

**INCREASING PREVALENCE OF ALCOHOL CONSUMPTION IN NIGERIA  
ITS ROLE IN MAJOR HEALTH PROBLEMS AND SOCIOECONOMIC EFFECTS**

**Holdgod Homtapwa Simon<sup>1</sup>, Ghassan Salibi<sup>2</sup>, Nikolaos Tzenios<sup>3</sup>**

<sup>1</sup> Kursk State Medical. University

<sup>123</sup> Charisma University

**Abstract**

**Introduction:** Alcohol consumption has become increasingly prevalent in Nigeria, evolving from a culturally accepted practice into a significant public health and socioeconomic concern. While alcohol traditionally played roles in ceremonies, social gatherings, and medicinal practices, its growing social acceptance has led to higher consumption rates, particularly among youths. Globally, harmful alcohol use accounts for millions of deaths annually and contributes substantially to the burden of disease. In Nigeria, rising alcohol consumption has been associated with major health complications, increased crime rates, and adverse socioeconomic outcomes.

**Materials and Methods:** This study employed a narrative literature review of epidemiological reports, national surveys, World Health Organization (WHO) data, and peer-reviewed research on alcohol consumption patterns in Nigeria. The review examined prevalence trends, regional variations, health consequences, social implications, and policy responses. Both internal (individual-level) and external (societal-level) effects of alcohol abuse were analyzed to provide a comprehensive understanding of its impact.

**Results:** Findings indicate persistently high and increasing rates of alcohol consumption across various regions of Nigeria, with particularly high prevalence among youths and young adults. Alcohol abuse is strongly associated with liver diseases, cardiovascular disorders, multiple cancers, mental health conditions, and alcohol use disorder (AUD). Additionally, alcohol contributes significantly to road traffic accidents, violent crimes, sexual assault, political thuggery, and reduced productivity. Socioeconomic consequences include increased healthcare expenditure, loss of manpower, unemployment, and slowed national development. Contributing factors include peer pressure, family influence, unemployment, media exposure, inadequate regulatory policies, and limited enforcement of alcohol control measures.

**Conclusion:** The increasing prevalence of alcohol consumption in Nigeria represents a major public health and socioeconomic challenge. Comprehensive strategies involving prevention, policy reform, regulation of alcohol marketing and availability, early screening using tools such as the WHO AUDIT, and strengthened rehabilitation services are essential. A coordinated effort between government institutions, healthcare providers, families, educational systems, and community organizations is necessary to mitigate the long-term health and socioeconomic consequences of alcohol abuse in Nigeria.

**Keywords:** *Alcohol consumption; Alcohol use disorder (AUD); Public health in Nigeria; Liver disease; Socioeconomic impact.*

### **Introduction**

Alcoholism has become an increasingly common issue in Nigeria over recent years. Alcohol has always been part of Nigerian society culture. It has been used for medicinal purposes, worship purposes, and as a recreational substance. It has also been a means of refreshment used during marriage ceremonies, burials, Chieftaincy enthronement, etc. [22] Alcohol consumption has now become relatively more socially acceptable, leading to an increase in the number of drinkers.

“Globally, harmful use of alcohol causes approximately 3.3 million deaths every year (5.9% of all deaths), and 5.1% of the global burden of disease is attributable to alcohol consumption.” [33] Numerous research studies have indicated alcohol as a risk factor for more than 200 diseases and injury states. [15]

However, this rise in alcohol consumption has led to major health problems and socio-economic impacts across the country. One of the major health problems caused by alcoholism is liver disease. Cirrhosis of the liver is a disease that damages the liver and is a common health problem in people who drink excessive amounts of alcohol. The disease can cause liver failure, [23] which can be fatal. Alcohol consumption is also a major risk factor for various cancers, including breast, liver and colorectal cancer. [13] Alcohol use also has a significant impact on mental health. Alcohol abuse can lead to depression, anxiety, and other mental health problems. In addition, alcohol use can impair cognitive function and memory, and can have long-term effects on a person’s mental health. [13] The social and economic impact of alcohol is also significant. Alcohol abuse can lead to loss of productivity, absenteeism and decreased productivity at work. [14] It can also increase healthcare costs, as individuals who drink heavily are more likely to need treatment. In addition, alcohol can cause social problems such as domestic violence and sexual abuse. Alcoholism has become an increasingly common issue in Nigeria over recent years. Alcohol consumption has now become relatively more socially acceptable, leading to an increase in the number of drinkers. [1]

