16 The Burden of Usage and Attitude of Alcohol Consumption Among Taxi Drivers in South Africa

Dauda A. Busari & Itumeleng Mekoa

School of Research and Postgraduate Studies
Faculty of Human and Social Sciences
North-West University, Republic of South Africa

INTRODUCTION

Globally, substance abuse is a cause of increased concern. Literatures have associated consumption of alcohol to a major contributory factor to manifest and latent violence, crime, and bodily injuries, as well as to other economic, social, in addition to the healthy harms. The World Health Organisation argued that consumption of alcohol in a way is harmful and a major cause of injuries that have resulted in about two million hundred thousand (2.5 million) deaths globally. The report also estimated that about three hundred and twenty thousand (320, 000) youths aged 15-29 years have lost their lives as a consequence of alcohol-related causes, the figure represents 9 percent the total deaths in the age group. Many of the existing studies on alcohol consumption, however, do not focus on taxi drivers drinking usage and attitude in Africa, thereby leaving a gap in knowledge on the topic, thus the focus of this article.

The rate at which drug is abused in South Africa is fast becoming a huge challenge. The South Africa Police Services in a figure released recently have indicated that substance abuse accounts for about sixty (60) percent of all crimes in the country, and alcohol consumption is not exempted from the orgy. This, research, therefore, was undertaken to contribute to the dialogue on alcohol consumption among Taxi drivers in Africa. It investigated the extent, usage, attitude and effect of alcohol use among drivers, in Mafikeng, Northwest Province of South Africa. The article will thus fill a gap in the literature on taxi drivers 'alcohol usage and attitude. Taxi drivers, who despite the fact that they constitute a significant percentage of the South Africa population, local research on alcohol use among taxi drivers is limited. Parry et al.; (2004); Flisher.et.al, (2006); and Jernigan, (2006) argued that the consumption of alcohol by drivers in South Africa is of primary concern especially, the resultant manifenest and latent consequences of its use. Relm et al. (2009) while joining the discourse on the global figures based on 2004 Global status report on alcohol and health, by the World Heath Organization estimated that 3.8 percent of deaths may be linked to the consumption of alcohol.

This figure further revealed that 6.3 percent of this death occurred to men, and just 1.1 percent are for women. Of all the alcohol-related deaths attributable to male 11.4 percent, and 27.3 percent manifested injuries that are Manifest and latent. However, for the females, the figures were put at 9.0 percent were intentional while 28.4 percent were accidental. According to Rehn et al.; (2009) further gave insight into the discourse by providing estimating that the global alcohol linked to the burden of disease to be 4.6 percent. For men, Manifest and latent injuries accounted for 10.7 percent and 25.4 percent of all alcohol-related to the burden of illness, respectively, and 9.0 percent and 25.6 percent respectively for women. For the younger persons who are aged 15- 29 years, a projected 3.5 percent and 0.6 percent of death are connected to illicit drug use and alcohol consumption, respectively Toumbourou et al.; 2007). Alcohol consumption was projected to cause and 1.3 percent of the burden of illness for youth of same age group. Schneider et al. (2007) using data from 2000, projected that thirty-three thousand, six hundred and ninety-nine (33,699) deaths were associated to alcohol use among South Africans (7.1 percent of all deaths). A huge percentage of the alcohol use-related deaths were owing to injury, mainly among the youths of same age groups. Of all alcohol-attributable injuries, 63 percent occurred as a result of some manifest and latent injuries: violence 3. 7 percent to self-inflicted violence, 6.0 percent of other accidental injuries, 14.3 percent of road traffic accidents and 39 percent attributable to inter-personal.

