

Epidemiological Studies on Alcohol Use, Mental Health and Youth Productivity in Plateau State, Nigeria

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ABSTRACT

Background: Alcohol consumption among youths is a growing public health concern in Nigeria, impacting mental health and productivity. This study examined the prevalence and patterns of alcohol use, its association with psychological well-being, and impacts on youth productivity in Plateau State.

Methods: A descriptive cross-sectional design was employed. Data were collected from 740 youths aged 15–35 years using the structured Survey on Alcohol Consumption, Mental Health, and Youth Performance (SAMHYP) questionnaire. Descriptive statistics summarized prevalence and patterns, while chi-square tests assessed associations between alcohol use, mental health indicators, and productivity outcomes.

Results: Alcohol use was reported by 93.8% of respondents, with 95.5% reporting consumption in the past 12 months. Daily consumption was highest among males (51.2%) and urban youths (52.5%). Age of initiation peaked between 19–22 years (36.0% males; 38.7% females). Alcohol use was significantly associated with reduced academic/work performance (82.1% males; 74.9% females, $\chi^2 = 7.25$, $p = 0.01$), difficulty concentrating (75.1% males; 67.9% females, $\chi^2 = 6.80$, $p = 0.01$), low motivation (72.8% males; 66.2% females, $\chi^2 = 5.50$, $p = 0.02$), and absenteeism. Mental health challenges were prevalent: 76.2% of males and 69.0% of females reported drinking to cope with stress ($\chi^2 = 8.15$, $p = 0.004$), while mood swings, sleep disturbances, and worsening anxiety/depression were reported by over 70% of participants.

Conclusion: Alcohol use is widespread among youths in Plateau State and is associated with measurable reductions in productivity and adverse mental health outcomes. Targeted interventions—including public education, accessible counselling services, and stricter regulation of alcohol—are urgently needed.

KEYWORDS: Alcohol use, Mental health, Youth productivity, Epidemiology, Plateau State,

1. INTRODUCTION

Alcohol use among youths has become a significant public health and social concern, closely linked to mental health challenges such as anxiety, depression, and stress. These conditions can impair a young person's ability to manage daily pressures, making alcohol appear as an accessible coping mechanism. In Plateau State, factors such as academic stress, high unemployment, and social isolation increase the vulnerability of youths to excessive alcohol consumption.^{1,2} Although alcohol may provide temporary relief, it ultimately worsens mental health, disrupts cognitive functioning, and reduces productivity.³

Alcoholism, defined as chronic and uncontrolled drinking, is shaped not only by individual behaviors but also by cultural, social, and economic factors. In Plateau State, cultural norms and economic pressures influence drinking patterns, while families often experience emotional strain, financial depletion, conflict, and domestic violence due to alcohol misuse.⁴ Children raised in such environments face higher risks of behavioral problems, emotional instability, and future substance use disorders.⁵

Mental health consequences of alcohol misuse are particularly severe among youths. Excessive drinking interferes with brain functions that control mood, memory, and decision-making, undermining academic performance, employability, and social relationships.⁶ In a context where mental health services are limited and social support is weak, young people are at high risk of

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developing long-term psychological disorders, creating a destructive cycle in which mental health deteriorates and productivity declines.

Beyond individual and family impacts, alcohol misuse also affects economic productivity. Youths who engage in heavy drinking often exhibit absenteeism, low job performance, and health complications, limiting their contributions to the workforce. Families and public institutions face both direct costs from medical care and rehabilitation, as well as indirect costs arising from accidents, crime, and loss of workforce capacity.⁷

Despite these challenges, limited epidemiological data exist on the prevalence, patterns, and combined effects of alcohol use, mental health challenges, and youth productivity in Plateau State. This knowledge gap makes it difficult for policymakers, health practitioners, educators, and community leaders to design effective interventions that protect youth well-being, strengthen families, and enhance productivity. Understanding these relationships is therefore critical for developing evidence-based strategies, public health programs, and policies to mitigate the harmful effects of alcohol misuse while promoting mental health and socio-economic development.

2. METHODOLOGY

Research Design

This study adopted a descriptive cross-sectional research design, a non-experimental approach used to examine the characteristics and conditions of a population at a single point in time. The design allows researchers to collect data from a sample without manipulating any variables, thereby providing a snapshot of the prevalence and patterns of specific issues within the population. Data for the study were obtained through questionnaires that gathered information on demographic characteristics, alcohol use behaviors, mental health status, and youth productivity.