Alcohol causes an increase in crime rates, as individuals who consume alcohol are more likely to engage in criminal behaviour. The Government of Nigeria has taken steps to address the issue of alcohol consumption, including increased taxes and running alcohol awareness campaigns and rehabilitation centres. It is important for individuals to know the health and socioeconomic

effects of alcohol consumption so they may be able to make decisions about their consumption.

[3]

### **Literature review**

#### **History of alcohol in Nigeria.**

There was no epidemiological data on alcohol and drug use in Nigeria prior to World War 1. In the 1940s, the abuse of drugs such as amphetamine, phenobarbitone, pethidine, etc., was addressed. [5] Although alcohol abuse in Nigeria differs based on the regions and locality, as statistics have shown that some geographical zones in Nigeria are more prone to alcohol abuse, this is particularly so for the North east, south-east and the north central [2], but this is not the case as the tragic phenomenon “alcoholism” cuts across all strata of the Nigerian society. It is of general information that the South East in Nigeria are the most involve when it comes to Alcohol abuse this should not be taking to mean that Adults and children alike are not been affected, but the statistics has shown that the youths are the most involved in alcohol abuse, and it was to this view that a summit was held in Umuahia, Abia state capital as the National Alliance against drug abuse for sustainable development spoke about the threat that Alcohol constitution posed to the future of Nigerian. [9] A Former Director General of the National Drug Law Enforcement Agency, Mr. Otunba Ipinmisho, in an interview with Kasim Sumaina, was of the view that 40% of Nigerian youth engage in alcohol abuse. This statistic shows the grave danger to Nigeria's future, as it has the youngest African population. [1]

#### **Prevalence of alcohol consumption in Nigeria.**

According to a World Health Organization (WHO) research, alcohol consumption in Nigeria has increased over the last few decades. The prevalence of current alcohol use varies between regions, age groups, gender and socioeconomic status. Studies from the western part of Nigeria revealed a prevalence of current use of alcohol between 14% and 32.7% depending on gender and location [20]. More recent studies clearly reveal persisting high rates of alcohol use, especially among the young. A study from South-South Nigeria among an Ijaw community reported a 90% prevalence of alcohol use and a 23.7% prevalence of current use [18]. In South East Nigeria, the current rate of alcohol use has been reported to be the highest in the country [25]. Prevalences as high as 63% to 78.4% have been reported among undergraduates in Sub-Saharan African countries, including Nigeria, who are confronted with a high prevalence of

alcohol use. [26] Evidence from the 2016 Global Burden of Disease study estimated that Nigeria was one of the countries with the highest prevalence of current alcohol use among adults 15 years and older in sub-Saharan Africa (SSA), 40 to 59.9% at a population level, for both males and females. [34] Some scholars have ascribed the absence of a working policy on alcohol in Nigeria to the sabotaging efforts of the alcohol manufacturing companies on the formulation of effective alcohol control policies [25]

### **Effects of Alcohol Abuse in Nigeria**

The World Health Organization reports that Alcohol/Abuse results in 3.3million deaths annually across the world, including in Nigeria. Due to the unfortunate increase in the intake and abuse of alcohol, the effect on Nigeria socially propels towards the negative axis. There are internal effects and external effects. The interval effect is the consequential events that happen to a person who is involved in alcohol abuse. While the external effects cover the ill effects that such abuses have on the Nigerian society. [25]

### **Internal Effects**

The effects of Alcohol abuse on the individual are adverse, and they range from death to physiological problems, emotional problems, etc. Alcohol can have short- and long-term effects on the brain, it can disrupt the brain's communication pathways, and once this happens, it can influence mood, behaviour and other cognitive functions. [16] Brain damage could also occur through Alcohol induced seizures and Liver disease, AUD. Statistics have shown that approximately 80 to 90 percent of alcoholics with Wernicke's Encephalopathy (WEC) develop Korsakoff's psychosis, a chronic neuropsychiatric syndrome, characterized by behavioural abnormalities and memory impairments. [13] The abuse of alcohol may lead to other conditions that were mentioned above. [12]