Substance Use Injuries, Violence and Crimes

People who engaged in crime related activities seem inexplicably to take an active involvement in the use of drugs (Parry, Plüddemann, Louw & Leggett, 2004). According to Parry et al. (2004), he indicated that Nine Hundred and Nine arrests were made and put in police detention in Johannesburg, Durban, and Cape-Town. The study revealed that the detainees who are under twenty (20) years are the majority, he estimated them to be around 66 percent of those detained. He also assumed that those arrested and under twenty years of age may test positive for any of the substance assessed, and they may includes amphetamines, benzodiazepines, Mandrax, opiates, cannabis, and cocaine. Plüddemann et al., (2010) Peltzer & Pengpid (2008); Liang, Flisher & Lombard (2007); Betancourt & Herrera (2006); King et al., (2004); Morojele & Brook, (2006); Zulu.; et al (2004); Matthews & GriggsCaine, (1999) have argued that substance use and consumption play a significant roles in contributing to violence in the society. Morojele and Brook (2006) in a study conducted in a community, came up with findings that suggested youths who engage in the use and or consumption of illicit drugs like, alcohol, tobacco, and the likes are likely to be involved in violent acts than those who do not engage in the act. Maruping (2006) avowed that when a driver under the influence of alcohol and drugs they have a greater risk of causing or getting injured. That alcohol performs the function or assisted in causing a non-natural deaths is evident from the findings of National Injury Mortality Surveillance

196

System (NIMSS) conducted in 2008, (Donson, 2010). Danson's report further suggested that almost half of the unintentional deaths were as a result of alcohol.

In America, 10.9 percent of cases of mental disorder such that depression accounts for 40.5 percent while anxiety accounting for 14.6 percent have been attributed to the use of substance (Whiteford, 2013). In South Africa, illegal drug abuse is double the world norm, while about 60 percent of crimes resulting from drug abuse (Thomson, 2013) and 15 percent of drug abuse among youths (News24.com, 2015). The Canadian Centre on Substance Abuse (CCSA, (2016) have also claimed that about 71 percent of youth abuse alcohol, with 22 percent of such linked to the use of marijuana while 18percent experienced harm due to drug addiction. Van Heerden et al., (2011) the suggested that increasing rate of alcohol abuse is about 38.7 percent, with tobacco smoking accounting for 30.0 percent, cannabis abuse takes 8.4 percent while leaving the other forms of drug abuse at 2.0 percent. Extra-medical psychoactive substance accounts 19.3 percent of other drugs 2.0 percent The increased contact of youths with legal and illegal substances leads to unintentional and intentional injury cases of depressive symptoms and irrational actions (Rehm et al., 2009).

Jordan (2013) argued that more 15 percent of youth's population accounting for one or another drug problem. Supporting the high of consumption of alcohol in South Africa, Parry.; et al (2004) suggested that alcohol is the second most commonly used substance among youth patients admitted for rehabilitation in KwaZulu-Natal, in South Africa. Also the highest kind of substance abused in Spain, is alcohol which accounts for 38.8 percent, tobacco accounts for 21.8 percent and cannabis 11.6 percent. (Espada et al., 2011). Family conflicts, a loss of a friend and lack of support from the family contribute to increasing intake of alcohol among the youths, and this leads to major depression (Wang, Yan, Hui, & Juan, 2011). The abuse of substance interferes with the capability of youth to fulfil the study requirement for successfully completing the university programs that they have enrolled for. This situation makes it difficult for the university institution to complete their obligations to educating the youth (National Center Brief, 2009).

The symptoms of depression are felt on a physical level as a form of weight loss, inactivity, sleeplessness and suicidal thoughts (APA, 2013). Depressive symptoms are found to be more among youth who abuse substance than in the youth who do not use the substance (Ajayi & Ekundayo (2010). The higher levels of stress are significantly linked to increased alcohol, tobacco, and other drug use among youth. The study by Fujii et al. (2012) MDD prevalence in Brazil is 10.2 percent, with only 28.1 percent of the youths with MDD diagnosed and 15.6 percent currently using prescription medication for depression. There is no significant difference among students regarding satisfaction with marks and history of any ragging in the college. Some 85 percent students without depression are significantly satisfied with their current studies (Kaur, Deepti & Lal, 2014). According to Australian Bureau of Statistic (ABS, 2012), youths aged 18-24 years old have probably a significant level of occurrence of mental disorders than

all age group and youth suicide is the leading cause of death in young people aged 15-24 years. A study on the review of the prevalence of depression among university students found that the occurrence rates ranges from 10 percent to 85percent, with a mean prevalence of 30.6percent (Ibrahim, et al. 2013). The University students experience higher rates of depression than those found in the general population. Among Kenyan youths, the findings by Njeri & Ngesu (2014), show that about 52 percent of learners believed that substance abuse could cause result in poor performance as 30 percent agreed that their colleagues who abuse drugs develop aggressive behaviour. The assessment of drugs and substance abuse in Kenya showed that 5.5 percent of Kenyans relied on on alcohol while 4.5 percent were dependent on tobacco by National Authority for the Campaign against Alcohol and Drug Abuse (NACADA), (2012).

