alcohol consumption which might lead to dependency. Alcohol can eventually increase anxiety and stress rather than reduce it. Unfortunately, therefore, reaching for a drink may not always have the effect one is after. While a glass of wine, after a hard day, might help you relax; in the long run, it can contribute to feelings of depression and anxiety and make stress harder to deal with. This is because regular heavy drinking seems to interfere with neurotransmitters in our brains that are needed for good mental health. For example, the Wall Street Journals (wsj.com) of 21st Dec., 2015 and the National Institute of Alcohol Abuse and Alcoholism have documented that the long term alcohol abuse changes how the brain regulates emotion and anxiety.
and disrupts sleep system, in addition to causing neuro-cognitive disorders and alcohol induced dementia.

The second hypothesis is that there would be a significant effect of alcohol dependence on psychological wellbeing. The t-test result of this hypothesis confirmed the stated hypothesis and revealed that there is an effect of alcohol dependence on anxiety insomnia and social dysfunction but no effect on somatic symptoms and severe depression. Available evidences in literature suggest that alcohol alters brain chemistry because human brain relies on a delicate balance of chemical and processes. Alcohol is a depressant, which means it can disrupt the balance, affecting our thoughts, feelings and actions and sometimes our long term memory and mental health. Moronkola (2003) also pointed out that some substances alter the mood, change the user’s feeling, perception and behaviour when they are used because they exert action on the brain. This scholar argued that regular drinking lowers the serotonin in the brain chemicals that help regulate individual’s mood. It has also been pointed out that alcohol consumption can induce sleep disorder (anxiety insomnia) by disrupting the sequence and duration of sleep state and by altering total sleep time as well as the required time to fall asleep (sleep latency). The research led by Mahesh Thakkar (2014), studied the effect of alcohol on sleep for more than five years and found out that alcohol interferes with the brain’s built-in-system for regulating a person’s need for sleep.

The third hypothesis stated that there would be a significant effect of sex and a significant difference in the level of alcohol dependence that exists between undergraduates of Olabisi Onabanjo University, Ago Iwoye and those from Ekiti State University, Ado Ekiti; premised on environmental differences. Results revealed a significant difference in sex and institution on alcohol dependence. A comparison of mean scores revealed that Ekiti State University, Ado Ekiti undergraduates (x = 14.16) are more dependent on alcohol than their counterparts in Olabisi Onabanjo University, Ago Iwoye (x = 9.37). It was also found out that male undergraduates (x = 13.04) are more dependent on alcohol than their female counterparts (x = 10.33).

Findings from this study revealed that both Ekiti State University and Olabisi Onabanjo University operates a non-residential (no hostel accommodation for students inside the institution) policy. However, an exploration of other environmental conditions around the campuses revealed that while Ado Ekiti, the site of Ekiti State University (EKSU), and its environs is a relatively civil servants’ and poor town in terms of industrialization and commercialization, Ago Iwoye, the site of Olabisi Onabanjo University (OOU), is very close to both Lagos, Agbara, Ifo, Ota and Abeokuta. These towns are industrialized and commercialized towns which allows for Olabisi Onabanjo University undergraduates to pick up part time paid employments and eke out a living in better conditions devoid of stress. It is therefore reasoned that rather than loitering and gallivanting aimlessly around, undergraduates of Olabisi Onabanjo University may seek for and get engaged in part time jobs that will help keep them busy while Ekiti State University undergraduates may be squandering their meager resources and wasting their time on the intake of alcoholic drinks in bars, hotels and brothels within and around Ado Ekiti. This, in essence, may be the reason why EKSU undergraduates are more dependent on alcohol than their OOU counterparts.

Ado Ekiti generally have a lot of hotels, bars and drinking joints where students go to at their leisure times to sit out and have fun. Also, that the students in Ekiti State University seem more prone to stressors arising from the rigor of eking out a living while also striving for academic excellence in a seeming industrially hostile environment may motivate their visit to local joints and some who have money will patronize hotels just to
ease the stress they are faced with by taking alcoholic drink; which, perhaps, they believe may help to alleviate the mood they are at that particular time.

There is no gain saying that University undergraduates in Nigeria are adolescents with less parental monitoring; especially while around their University campuses. Undergraduates are motivated to behave in ways that will project socially desirable images of themselves. Concerns about peer acceptance, social approval, and having the image that you are one of the crowds may be particularly strong determinants of drinking behaviour among undergraduates. Danielle and Kenneth (2011) found that environment exert more social control on adolescents. According to them, higher parental monitoring and less migratory neighbourhoods tend to reduce genetic influences, whereas other environments allow greater opportunity to express genetic predispositions, such as those characterized by more deviant peers and greater alcohol availability.

Scholars have opined that males are biologically adventurous and they often prove their sophistication level and virility by imitating their peer group when they are in social gatherings by taking alcoholic drink which varies in consumption (the addicted ones consumes more bottle of beers and the non-addicted ones tend to imitate in order not to be socially stigmatized). Culturally, females who drink alcohol are seen as irresponsible or as a ‘slut’ in the society. This may account for the reasons why males are more dependent on alcohol than females in both institutions. In addition, consequences of heavy alcohol use appear to be more negative for females than for males. At least in some domains, women have been said to suffer alcohol related physical illnesses and sexual assault at lower levels of exposure to alcohol than men. Prescott (2000) posits that one of the characteristics influencing a person’s risk for alcoholism is his or her sex. Sex is used in both its biological sense (that is a variable based on genetic differences between males and females) and its cultural meaning (that is, in the sense of gender roles).