### **External Effects**

The external effect deals with the effect that alcohol abuse has on the Nigerian society as a whole. Its effects are unattractive, as the individual effects are harmful to society. According to the federal road safety commission, 90 percent of road accidents in the country is as a result of alcohol abuse this news was disclosed by Mr. Shuaibu Bella the Lieutenant commander, Nsukka, the deaths that has resulted by accidents due to the influence of alcohol has skyrocketed and this has created situations in which the lives of people driving are put in danger because of people

who drive while intoxicated influence of Alcohol. [21] The Abusive consumption of alcohol has socio-cultural effects on the Nigerian society, as it would lead to decadence in the moral and professional standards of human behaviours and principles, which would in turn lead to the development of Anti-social behaviours. [2] Such anti-social behaviours have a great impact on our society, as statistics have shown that most individuals who go into armed robbery usually do so under the influence of either alcohol or drugs. Antisocial behaviours like armed robbery have led to the loss of life of several innocent Nigerians. Statistics have shown that twenty-five percent of reported sexual assaults involve the use of drugs or alcohol to facilitate sexual assault.[27]

Alcohol abuse is now a resurgent menace in Nigerian society; it has practically risen to an unprecedented level. Alcohol abuse has become a threatening factor to the unity and peace of Nigeria, as youths, as well as adults, take alcohol just to enable them to perpetrate evil. It has led to a breakdown in our social norms. These alcohols make animals of people, and these people, in turn, once intoxicated, portray animalistic behaviours. [7] This alcohol, when abused, also leads to the number of mentally derailed people we have in Nigeria; some of these people who end up mentally deviled are youths with very promising futures. Aside from the rising socio-cultural effects of alcohol, it also has socio-economic effects. It is no news that Nigeria has the youngest African population, and a society which is predominantly made up of young persons who get involved in alcohol cannot be regarded as a healthy and developed one. [1] The economic effect of alcohol on the Nigerian economy is a significant one, as it would lead to loss of potential manpower either due to death, infirmity of the mind or just share laziness and drowsiness from the substance. Another socio-economic effect is low productivity, as the lack of many powers due to alcohol would lead to low productivity, which in turn would lead to the creation of an unfavourable environment for investors, and once this happens our gross national income (GNI) would be affected negatively and the final result of these would be poverty, poor/ stunted growth, unemployment etc. [3]The abuse of alcohol also has its socio-political effect, as drug abuse and political thuggery co-exist perfectly, with the former facilitating the latter. Youths and adults alike are known to participate in political thuggery under the influence of Alcohol that intoxicates; such acts have adverse effects on our social and political structure. [1]

**Different types of alcohol consumption.**

1. Social drinking: Moderate and occasional drinking, often in the setting of clubs, bars, parties and similar social settings. Does not result in serious physical, emotional or mental effects. As a measure, it is defined as men consuming no more than 2 drinks per day and women consuming no more than 1 drink per day [27]. However, it is important to note that the measure is not an average of several days, nor of a single day.
2. Binge drinking: Heavy consumption of alcohol with the intention of getting intoxicated on occasion. This is when the blood alcohol concentration is 0.08 or higher [28]. In terms of drinks, 5 or more drinks for men or 4 or more drinks for women over a 2-hour period.
3. Harmful drinking pattern: A Drinking pattern in which there is a physical or psychological effect on the individual or on society, according to ICD-10, DSM-5. This is when men drink 50 units of alcohol or more, and when women drink more than 35 units a week.
4. Hazardous drinking pattern: This drinking pattern consists of a behaviour that increases the risk to one's physical and mental health. Sometimes, social consequences are included as well. This roughly corresponds to 14 to 35 units per week for women and 14 to 50 units per week. [28]
5. Alcohol dependence: It's defined as the psychological dependence on alcohol as a result of its consistent and heavy use. Previously defined as a psychiatric disorder in the DSM-IV, it is now defined as an alcohol-use disorder in DSM-5. [26]