Ibrahim, Kelly, & Glazebrook (2012), said that 37percent of Egyptian university students scored above the threshold for moderate depression. The study by Peltzer, et al., (2013) indicated there is a moderate occurrence of 7.0 percent for high state of depression and 25.2 percent reasonable of depression amongst a trial of university students in Nigeria. Significant rates of depression were found. Numerous risk factors included comorbidity (PTSD and sleeping problems), and lack of social support was identified which can be utilized in guiding interventions. In Rwanda, the overall lifetime prevalence rate for substance use among youth is 52.5percent (Kanyoni, Gishoma & Ndahindwa, 2015).

According to Kumar, Jain and Hegde, (2012) stipulates that in India readings among college students found the prevalence of depression ranging from 21.5percent to 71.25percent. Depression defines a wide range of emotions from simple sadness to pathological suicidal. The occurrence of depressive symptoms has been growing among college students.

In South Africa studies show that substance use among the youth is a challenge, and the prevalence differs according to districts. Nduna et al., (2013) indicated that the occurrence of depressive symptoms is 20.5percent among female and 13.5percent among male. The prevalence is much higher among female compared to males. The availability and accessibility of substances used by the youth raise the potential for substance abuse. Tobacco is the second most frequently abused substance with the prevalence of 47percent (Morojele et al., 2013). According to a study by Pluddemann et al. (2008). The South African Depression and Anxiety group argued that illegal drug consumption in South Africa doubled the world norm. It is illustrated by South Africa Police Services that drug abuse accounts for 60percent of all crimes (Thomson, 2013). The perspective of the youth is that substance abuse is joined to other social problems, namely, child neglect, poverty, peer pressure, traumas, crime and HIV/AIDS (Department of Social Development, 2013). About 17percent of youth aged 19 years abuse substance abuse. Marijuana is one of the regularly used substances with 97percent among the youth (Mothibi, 2014).

Tobacco, cannabis, and Alcohol are most used or consumed drugs in South Africa (Mpofu, Flisher, Bility, Onya & Lombard, 2005; Plüddemann, Flisher,

Mathews, Carney & Lombard, 2008; Taylor, Dlamini, Kagoro, Jinabhai & De Vries, 2003; Vundule, Maforah, Jewkes & Jordaan, 2001), constituting a huge part of the decadence observed in the country. McGrath, Nyirenda, Hosegood and Newell (2009) also attributed the consumption and use of these substances as a leading cause of violence, injury and crime in the society. In the opinion of Morojele, Parry, Ziervogel and Robertson (2001) and Townsend, Flisher and King (2007), other associated social problems that may be attributed to the consumption of these substances includes, scholastic challenges that could lead to drop-out in school, earlier initiation to sex among the adolescents, risky sexual behaviours. Flisher, Townsend, Chikopvu, Lombard and King (2010), also argued that the abuse of this consumption of the substances could also result in physical and mental health challenges for the consumers. The majority of those who use illegal drugs, such as cannabis, tend first to use alcohol and tobacco (Russell et al., 2008; Degenhardt & Hall, 2006; Yen & Chong, 2006; Brook, Morojele, Brook & Rosen, 2005).

Rates of illicit drug use are particularly high among young people in South Africa. Reddy, Resnicow, Omardien and Kambaran (2007) argued that in the year 2002, the rates of consumption or use of some substances among young people in South Africa was said to be greater than those of their counterparts in America. Recent reports indicated that among low-income youths that there are high rates of heroin use in Gauteng province and Mpumalanga province while methamphetamine use rate is higher in the Western Cape. However, information about the Northern and Eastern parts of South Africa is particularly lacking. The rates at which people consume drugs has increased. This can easily be deduced from the sheer number of substance abuse treatment centres used by adolescents in South Africa which have increased since the 1990s. Between one-fifth and one-quarter of the counterpart of patients in treatment facilities in South Africa are below 20 years of age (Plüddemann, Parry & Bhana, 2008). The range of drugs for which treatment is sought has also increased, with cannabis being the most commonly abused drug among treatment seekers. In the other parts of the country, significant numbers of adolescents are treated for alcohol abuse, Mandrax, heroin and methamphetamine as primary drugs of substance (Plüddemann et al., 2008). This knowledge of heroin use in South Africa is based on Cape Town studies (Plüddemann et al., 2008).