The descriptive cross-sectional design was considered appropriate for this study because it enables the assessment of the prevalence and relationships among variables such as alcoholism, mental health challenges, and youth productivity in Plateau State. In addition, the design is cost-effective, practical, and suitable for collecting data from a relatively large population within a short period. It therefore provided a reliable basis for describing the existing situation and identifying possible associations among the variables under investigation.

POPULATION, SAMPLE, AND SAMPLING TECHNIQUES

Population of the Study

The target population comprised youths aged **15 to 35 years** residing in Plateau State as at the time of data collection, including individuals from urban and rural areas. This population reflects a broad range of socio-economic, educational, and cultural characteristics, making it suitable for investigating the prevalence and patterns of alcohol use, mental health challenges, and youth productivity. Plateau State's dynamic youth population, coupled with its distinct socio-cultural and economic context, provides an appropriate setting for this study.

Inclusion and Exclusion Criteria

Individuals aged 15–35 years who were residents of Plateau State and provided informed consent were included in the study. Participants who were severely ill, unable to respond to the questionnaire, or declined participation were excluded. This ensured that the sample adequately reflected the heterogeneity of the population.

Sample Size Determination

The sample size was calculated using the standard formula for population-based studies:

$$n = \frac{Z^2 \cdot P \cdot (1 - P)}{d^2}$$

Where:

n = required sample size

Z = standard normal deviate at the chosen confidence level (e.g., 2.58 for 99%)

P = estimated prevalence (0.5 used in the absence of prior data)

d = margin of error (0.05 or 5%)

Substituting the values:

$$n = \frac{2.58^2 \cdot 0.5 \cdot (1 - 0.5)}{0.05^2} = 665.64$$

To account for a **10% non-response rate**, the sample size was adjusted:

$$n_{\text{adjusted}} = \frac{665.64}{0.9} \approx 740$$

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Thus, a total of **740 participants** were targeted to ensure adequate representation and reliability of the results.

Sampling Technique

This study employed a cross-sectional design and utilized a multistage, stratified sampling approach to ensure representative recruitment of youths aged 15–35 years across Plateau State, with a focus on locations relevant to alcohol consumption behaviours.

At the first stage, the State was stratified into urban and rural Local Government Areas (LGAs) to capture potential differences in alcohol use patterns associated with environmental and socio-cultural contexts. From each stratum, three urban LGAs (Jos North, Jos South, Barkin Ladi) and three rural LGAs (Shendam, Langtang North, Pankshin) were randomly selected using simple random sampling by balloting, ensuring that each LGA had an equal probability of selection while maintaining geographic and socio-cultural diversity.

In the second stage, communities within each selected LGA were identified, and three communities per LGA were randomly selected using simple random sampling by balloting, providing proportional representation across urban and rural settings. This stage ensured that the sample reflected the heterogeneity of youth populations within each LGA.

The third stage focused on recruitment sites within the selected communities. Bear parlours and Burkutu joints recognized as common social venues for youths, were identified as suitable locations for participant recruitment due to their relevance to alcohol use behaviours. All bear parlours and Burkutu joints in each community were listed, and a subset was systematically selected using a sampling interval, with the first site randomly chosen. This approach allowed structured and unbiased site selection while maintaining feasibility in field conditions.

At the fourth stage, participant recruitment at each selected bear parlour and Burkutu joint was conducted. All youths present during data collection were approached and invited to participate based on age (15–35 years) and voluntary consent. Since not all youths present were alcohol consumers, the sample included both drinkers and non-drinkers. Due to the absence of a formal sampling frame at the parlours, participants were selected based on willingness to participate, and no simple random sampling from a list was possible.

This multistage, stratified approach provided representative coverage across urban and rural areas and multiple communities, capturing variations in youth alcohol use behaviour. The selection of bear parlours as recruitment sites enhanced the ecological validity of the study, as these venues provided access to youths with varying patterns of alcohol consumption. Stratification by age and gender during analysis helped mitigate potential biases arising from voluntary participation, ensuring that findings are robust and informative for public health interventions. Overall, this sampling strategy balances practicality, ethical considerations, and epidemiological rigor, making it appropriate for behavioural health research in dynamic social environments.