### **Health effects of alcohol consumption.**

To discuss the effects of alcohol on the health of an individual, we must first define the quantity of alcohol that is considered to be harmful. It is known that alcohol increases the risk of adverse health effects when ingested in a harmful way. WHO has outlined the limits of low-risk and high-risk consumption. [31] For men, low-risk consumption is < 35 units per week, and high-risk consumption is > 53 units per week. For women, low-risk consumption is < 17.5 units per week, and high-risk consumption is > 36 units per week. A unit of alcohol is 10 ml of pure alcohol. The

formula, 
$$Units = \frac{\text{volume (ml)} \times \text{strength (ABV\%)}}{1000}$$
 is used to calculate the number of units in a drink. [29]

There are numerous conditions that can be attributed to alcohol, some of which are 100% attributable, and some where alcohol is a component of the cause. Some of which are listed in *Figure 1*.

### **Cardiovascular diseases.**

Consuming alcohol has been linked to an increased risk of acquiring CVDs. Excessive drinking has been linked to the development of hypertension, a key risk factor of CVDs. It can also cause atrial fibrillation, increasing the risk of stroke and heart failure. Alcohol intake also promotes the buildup of plaque in the arteries, increasing the risk of atherosclerosis. [13]

### **Alcoholic liver diseases.**

Alcohol is metabolized by the liver, and excessive alcohol use can result in damage and lead to liver disease. The most frequent alcohol-induced liver diseases in Nigeria are alcoholic hepatitis, alcoholic cirrhosis, and alcoholic fatty liver disease. [19] Alcoholic hepatitis is the inflammation of the liver induced by excessive alcohol use. Jaundice, stomach pain, and fever can be observed. Alcoholic hepatitis can lead to cirrhosis if left untreated. [23] Alcoholic fatty liver is when fat accumulation occurs as a result of consecutive alcohol consumption. Alcoholic cirrhosis is a chronic liver disease caused by excessive and long-term alcohol consumption. It is characterized by continuous hepatic fibrosis, which can lead to liver failure. Cirrhosis can then result in portal hypertension, which ultimately could prove life-threatening. [23]

Every year, around 100,000 deaths in Nigeria are due to liver failure; a good proportion of these are due to liver failure as a consequence of alcoholism. [17] Among the causes of chronic liver diseases, such as cirrhosis, alcohol is one of the leading causes, significantly contributing to mortality. This is evident in an epidemiological study conducted in 2022, as shown in *Figure 3*. Another common trend that was observed among hospitals was the increasingly younger patients admitted with first-time chronic liver diseases, which is not the case in other countries. Most of these patients come from a higher socioeconomic background. [14] As a complication of liver cirrhosis, patients often present to the emergency department with esophageal variceal bleeding. This condition can be life-threatening.

### **Cancer.**

Alcohol intake has been linked to an increased risk of several forms of cancer. The carcinogenic effects of alcohol have been shown to be caused by the formation of acetaldehyde, a toxic by-

product of alcohol metabolism that can harm DNA along with other cellular components. [12] The cancers that are associated with alcohol are oral, pharyngeal, laryngeal, oesophageal, liver, and breast cancer. The risk of cancer is dose-dependent; the more alcohol is consumed, the more harmful it is. [15] Alcohol causes oxidative stress and inflammation in the body, which can damage cells further and increase the risk of cancer. Drinking may interfere with the immune system's ability to recognize and eliminate cancer cells. [18]

### **Mental health issues.**

Because alcohol is a depressant, it can exacerbate feelings of depression and anxiety. It may also cause irritability, mood swings, and poor judgment. Chronic alcohol abuse can lead to alcohol use disorder (AUD), which is characterized by a strong craving for alcohol, difficulties in managing alcohol consumption, and continued use despite negative repercussions. [13] AUD can have a negative impact on one's mental health, leading to some serious mental health issues. There is also an increased risk of suicide and self-harm. In Nigeria, alcohol has been established as a factor in suicides, particularly among men. [15]

### **Social effects of alcohol consumption.**

The social effects are just as detrimental, if not more than, the health effects. One could argue it has a more prominent impact, as in this case, not only the individual but also their family and others around them are affected. Ultimately, the society as a whole. Alcohol impairs judgment, increasing the chance of accidents and injuries. Driving under the influence is a big problem in Nigeria. This can be seen in the following studies done in different states of Nigeria.