THEORETICAL FRAMEWORK

Social Learning Theory

The theory of social learning is developed by Albert Bandura (1977). In social learning theory, learning takes place within the social context. Behaviour is learned, and people take lessons from each other by observing what the others are doing, imitating others and modelling after others. The theory clarifies human behavior as a continuous reciprocal interaction between behavioural cognitive and environmental affects people's behaviour. Substance abuse among youth can be

learned from others through observation, imitation or modeling. The results that come out after the abuse of substances may force the youth to repeat the abuse of which over time may trigger depressive symptoms.

The theory argued that some innteracting factors play together to affect and or influence the growth of drug addiction and depressive symptoms problems such as a person's genetic temperament and risk. When the consumption of substance abuse increases pleasure among youth, it serves as a motivation to abuse the substance to experience the increased pleasure again. Substance abuse which triggers depressive symptoms can also be used by youth as a coping strategy to manage depressive situations that were caused by the same substance abuse in their lives. Hesselbrock, Hesselbrock, and Epstein (1999) argued that Physically, substance abuse changes the normal body functioning by causing some to eat more or less, weight gains or loss and also the changes in sleeping cycles.

Psychological Stress Theory

This theory was developed by Lazurus (1966). There are two central concepts included in this psychological stress theory namely appraisal and coping. The youth evaluates what is happening to their well-being and determinations in thought and action to manage specific demands. When an individual wellbeing is overwhelmed by demands that exceed available resource the youth abuses substance as a way of coping that will lead to the development of depressive symptoms (Lazarus & Folkman 1986). An appraisal is based on the idea that depressive symptoms are dependent on actual beliefs that persons manifest about the substance abuse (Lazarus & Launier, 1978). Substance abuse can be appraised by youth as is their ways of bodily functioning and change their sleeping patterns as some believe it helps them to study while it causes the depressive symptom.

METHOD

This section of the article gives the approaches adopted in undertaking the study. The study deployed both primary and secondary data and adopted the descriptive research design. Secondary data were derived from existing related documents while primary data were from research conducted as a critical component of the study. A synergy was however ensured between the triangulated methods of data collection. In other words, both the primary and secondary data collection methods served as critical components to guarantee the validity and comprehensiveness of the article. Hence, while some of the secondary data collection processes were referred to as such, it must be noted that they were specifically gathered at different periods of the study cycle.

Primary data were collected through dedicated scientific fieldwork conducted between the 13th June and 29th of July, 2016, using quantitative and qualitative methods. The qualitative research approach was adopted with within-method triangulation of Key Informant Interviews (KIIs) and Focus Group Discussion (FGDs). The qualitative approach was used to collect the critical voices and social

and research relational mass of participants so as to sufficiently capture unique study objectives in dynamics of the problematic in definitive manners. The qualitative approach also enabled capturing of salient but important worldviews of target change agents in the communities. This method was found very useful ultimately. Five (5) KIIs were conducted with officers of the drivers union, while FGD was also conducted to gather wider objective perspectives about the problem under study. The KIIs and FGD were conducted for different categories of people and at different places and time. A total of thirty-two (32) discussants were facilitated for the FGD component. Sessions were moderated by very experienced research personnel so as not to defeat the objective of the research and sessions. The quantitative data was collected using the survey method. The study utilised the face-to-face personal interviewing technique with the aid of a semi-structured questionnaire. Respondents were selected through purposeful sampling approach. Interviews were split evenly between the different loading points in Mafikeng. Male Taxi drivers aged between 18 and 65 years were interviewed. Total achieved contact is 158. We divided the questionnaire to two sections; sections A and B. Section A consisted of questions that related to socio-demographic characteristics of the participants while section B, consisted of other questions that are related to the objectives and focus of the study. Quantitative data collected was analyzed using percentages and charts for presentation of findings.