Validity and Reliability of the Instrument

The questionnaire was subjected to content validation by experts in public health and behavioural sciences to ensure relevance and adequacy of the items. A pilot study was conducted among a similar population outside the study area to assess clarity and reliability. The internal consistency of the instrument was evaluated using Cronbach's alpha, yielding a coefficient of 0.82, indicating good reliability.

Data Collection Procedure

Data collection was conducted by trained research assistants who were proficient in both English and local languages. The purpose of the study was explained to participants, and informed consent was obtained prior to administration of the questionnaire. Confidentiality was maintained throughout the process, and respondents were assured that participation was voluntary.

Variables and Measurement

In this study, the primary variable of interest was alcohol use, which was categorized into users and non-users. Alcohol consumption was assessed based on participants' self-reported experiences, including lifetime use, frequency of drinking, and the typical quantity consumed per occasion. The study also focused on a set of dependent variables, which were organized into two main domains: productivity outcomes and mental health indicators.

Productivity outcomes included self-reported academic or work performance, ability to concentrate, levels of motivation or energy, absenteeism from school or work, and financial difficulties linked to alcohol use. Mental health indicators captured participants' use of alcohol as a coping mechanism for stress, experiences of mood disturbances or aggression, sleep disturbances, and symptoms of anxiety or depression associated with drinking.

All variables were measured using the structured Survey on Alcohol Consumption, Mental Health, and Youth Performance (SAMHYP) questionnaire,⁸ with responses coded for descriptive and inferential statistical analysis. This approach allowed for examination of associations between alcohol use and both productivity and mental health outcomes. The selected variables were designed to provide a comprehensive understanding of how alcohol use affects the functioning and well-being of youths in Plateau

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State, reflecting behavioural, psychological, and socio-economic dimensions. By relying on self-reported responses, the study captured participants' direct experiences and perceptions, offering insights relevant for public health interventions and policy planning.

Data Analysis

All data were entered, cleaned, and analyzed using IBM SPSS Statistics version 26.⁹ Descriptive statistics, including frequencies and percentages, were calculated to summarize categorical variables and describe the prevalence and patterns of alcohol use among youths in Plateau State. To explore associations between alcohol consumption and key outcomes, bivariate analyses were conducted using the Chi-square (χ^2) test. These analyses examined differences in productivity outcomes and mental health indicators across gender (male versus female) and place of residence (urban versus rural). Statistical significance was considered at a threshold of $p < 0.05$.

RESULTS

The study revealed a high prevalence of alcohol consumption among youths in Plateau State. Overall, 93.8% of respondents reported lifetime alcohol use, and 95.5% indicated consumption within the past 12 months. Males reported slightly higher lifetime use (94.9%) than females (92.0%), while urban youths had marginally higher prevalence (95.0%) compared to rural respondents (92.4%); these differences were not statistically significant ($\chi^2 = 2.18$, $p = 0.14$) (Table 1).

Daily alcohol consumption was reported by 51.2% of males and 42.2% of females, and by 52.5% of urban youths versus 42.1% of rural youths, demonstrating a statistically significant difference in drinking frequency across settings ($\chi^2 = 8.52$, $p = 0.04$). Age of initiation indicated early exposure, with 36.0% of males and 38.7% of females starting between ages 19–22, and 23.8% of males and 28.2% of females initiating alcohol use at age 23 or older. Urban and rural respondents showed similar trends ($\chi^2 = 4.21$, $p = 0.24$).

Patterns of typical daily consumption indicated that most respondents consumed 1–2 drinks per occasion (41.7% of males, 52.3% of females), while a notable subset engaged in heavier drinking, including 5–6 drinks (20.3% males, 16.7% females) and 7+ drinks (7.1% males, 6.6% females) ($\chi^2 = 6.14$, $p = 0.10$) (Table 1).

Alcohol consumption had significant impacts on productivity outcomes. Impaired academic or work performance was reported by 82.1% of males and 74.9% of females, with urban youths slightly more affected than rural counterparts ($\chi^2 = 7.25$, $p = 0.01$). Difficulty concentrating after drinking affected 75.1% of males and 67.9% of females ($\chi^2 = 6.80$, $p = 0.01$), and low motivation or energy levels were reported by 72.8% of males and 66.2% of females ($\chi^2 = 5.50$, $p = 0.02$). Financial difficulties and absenteeism were reported but did not consistently reach statistical significance (Table 2).