However, the main reason that the public nuisance caused by alcohol consumption remains overlooked is that those offences are categorized as petty crimes, which typically go unrecognized or neglected.

### **Factors influencing alcohol abuse**

In addressing this, the external and internal factors influencing alcohol abuse would be looked into. Research has shown that to a large extent, institutions, schools and tertiary institutions, as well as environmental factors, have influenced the increase in alcohol consumption. [7]

However, a survey was conducted on 2309 students to examine how their social environment and schools have influenced them in the aspect of alcohol abuse. [1] It was noted that 118 of them have been negatively influenced by their community leaders, and about 300 by their

schools, including their school principal. [1]The school is an agent of socialization, where different individuals from different backgrounds meet. A child who has already imbibed this can infect another to do the same. The environment, right outside an addict's front door, also plays a part. An adolescent who resides in a neighbourhood where alcohol consumption is normalized, such an adolescent is brought to follow their refund. Peer groups also have a large influence on drug abuse and excessive alcohol consumption. Many teens are stigmatized by their peers for refusing to follow the status quo. As such, they engage in these acts to avoid feeling left out. Research has also shown that quite a large number of adolescents rely heavily on associating with individuals who abuse alcohol. [14] They want to feel a sense of belonging and connection. The mass media and social media are not left out in influencing alcohol consumption. Children, youths, or adolescents of recent times spend half their day on social media and mass media, including games, movies, series, television shows, Twitter, Instagram, and more. However, the social media portrayal of relationship violence, sex and essentially, alcohol, has been seen to be unhealthy and critically non-impactful. Adolescents tend to emulate celebrities on social media who lack a healthy lifestyle and engage in alcohol abuse. [14] The first internal factor that influences alcohol is the family. Notably, the family is the first agent of socialization and culturalization. Family interactions, especially amongst siblings, parenting styles, and levels of supervision, play a vital role in the development of a child's psychological, physical, and mental well-being. Research has shown that children often mimic their parents' mannerisms. What then happens in a home where the parents are alcohol addicts? Personal factors such as loneliness and traumatic events in the life of an individual could also constitute reasons and influence alcohol intake[2]. Cases of neglect, verbal abuse, sexual abuse, natural disasters, accidents, amongst others, influence abuse of alcohol as well. Studies and research have shown that if people feel alone, they may be more prone to alcohol and become addicted thereafter. [2] Other personal factors that influence alcoholism are depression and hate, the rate of unemployment and self-medication.

### **Solution to Alcoholism**

The solutions to alcohol abuse are not far-fetched. A public hearing has been conducted by the Senate to combat both the present and future dangers associated with alcohol abuse. A committee has been set up to investigate and eliminate this rising vice. On the part of the

government, the agencies that have been set up, as well as committees and alliances, should focus on and carry out their assignments independently, without fear or favour. Every nook and cranny of Nigerian society should be invaded, and offenders should be duly sanctioned and punished. As such, every law and agency should come alive to their responsibility. There should be restrictions on access to dangerous substances, and regulatory controls should be imposed. Jobs should also be provided by the government; the labour force should increase as well, and alternative means of engagement should be employed. The family, which is a major influencer as well, plays an important role in offering a solution to this vice. Parental control is always advised, and parents should ensure they create maximum time for their offspring. Unnecessary pressure from parents on children should be avoided, and the family at large should endeavour to uphold standard moral values and criteria, and maintain a high socio-economic status for the general well-being of the child. In this light, religious groups should certainly be involved and help prevent further occurrences. Most importantly, teachings, symptoms and continuous campaigns against the abuse of alcohol, their effects and dangers should be publicized and organized. This would provide sufficient awareness and enlightenment for adolescents, especially. All these would help bring an end to alcohol abuse. [14]