The interviews/discussion were conducted in language interviewees, and discussants were conversant and comfortable with. This was discussed and agreed upon ab initio before sessions commenced. The language issue was very important so as not to jeopardise the quality of data as interviewees and discussants must choose a language they could communicate easily with throughout the process. Therefore, although the sessions were conducted in Setswana Language (the most commonly spoken language in Northwest Province of South Africa), there were cases of Code Switching. This means interviewees/discussants sometimes mixed Setswana and English Languages depending on what point they intended to make and their moods/emotions in the course of interviews/discussion. This was however never a problem as this was expected based on the experience of the research team. Members of the research team were thus chosen to be people very competent in Setswana and English Languages.

To get useful data, relevant and well-informed participants were purposively sampled (purposive sampling). People sampled included; Taxi Drivers and Taxi Union officials, Data gathered were analysed thematically through content analysis and presented as quantitative data, qualitative narratives, and ethnographic summaries. The entire research process followed best practices in ethical considerations. Principles of informed consent were upheld, participants' anonymity and confidentiality were explained and ensured, participants were prevented from harm and right of withdrawal was guaranteed. No participant was induced and coerced to be included in the study. Participation was therefore outrightly voluntary. All the participants were well aware and informed of the purpose of

the study and the process to be followed. Participants were also not paid to be involved in the research. Inclusion and participation were therefore totally free and voluntary.

RESULT

Demographic Analysis of participants at the festival

Data gathered from the demographics of the participants revealed that majority of the participants are within the age grades of 25-34 years old (45.2percent) and 18-24 years old (30.2percent) which accounts for 75.4percent of the participant's population. These ages range accounts for the larger population of working class and an active workforce of South Africa. The age distribution is also a manifestation that majority of the people who consume alcohol are still in their prime age, and it attests to the literature that argued that most of the people that abuse substance are still young adults who still have the energy and are still in tune with youthful exuberances. All of the participants are male.

The majority of the respondents at (62 percent) in the survey are single, about 35 percent of the respondents are married, 1.6 percent of the participants are living separately or divorced while about 1 percent of them are widowers. The implication of this is that since the majority of the participants are single and do not have any partner at home to check their excesses, the probability that they will result to hobbies that will keep them busy is not unlikely. This finding correlates with the information presented in Table 1 in the sense that the majority of the participants who are between the age of 18 and 34 years old are who are single formed a large chunk of the members of the taxi drivers. This argument was supported in the narratives of the qualitative findings where participants put the rising rate of alcohol contribution at the foot of the youths who dominates the profession. One description by a participant at the Focus group discussion goes thus:

> *"Sometimes I go out and get drunk, especially when passengers are not much, I also drink after work at night. I drink this much because I don't have a lot to spend on, if I have things I will spend on, I probably will not be drinking this much."*
>
> *Taxi Driver's officer, C2D, 34 – 45 years, Mafikeng*

TABLE 1. Profile of the beer drinkers- Age distribution.

Age group	*Percentage percent*	*Cumulative percent*
18-24 years	30.2	30.2
25-34 years	45.2	75.4
35-44 years	12.4	87.8
45-54 years	8.6	96.4
55-65 years	3.6	100

The price also seems to determine the rate at which taxi drivers also consume alcohol. The drivers are of the opinion that the products are cheap and are within their reach, and so they have no problem spending money on it. Peer pressure, in particular among the younger taxi drivers, also plays a significant effect on their attitude to consumption of alcohol. Participants at the Focus group discussion agreed that the primary function their use of alcohol drinks serves is to intoxicate them and make them active at work One participants at the session was reported to have said:

> *"most drivers in this park that drink, drink because their friends drink too. And when they drink, they believe it makes them very active and aside they are not spending so much on drinking, it's more of one good turn deserves another."*
>
> *Taxi Driver's officer, C2D, 34 – 45 years, Mafikeng*

Consumption is highest for a soft drink and bottled water in taxi parks visited. However, the majority of the respondents consume other nonalcoholic beverages, the rate of consumption of alcoholic drink is worrisome. Daily consumption of beer and other drinks is very high. As shown in this table the majority of the Taxi Drivers consume beer on a regular basis; most also don't drink beer on a regular basis