Alcohol consumption was also closely associated with adverse mental health outcomes. Drinking to cope with stress was reported by 76.2% of males and 69.0% of females, with urban respondents slightly higher than rural ($\chi^2 = 8.15$, $p = 0.004$). Mood swings and aggression were reported by 78.4% of males and 73.2% of females ($\chi^2 = 6.02$, $p = 0.01$), sleep disturbances by 79.5% of males and 74.9% of females ($\chi^2 = 5.48$, $p = 0.02$), and worsening symptoms of anxiety or depression were acknowledged by 87.2% of males and 81.9% of females ($\chi^2 = 7.89$, $p = 0.005$) (Table 3).

These findings demonstrate that alcohol use among youths in Plateau State is highly prevalent, behaviourally entrenched, and associated with significant productivity and mental health consequences, highlighting the need for targeted interventions, including youth-focused prevention programs, family and community engagement initiatives, and integrated mental health and substance use support services.

Table 1: Prevalence and Pattern of Alcohol Use Among Youths in Plateau State, Nigeria.

S/N	Variable	Category	Male (n=453)	Female (n=287)	Urban (n=400)	Rural (n=340)	Total (n=740)	χ^2 (p-value)
1	Ever consumed alcohol	Yes	430(94.9)	264(92.0)	380(95.0)	314(92.4)	694(93.8)	2.18(0.14)
		No	23 (5.1)	23 (8.0)	20 (5.0)	26 (7.6)	46 (6.2)	
2	Frequency of alcohol use*	Daily	232(51.2)	121(42.2)	210(52.5)	143(42.1)	353(47.9)	8.52(0.04)*
		Weekly	115(25.4)	75 (26.1)	96 (24.0)	94 (27.6)	190(25.8)	
		Monthly	69 (15.2)	56 (19.5)	60 (15.0)	65 (19.1)	125(17.0)	
		Rarely	37 (8.2)	35 (12.2)	34 (8.5)	38 (11.2)	72 (9.8)	
3	Age started drinking*	<15	72 (15.9)	31 (10.8)	63 (15.8)	40 (11.8)	103(14.0)	4.21 (0.24)
		15–18	110 (24.3)	64 (22.3)	96 (24.0)	78 (22.9)	174(23.6)	
		19–22	163(36.0)	111(38.7)	150(37.5)	124(36.5)	274(37.2)	
		23+	108(23.8)	81 (28.2)	91 (22.7)	98 (28.8)	189(25.7)	

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S/N	Variable	Category	Male (n=453)	Female (n=287)	Urban (n=400)	Rural (n=340)	Total (n=740)	χ^2 (p-value)
4	Consumed alcohol last 12 months	Yes	435(96.0)	272(94.8)	387(96.8)	320(94.1)	707(95.5)	1.72 (0.19)
		No	18 (4.0)	15 (5.2)	13 (3.2)	20 (5.9)	33 (4.5)	
5	Number of drinks per typical day*	1–2	189(41.7)	150(52.3)	175(43.8)	164(48.2)	339(46.0)	6.14 (0.10)
		3–4	140(30.9)	70 (24.4)	122(30.5)	88 (25.9)	210(28.5)	
		5–6	92 (20.3)	48 (16.7)	76 (19.0)	64 (18.8)	140(19.0)	
		7+	32 (7.1)	19 (6.6)	27 (6.7)	24 (7.1)	51 (6.9)	

*Significant at $p < 0.05$

“Frequencies and percentages for ‘Frequency of alcohol use,’ ‘Age started drinking,’ and ‘Number of drinks per typical day’ were calculated among respondents who reported ever consuming alcohol: 430 out of 453 males, 264 out of 287 females, 380 out of 400 urban respondents, and 314 out of 340 rural respondents. Percentages were calculated within each subgroup. The total column represents overall estimates for the study population ($n = 740$). Differences between males and females, and between urban and rural respondents, were assessed using chi-square (χ^2) tests. Statistical significance was defined as $p < 0.05$, with $*p < 0.05$ indicating a statistically significant association. Differences in subgroup sample sizes were accounted for by calculating percentages within each subgroup and applying chi-square tests appropriate for categorical data with unequal group distributions.”

Table 2: Influence of Alcoholism and Mental Health Issues on Youth Productivity, in Plateau State, Nigeria.