### **Discussion**

#### **Interventions in the public health sector to combat AUD.**

Primary care physicians are the first point of contact for patients in developing nations such as Nigeria. It is a significant screening tool for identifying at-risk patients and diagnosing AUDs. The WHO recommends the AUDIT (Alcohol Use Disorders Identification Test) for use in primary care. It is a proven screening tool effective at identifying AUD. It can be used to identify harmful and hazardous drinkers as well as alcohol dependency. Multiple systematic reviews and RCTs (randomized controlled trials) have shown that one-on-one consultations in medical centers can benefit at-risk drinkers and people with minor alcohol-related disorders. AUD can be curbed through prevention, addiction treatment, and rehabilitation. Prevention measures can be done at 3 levels: primary, secondary, and tertiary. The primary intervention consists of an educational and legal approach. The educational programs in interventions are targeted specifically at children and at-risk individuals. Legal approaches are aimed at regulating the sales and production of alcohol, increasing the taxes and the minimum age of drinking.

Secondary prevention can be implemented by improving methods of early diagnosis, adequate treatment (of withdrawal symptoms, complications, and addiction), post-detoxification follow-up, and counselling. The most important tool to ensure the treatment is effective is the provision of social services that support the affected individual's rehabilitation in society. Rehabilitation falls under tertiary prevention along with vocational guidance, counselling, and recreation [13]. On a national level, the WHO recommends the following areas as measures that can be taken by governments as policy options and interventions:

1. "Leadership, awareness and commitment.
2. Health services' response.
3. Community action.
4. Drink-driving policies and countermeasures.
5. Availability of alcohol.
6. Marketing of alcoholic beverages.
7. Pricing policies.
8. Reducing the negative consequences of drinking and alcohol intoxication.
9. Reducing the public health impact of illicit alcohol and informally produced alcohol.
10. Monitoring and surveillance." [32]

### **Conclusion**

The alcohol crisis in Nigeria has resulted in both short-term and long-term effects, such as higher economic spending and increased prevalence of chronic diseases. Laws pertaining to alcohol in Nigeria, particularly prohibition, should be revised to curb the illegal intake of alcohol that usually creates detrimental effects. Alcohol addiction and AUD should be treated as a priority disease with comprehensive treatments, durable follow-up and rehabilitation care. The health consequences of AUD are cardiovascular diseases, liver diseases, cancer, and mental health issues. This, in turn, will affect society by increasing spending on health care and the crime rate. As alcoholism is a major public health problem, it is up to the public health sector and the Nigerian government to work in tandem to actively intervene.

### References

1. Ajayi, A. I., Owolabi, E. O., & Olajire, O. O. (2019). Alcohol use among Nigerian university students: Prevalence, correlates and frequency of use. *BMC Public Health*, *19*(1), 752. <https://doi.org/10.1186/s12889-019-7104-7>
2. Bello, S., Fatiregun, A., Ndifon, W. O., et al. (2011). Social determinants of alcohol use among drivers in Calabar. *Nigerian Medical Journal*, *52*, 244–249.
3. Böckerman, P., Hyytinen, A., & Maczulskij, T. (2015). Alcohol consumption and long-term labor market outcomes. *Health Economics*, *26*(3), 275–291. <https://doi.org/10.1002/hec.3290>
4. Drishti IAS. (2022, December 26). *Ban on liquor*. <https://www.drishtias.com/daily-updates/daily-news-analysis/ban-on-liquor>
5. Dumbili, E. (2013). Changing patterns of alcohol consumption in Nigeria: An exploration of responsible factors and consequences. *Medical Sociology Online*, *7*, 20–33.
6. Dumbili, E. W. (2013). The politics of alcohol policy in Nigeria: A critical analysis of how and why brewers use strategic ambiguity to supplant policy initiatives. *Journal of Asian and African Studies*, *49*(4), 473–487.
7. Dumbili, E. W., & Williams, C. (2016). Anywhere, everywhere: Alcohol industry promotion strategies in Nigeria and their influence on young people. *African Journal of Drug and Alcohol Studies*, *15*(2), 135–152.
8. Evereth, H. (n.d.). *The evolution of alcohol across the three monotheistic religions*. <https://vinepair.com/wine-blog/the-evolution-of-alcohol-across-the-three-monotheistic-religions/>
9. Eze, N. M., Njoku, H. A., Eseadi, C., Akubue, B. N., Ezeanwu, A. B., Ugwu, U. C., & Ofuebe, J. I. (2017). Alcohol consumption and awareness of its effects on health among secondary school students in Nigeria. *Medicine*, *96*(48), e8960. <https://doi.org/10.1097/MD.0000000000008960>
10. Ferreira-Borges, C., Ketsela, T., Munodawafa, D., & Alisalad, A. (2013). Reduction of the harmful use of alcohol: A strategy for the WHO African region. *African Health Monitor*, *16*, 31–34.