TABLE 2. Marital Status of Beer drinkers

Marital Status	*Percentage percent*	*Cumulative percent*
Single	62.8	62.8
Married/living together	34.7	97.5
Divorced/separated	1.6	99.1
Widow(er)	0.9	100

TABLE 3. Types of Drink Alcoholic Consumed

	Daily	*Once a week*	*Once a month*	*3 Months*
	percent			
Soft Drink	47	77	87	93
Bottled Water	16	27	45	58
Fruit Juices	11	24	51	66
Lager Beer	10	16	24	25
Energy Drink	3	10	24	38
Spirits/Hot Drinks	3	5	7	9
Alcoholic Wines	1	3	7	12
Non-Alcoholic Wines	1	3	10	17
Local Alcoholic Beverages	0	1	1	2

(Multiple responses and mean scores)

but engage in the consumption of beer at least once in a week. This table depicts that the regular consumers of alcoholic drink are the ones who consume beer on a daily basis why those that use beer sparingly are the people who take beer on occasional periods (Once a week and Once a month). The drivers who drink lager beer in the interval of three months are those that can be referred to as lapse drinkers and take an alcoholic drink once in a three months period.

Table 4 above indicated that younger taxi drivers (18-24 years and 25 -34 years) drinking habit are highest among the other age groups. This table suggests that drivers of ages 18-24 and 25-34 years are heavy drinkers. The reason behind this may be due to the culture of drinking excessively that peer groups encouraged as part of manifestations of belonging to a group (Young Adulthood). This finding is in tandem with Reddy, Resnicow, Omardien & Kambaran, (2007) who noted the rising spate of consumption substances (particularly, alcohol) among young people in South Africa, and asserted that substance use was far greater among South African youths than among their America counterparts. As noted on Figure 1 however, there are several reasons for which respondents do choose to engage in consuming alcohol, and this reasons ranged from the need to celebrate with others during their moments of happiness, through socialization and depressive circumstances, to just consumption for the taste.

It is important to note that while a huge chunk of the respondents affirmed that they do drink to celebrate as well as socialize, it is however not all taxi drivers who engage in it. For drivers that don't drink alcohol, personal beliefs have been found to hold sway among such, with religion and health concerns being the most significant deterrents against alcohol consumption. Figure 2 below depicts a graphical illustration of the barriers which deter some of the respondents from beer consumption.

Scores of the Taxi Drivers have however consumed beer for years, with majority of the respondents having affirmed that they have been consuming alcohol for more than 10 years, while even more, (combined) alluded to having used alcohol consistently for several reasons for upward of 3 years, but not up

Table 4. Average Number of Times Consumed Alcoholic Drink per Week

	18-24 Yrs.	*25-34 Yrs.*	*35-44 Yrs.*	*45-54 Yrs.*	*55-65 Yrs.*
Mineral/soft	11	11	10	11	10
Bottled water	9	10	13	13	12
Lager beer	17	19	08	06	06
Alcoholic RTDs	7	8	7	10	6
Hot drink/spirit	21	18	9	8	7
Nonalcoholic wine/fruit juice	9	8	12	15	20
Alcoholic wine	7	6	8	8	10
Energy drink	19	12	9	08	07