S/N	Item	Category	Male (453)	Female (n=287)	Urban (n=400)	Rural (n=340)	n	χ^2 (p-value)
1	Alcohol affects academic/work performance	Yes	372(82.1)	215(74.9)	332(83.0)	255(75.0)		7.25(0.01)*
		No	81 (17.9)	72 (25.1)	68 (17.0)	85 (25.0)		
2	Missed school/work due to alcohol	Never	130(28.7)	95 (33.1)	110 (27.5)	115 (33.8)		5.40 (0.15)
		<Monthly	200(44.2)	120 (41.8)	185 (46.3)	135 (39.7)		
		Monthly	70 (15.5)	40 (13.9)	63 (15.8)	47 (13.8)		
		Weekly	40 (8.8)	22 (7.7)	32 (8.0)	30 (8.8)		
3	Difficulty concentrating after drinking	Yes	340(75.1)	195 (67.9)	300 (75.0)	235 (69.1)		6.80(0.01)*
		No	113(24.9)	92 (32.1)	100 (25.0)	105 (30.9)		
5	Low motivation or energy after drinking	Yes	330(72.8)	190 (66.2)	295 (73.8)	225 (66.2)		5.50(0.02)*
		No	123(27.2)	97 (33.8)	105 (26.2)	115 (33.8)		
6	Financial difficulties due to alcohol	Yes	325(71.7)	195 (67.9)	290 (72.5)	230 (67.6)		2.10 (0.15)
		No	128(28.3)	92 (32.1)	110 (27.5)	110 (32.4)		

*Significant at $p < 0.05$

Frequencies and percentages are reported among respondents who have ever consumed alcohol. Percentages are calculated within each subgroup. Male vs female and urban vs rural comparisons were evaluated using χ^2 tests; $p < 0.05$ considered statistically significant.

Table 3: Association Between Mental Health Status and Alcohol Use Among Youths in Plateau State, Nigeria.

S/N	Item	Category	Male (n=453%)	Female (n=287%)	Urban (n=400%)	Rural (n=340%)	n	χ^2 (p-value)
1	Drink alcohol to cope with stress	Yes	345(76.2)	198(69.0)	310(77.5)	233(68.5)		8.15(0.004)*
		No	108(23.8)	89 (31.0)	90(22.5)	107(31.5)		
2	Feel guilty after drinking	Yes	340(75.1)	205(71.4)	305(76.3)	240(70.6)		3.42 (0.06)
		No	113(24.9)	82 (28.6)	95 (23.7)	100(29.4)		

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S/N	Item	Category	Male (n=453%)	Female (n=287%)	Urban (n=400%)	Rural (n=340%)	χ^2 (p-value)
3	Mood swings or aggression after drinking	Yes	355(78.4)	210(73.2)	320(80.0)	245(72.1)	6.02(0.01)*
		No	98 (21.6)	77 (26.8)	80 (20.0)	95 (27.9)	
4	Sleep disturbances after drinking	Yes	360(79.5)	215(74.9)	325(81.3)	250(73.5)	5.48 (0.02)*
		No	93 (20.5)	72 (25.1)	75 (18.7)	90 (26.5)	
5	Believe alcohol worsens anxiety/depression	Yes	395(87.2)	235(81.9)	355(88.8)	275(80.9)	7.89(0.005)*
		No	58 (12.8)	52 (18.1)	45 (11.2)	65 (19.1)	

*Significant at $p < 0.05$

Frequencies and percentages are reported among respondents who have ever consumed alcohol. Percentages are calculated within each subgroup. Male vs female and urban vs rural differences were evaluated using χ^2 tests; $p < 0.05$ considered statistically significant.

DISCUSSION OF FINDINGS

This study provides important insights into the prevalence, patterns, and consequences of alcohol use among youths in Plateau State, revealing a high burden of consumption with significant implications for productivity and mental health. The findings demonstrate that alcohol use is not only widespread but increasingly normalized among young people, with over 90% of respondents reporting lifetime consumption and a substantial proportion engaging in frequent (daily or weekly) drinking. This prevalence is consistent with an emerging epidemiological trend indicating increasing alcohol exposure among youths in Nigeria and sub-Saharan Africa.¹⁰ This prevalence is considerably higher than earlier report from Nigeria and other parts of sub-Saharan Africa, where alcohol use among youths has typically ranged between 40% and 70% but reported higher in other regions.¹¹ Studies reported widespread but comparatively high levels of alcohol use among Nigerian youths.¹²⁻¹⁴ The higher prevalence observed in this study may therefore reflect a growing trend, potentially driven by shifting socio-cultural norms, increased accessibility of alcoholic beverages, and limited enforcement of alcohol regulations.