11. Ferreira-Borges, C., Parry, C. D. H., & Babor, T. F. (2017). Harmful use of alcohol: A shadow over sub-Saharan Africa in need of workable solutions. *International Journal of Environmental Research and Public Health*, 14, 346. <https://doi.org/10.3390/ijerph14040346>
12. GBD 2016 Alcohol Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 392, 1015–1035. [https://doi.org/10.1016/S0140-6736\(18\)31310-2](https://doi.org/10.1016/S0140-6736(18)31310-2)
13. Gray, C. (2018). Mixed up: Alcohol and society. *The Lancet Psychiatry*, 5(12), 970. [https://doi.org/10.1016/S2215-0366\(18\)30432-2](https://doi.org/10.1016/S2215-0366(18)30432-2)
14. Jehm, J., Baliunas, D., Borges, G. L. G., et al. (2010). The relation between different dimensions of alcohol consumption and burden of disease: An overview. *Addiction*, 105, 817–843.
15. Katikireddi, S. V., Whitley, E., Lewsey, J., Gray, L., & Leyland, A. H. (2017). Socioeconomic status as an effect modifier of alcohol consumption and harm: Analysis of linked cohort data. *The Lancet Public Health*, 2(6), e267–e276. [https://doi.org/10.1016/S2468-2667\(17\)30078-6](https://doi.org/10.1016/S2468-2667(17)30078-6)
16. Koenig, L. B., Haber, J. R., & Jacob, T. (2011). Childhood religious affiliation and alcohol use and abuse across the lifespan in alcohol-dependent men. *Psychology of Addictive Behaviors*, 25(3), 381–389. <https://doi.org/10.1037/a0024774>
17. Lasebikan, V. O., Ayinde, O., Odunleye, M., Adeyefa, B., Adepoju, S., & Fakunle, S. (2018). Prevalence of alcohol consumption and alcohol use disorders among outdoor drinkers in public open places in Nigeria. *BMC Public Health*, 18, 40. <https://doi.org/10.1186/s12889-018-5344-6>
18. Lasebikan, V. O., & Gureje, O. (2015). Lifetime and 7-day alcohol consumption in the elderly, prevalence and correlates: Reports from the Ibadan study of aging. *African Journal of Medicine and Medical Sciences*, 44(1), 33–41.
19. Lasebikan, V. O., & Ola, B. A. (2016). Prevalence and correlates of alcohol use among a sample of Nigerian semi-rural community dwellers in Nigeria. *Journal of Addiction*, 2016, 2831594. <https://doi.org/10.1155/2016/2831594>

20. Makajuola, A. B., Aina, O. F., & Onigbogi, L. (2014). Alcohol and other psychoactive substance use among tanker drivers in Lagos, Nigeria. *European Scientific Journal*, 10, 545–559.
21. Najjar, L. Z., Young, C. M., Leasure, L., Henderson, C. E., & Neighbors, C. (2016). Religious perceptions of alcohol consumption and drinking behaviours among religious and non-religious groups. *Mental Health, Religion & Culture*, 19(9), 1028–1041.
22. Narayana Health Care. (2019). *Alcohol related liver disease*. <https://www.narayanahealth.org/blog/alcohol-related-liver-disease-an-under-recognized-killer/>
23. National Institute on Alcohol Abuse and Alcoholism. (2014). *Alcohol facts and statistics*. <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>
24. NICE. (n.d.). *Alcohol-use disorders: Prevention – Glossary*. <https://www.nice.org.uk/guidance/ph24/chapter/4-Glossary#harmful-drinking-high-risk-drinking>
25. Okezie, P. (2020). *The rising effect of alcohol and substance abuse in Nigeria*. SSRN. <https://doi.org/10.2139/ssrn.3665748>
26. Ritchie, H. (2018, April 16). *Alcohol consumption*. Our World in Data. <https://ourworldindata.org/alcohol-consumption>
27. Social factors of alcohol use disorder. (n.d.). <https://www.kimsmedicalcollege.org/cme/Navya%20Krishna-Social%20Factors%20of%20alcohol%20use%20disorder.pdf>
28. U.S. Department of Health and Human Services. (n.d.). *Drinking levels defined*. National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
29. What is a unit of alcohol? (n.d.). <https://www.nhsgrampian.org/your-health/healthy-living/alcohol/what-is-a-unit-of-alcohol/>
30. World Health Organization. (2011). *Global status report on alcohol and health*. WHO Press.