Arnette (2000) pointed out that although alcohol use begins before students begin their university education, pressure to misuse alcohol may be intensified when an undergraduate starts institution and interacting with new peers, is exposed to new norms about alcohol use, and parents are less present or are permissive in their parenting style. This is not surprising given that university undergraduates are in a life stage characterized by risk and testing their limits to find who they are, living in a relatively unregulated environment surrounded by same age peers. Also the transition in university requires major changes in every aspect of an undergraduate’s life. Undergraduates are looking for new friends who will provide support and intimacy, and they are working to develop their identity as university undergraduates (Bosari and Carey, 2001). It can be helpful to consider alcohol use and heavy drinking in relation to the developmental stages young adults are encountering (Schulenberg and Maggs 2007).

The more undergraduates drink, the more likely they will suffer negative consequences. Those consequences can range in severity from hangover, performing poorly on a test, or missing class to getting into arguments of figure, driving under the influence, being hurt or injured or being taken advantage of sexually. There is abundant evidence that lifestyles choice especially of students (undergraduates) can affect mental health (NIMHE 2005; Department of Health and Children, 2006). Diet, exercise, sleep, alcohol and drug use all influence mental health much more than is commonly realized. Efforts to encourage healthy eating, increase physical activities and reduce alcohol consumption can make a significant contribution to improving emotional wellbeing and cognitive functioning (NeLMH, 2004).
It has been observed that many of the Nigeria youths ignorantly depend on one form of drug or the other for their various daily activities such as social, educational, political, moral activities etc. Such include tobacco, Indian hemp, cocaine, morphone, heroine, alcohol, ephedrine, madras, caffeine, glue, barbiturates, amphetamines etc. Osikoya and Alli (2006), in their studies, identified dependence and addiction as one of the major consequences of drug abuse characterized by compulsive drug craving and seeking behaviour. According to these scholars, experiment with drugs during adolescence (11-25years) is common. At this age, adolescents use drugs for new things. They use drugs for many reasons including curiosity, because it feels good, to reduce stress, or to feel grown up. The authors concluded that using alcohol at a young age increases the risk of using other drugs later.

Staff (2012) posits that young adolescents who are mainly from well-to-do homes are increasingly identifying with the “big boys” that practice the use of substance like cocaine and alcohol. The author also noted that other substances like methamphetamine and tablet with codeine, capable of intoxicating, are mostly found in schools. Samuel, Fasuyi and Njoku (1979), listed that lack of parental care and guidance, curiosity, and lack of proper understanding of effect of drugs on physical, physiological and emotional well-being accounts for why many adolescents use illicit substances including alcoholic substances. Equally, so many experts in the medical field have proved that students take drugs for therapy issues. Perhaps, the most recognized reason behind the use of drugs by people is that of achieving pleasurable excitement. It has been documented that people use drugs such as LSD, mescaline, amphetamines and alcohol to go in trips or achieve a highly falsified elated state of being. These drugs, among other similar influence, are majorly used to achieve ecstasy (Samuel, Fasuyi, and Njoku, 1979).

Virtually all university undergraduates experience the effects of university drinking whether they drink or not. One may even be tempted to posit that about 25 percent of university undergraduates report academic consequences of their drinking which includes missing classes, falling behind, doing poorly in examinations and receiving low grades over all. Some university undergraduates however naturally seem to attempt to control their alcohol consumption or the unwanted consequences related to drinking because of some factors like their religion (Muslim frowns at alcohol intake), or personality (some introverts tends not to take alcohol because of stigmatization). When alcohol is abused over a period, it accompanies alcoholism overtime, the risk of mental damages to the drinker increases. Studies after study have pointed to the link between alcohol abuse and mental health disorders such as anxiety disorders, depression, and somatic symptoms. People may over drink in order to overcome their low feelings, social functioning, and depression; but instead it exacerbates the problem. This connection probably explains why 15-70 percent of those who misuse alcohol are also sufferers of psychological disorders. Ellickson, Tucker and Klein, (2003) in their survey of adolescents in general population have found out that early onset of drinking is associated with academic problems, drug use and alcohol dependence, nicotine dependence, delinquent behaviour and psychopathologies such as conduct disorder and antisocial personality disorder. However, some people have been found to use alcohol as a tool to help them relax with stressful social situations or to help them overcome social phobias when they need to attend social functions related to work or dating as with social phobias. Sadly people, who abuse alcohol, often behave in ways that cause others to withdraw from them in the society.

Alcohol abuse is linked to many social ills which affect people otherwise unconnected to the drinker. There is a clear connection between alcohol abuse and higher rate of violent crimes in the society as well as higher rates of psychopathologies such as...
schizophrenia, depression, and anxiety. Alcohol impairs good judgments; it is even connected to risky sexual activity and also involved in a majority of automobile accidents.

**Conclusion**

According to the findings of this research, alcohol dependence has a significant effect on social anxiety. More so, it was discovered that alcohol dependence has significant effect on anxiety insomnia and social dysfunction but not on severe depression and somatic symptoms. Social dysfunction could be as a result of deficit in the socialization process, relating to family, peers, school as well as the society. Alcohol dependency’s effect on anxiety insomnia may not be unrelated with mental health (psychological, social and emotional wellbeing) impairments among undergraduates. Also it was revealed that Ekiti State University undergraduates are more dependent on alcohol than their counterparts in Olabisi Onabanjo University; also there is a significant influence of sex on alcohol dependence and there is a significant interaction effect of sex and institution on alcohol dependence. This implies that both male and female undergraduates consume alcohol which in turn affects their mental health status and psychological functioning in the society at large.

**Recommendations**

Deducing from the result of this study, it is recommended that health professionals, law enforcement agencies, schools administrators as well as parents must put all hands on deck to ensure that children and adolescents are properly guided and educated on the consequences of substances use; especially, alcohol dependence while also enacting and adequately enforcing rules that will discourage the use and dependence on alcohol both at homes and in schools.
REFERENCES