The pattern of alcohol use observed further reinforces concerns about harmful consumption. The predominance of daily and weekly drinking suggests a shift from experimental use to habitual behaviour, increasing the risk of dependence and long-term health consequences. This aligns with global trends as reported,^{15,16} which highlight increasing intensity and frequency of alcohol use among young people, particularly in low- and middle-income countries. The age of initiation, which peaks between 19 and 22 years, corresponds with a critical developmental transition characterized by increased independence, identity formation, and heightened peer influence. Similar findings have been reported in international studies, which identify late adolescence and early adulthood as high-risk periods for substance use initiation.¹⁷⁻¹⁹ In the Nigerian context, this age range often coincides with entry into tertiary institutions or the workforce, where alcohol exposure is facilitated by social gatherings, parties, and peer networks, and parental oversight is typically reduced.

A range of socio-environmental factors may explain the high prevalence and patterns observed. Family structure and parental monitoring are key determinants, as youths from less structured or less supervised households may be more vulnerable to alcohol use.^{20,21} Peer influence also plays a central role, with social networks often reinforcing drinking as a normative behaviour. Additionally, the increasing commercialization and aggressive marketing of alcohol products, particularly those targeted at young people, have contributed to its normalization.²² The availability of low-cost alcoholic beverages further lowers barriers to access, making alcohol consumption more widespread across different socio-economic groups. These findings are consistent with broader epidemiological evidence that highlights the role of social and environmental determinants in shaping youth drinking behaviours.^{23,24}

The relatively high prevalence observed in both urban and rural areas is particularly noteworthy. While urban respondents showed slightly higher levels of frequent drinking, the differences were not substantial, indicating that alcohol use is pervasive across settings. This finding suggests that interventions should not exclusively target urban populations but also consider rural communities where changing cultural attitudes and increased alcohol availability are contributing to rising consumption.

Beyond prevalence, this study highlights the significant impact of alcohol use on youth productivity. A large proportion of respondents reported that alcohol negatively affects their academic or work performance, with significant associations observed for difficulty concentrating, reduced motivation, and low energy levels. These findings are consistent with previous studies, who emphasized that alcohol impairs cognitive functioning and reduces productivity in both academic and occupational settings.²⁵ Similar studies reported that alcohol abuse among Nigerian adolescents and youths is associated with poor academic

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performance and absenteeism²⁵. Recent international studies have further confirmed that frequent alcohol use is linked to reduced academic achievement and workplace inefficiency²⁶.

These findings also indicate that alcohol use contributes to missed school or work, reflecting its disruptive effect on daily functioning. Although the association was not statistically significant across all categories, the overall pattern suggests that alcohol use interferes with routine responsibilities. This is consistent with a report from Bauchi State metropolis in Nigeria,²⁷ which highlight the broader socio-economic consequences of substance use among young people, including reduced productivity and economic instability. Financial difficulties associated with alcohol use were also reported by a substantial proportion of respondents, further underscoring its economic impact, although this relationship may be influenced by contextual factors such as income variability and family support systems.^{28,29} These observations reinforce the importance of integrating socio-economic considerations into public health strategies aimed at reducing alcohol-related harm.

A key contribution of this study lies in its exploration of the relationship between alcohol use and mental health. The findings reveal a strong association between alcohol consumption and psychological distress, with many respondents reporting the use of alcohol as a coping mechanism for stress. This supports the self-medication hypothesis, which suggests that individuals may use substances to alleviate emotional discomfort. However, the findings clearly indicate that this coping strategy is maladaptive. Respondents reported experiencing negative emotional outcomes following alcohol use, including guilt, mood swings, aggression, and sleep disturbances. These outcomes suggest that alcohol use may exacerbate psychological vulnerability and reduce the efficacy of adaptive coping mechanisms among youths.