31. World Health Organization. (2014). *Alcohol and inequalities: Guidance for addressing inequities in alcohol-related harm*. WHO Regional Office for Europe.
32. World Health Organization. (n.d.). *Alcohol factsheet*. <https://www.who.int/news-room/fact-sheets/detail/alcohol>
33. World Health Organization. (n.d.). *10 areas governments could work with to reduce the harmful use of alcohol*. <https://www.who.int/news-room/feature-stories/detail/10-areas-for-national-action-on-alcohol>
34. World Health Organization. (2014). *Global status report on alcohol and health*.

### Figures

Fig. 1. 100% alcohol attributable diseases

ICD-10 Code	Disease
E24.4	<i>Alcohol-induced pseudo-Cushing's syndrome</i>
F10	<i>Mental and behavioral disorders attributed to use of alcohol</i>
F10.0	<i>Acute intoxication</i>
F10.1	<i>Harmful use</i>
F10.2	<i>Dependence syndrome</i>
F10.3	<i>Withdrawal state</i>
F10.4	<i>Withdrawal state with delirium</i>
F10.5	<i>Psychotic disorder</i>
F10.6	<i>Amnesic syndrome</i>
F10.7	<i>Residual and late-onset psychotic disorder</i>
F10.8	<i>Other mental and behavioral disorders</i>
G62.1	<i>Alcoholic polyneuropathy</i>

G72.1	<i>Alcoholic myopathy</i>
I42.6	<i>Alcoholic cardiomyopathy</i>
K29.2	<i>Alcoholic gastritis</i>
K70	<i>Alcoholic liver disease</i>
K85.2	<i>Alcohol-induced acute pancreatitis</i>
K86.0	<i>Alcohol-induced chronic pancreatitis</i>

Fig. 2. Prevalence of CHD in different groups (Roy A. et al, 2010)

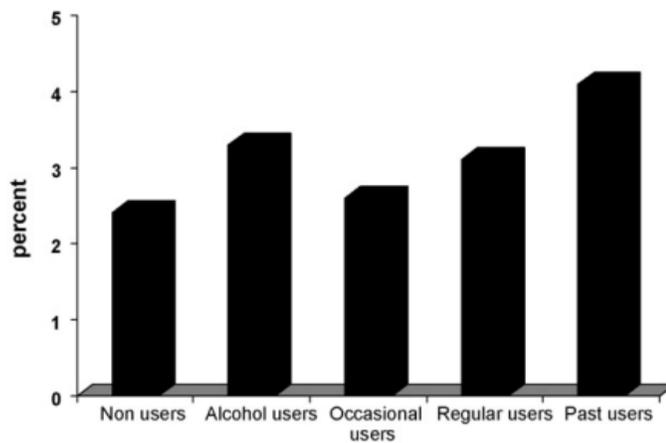


Fig. 3. Prevalence of different etiologies of chronic liver diseases (Mondal D. et al, 2022)

<b>Etiology</b>	<b>Prevalence (%)</b>	<b>Contribution to mortality (%)</b>
<b>HCV</b>	5.2 - 44.9	10 - 22
<b>Alcohol</b>	10.9 - 31.9	20 - 25
<b>NAFLD/NASH</b>	2.6 - 43.6	10 - 15
<b>Others (autoimmune liver</b>	9.7 - 23.2	5 - 10

<b>disease, Wilson's disease, unknown etiologies)</b>		
---	--	--