These findings are consistent with a study in Columbia, which reported efficacy of Coping with Negative Affect of Alcohol Use Pre- and Post Acute Stress, and those at increased risk of developing anxiety and depression.³⁰ Also, a study found a strong association between alcohol misuse and psychological distress among young people.³¹ Some studies support these findings, highlighting the bidirectional relationship between alcohol use and mental health disorders.^{22,32} Alcohol not only exacerbates symptoms of anxiety and depression but also interferes with neurochemical processes that regulate mood and emotional stability.^{26,32}

The high proportion of respondents who believe that alcohol worsens anxiety and depression is particularly significant, as it suggests awareness of its negative effects. However, continued use despite this awareness indicates the presence of underlying stressors and limited access to effective mental health support or adaptive coping strategies.³³ Sleep disturbances, which were significantly associated with alcohol use, represent an important pathway through which alcohol affects both mental health and productivity. Disrupted sleep has been linked to impaired cognitive functioning, emotional instability, and reduced overall well-being, thereby reinforcing a cycle of alcohol use and declining mental health.³⁴

The high prevalence of mood swings and aggression highlights the broader social implications of alcohol use, including increased risk of interpersonal conflicts and reduced social functioning. These findings underscore the need for integrated interventions that address both substance use and mental health, particularly among young people who may lack access to appropriate support services. Public health interventions should therefore consider both preventive and therapeutic approaches, targeting underlying psychosocial determinants and promoting resilience and adaptive coping strategies.

CONCLUSION

This study provides robust and context-specific evidence that alcohol use among youths in Plateau State is highly prevalent and associated with significant adverse outcomes across multiple domains. The findings highlight the urgent need for targeted public health interventions that address the underlying drivers of alcohol use, including peer influence, family dynamics, and socio-economic factors, while also integrating mental health support services. Such evidence-based approaches are critical for mitigating the growing burden of alcohol-related harm and promoting healthier developmental outcomes among youths.

LIMITATION OF THE STUDY

While this study provides important insights into alcohol use among youths in Plateau State, it has several limitations. The reliance on self-reported data may introduce recall and social desirability bias, as participants could have under- or over-reported their alcohol consumption, coping strategies, or mental health experiences. Additionally, the cross-sectional design limits the ability to establish causal relationships between alcohol use, mental health outcomes, and productivity, restricting the findings to associative interpretations. Future research employing longitudinal method designs is recommended to explore causality and to better understand the underlying mechanisms driving alcohol use among youths.

RECOMMENDATIONS FROM THE STUDY

Based on the major findings of this study, the following recommendations are proposed to effectively address the rising prevalence of alcohol use, its impact on mental health, and the declining productivity among youths in Plateau State:

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1. Government and Policy Makers

- Strengthen alcohol regulation and control policies: Review and enforce laws governing the production, sale, distribution, and advertisement of alcoholic beverages. Particular focus should be placed on preventing access to minors and ensuring penalties for violations of licensing and advertising restrictions.
- Integrate alcohol education into public programs: Government agencies should support nationwide awareness campaigns through schools, media, and community outreach programs to highlight the health, social, and behavioural risks of alcohol misuse.

2. Educational Institutions

- Implement school-based prevention programs: Schools should incorporate health education modules that discourage early alcohol initiation and promote healthy coping strategies.
- Provide counselling and support services: Schools should make trained counsellors and mental health professionals available to students, offering stress management, therapy, and guidance for those struggling with alcohol use.

3. Communities and Families

- Promote community awareness and engagement: Community leaders and organizations should conduct sensitization programs that address the social and cultural drivers of alcohol use among youths.
- Encourage parental supervision and support: Families should actively monitor youths' behaviour, model responsible drinking habits, and provide guidance on healthy stress-coping mechanisms.

4. Individuals and Youths

- Adopt healthy coping strategies: young people should be encouraged to use alternative stress-management techniques such as physical activity, peer support, and professional counselling rather than relying on alcohol.
- Participate in awareness and peer education programs: Youths can serve as peer educators to raise awareness and discourage early initiation and high-frequency drinking among friends and classmates.

5. Health and Mental Health Professionals

- Expand counselling and rehabilitation services: Psychologists, counsellors, and addiction specialists should establish accessible rehabilitation and support centres that provide treatment for alcohol dependence and associated mental health challenges.
- Conduct regular screening and interventions: Health professionals should integrate alcohol use screening and mental health assessments into routine care for youths to identify at-risk individuals early and provide timely intervention.

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