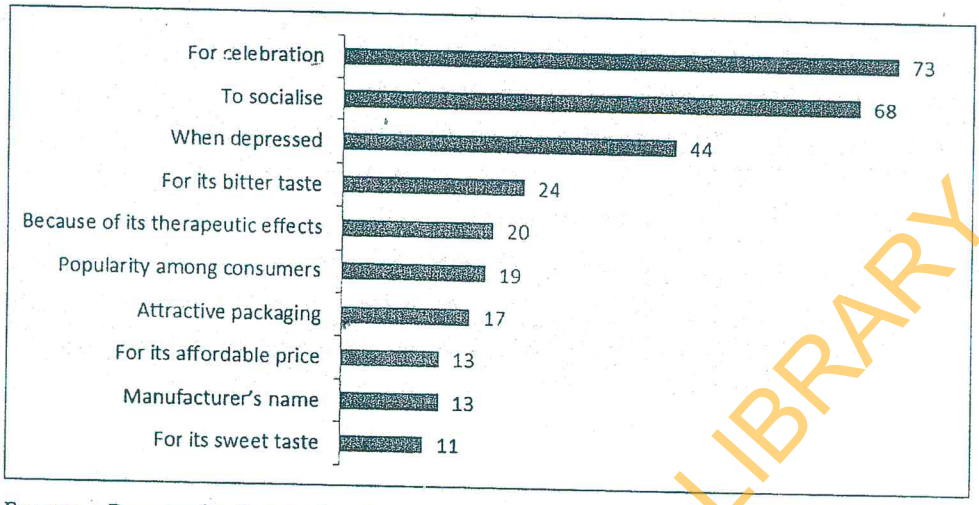

FIGURE 1. Reasons for Consuming Beer

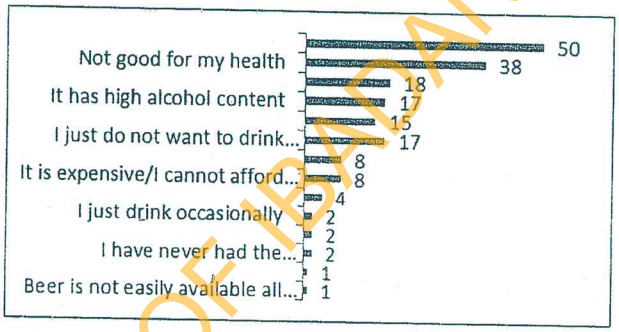

FIGURE 2. Barriers Against Beer Consumption (Those who have not consumed beer in the last six months

to 10 years (Figure 3). Their consumption as they note is helped by the fact that beer parlours are usually close to their take-off and waiting spots allowing for ease of accessibility. Shopping malls and open markets also came to the fore when respondents pointed them out as sources of regular purchase.

Table 5 below gives an insight into the periods when taxi drivers consume alcoholic drinks. The table clearly demonstrated that most drink out of home most often. The pattern also cut across all time of the day. They drink at breakfast, lunch and night. The Taxi Drivers consume beer during the evenings and afternoons out of the home and in the bar. Persons who abuse alcohols are more likely to be diagnosed with depressive symptoms than those who do not (Kessler, et al., 1996). Those who consume alcohol often see themselves as being stressed. The perception of higher levels of stress are significantly associated with increased alcohol use, particularly among the younger taxi drivers. This feeling of stress thus

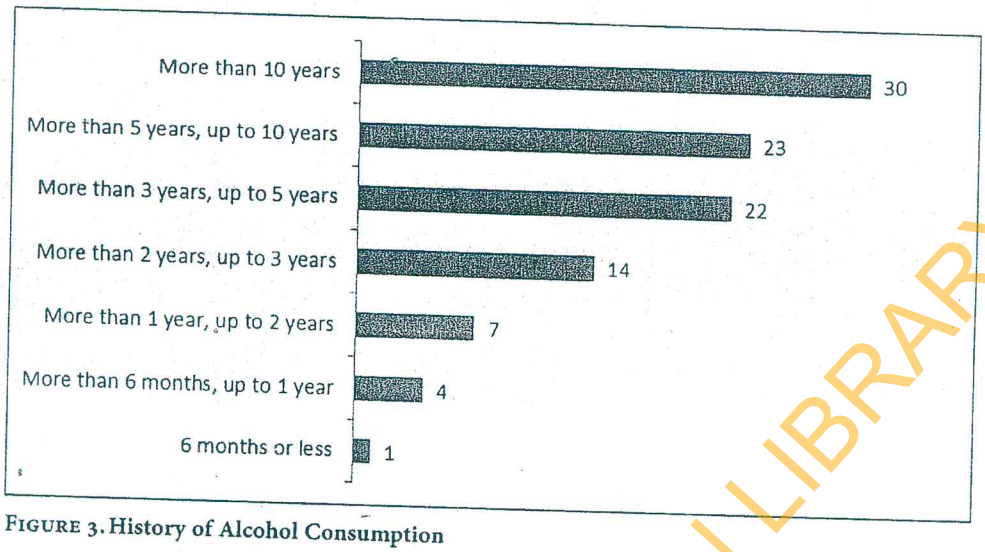

Figure 3. History of Alcohol Consumption

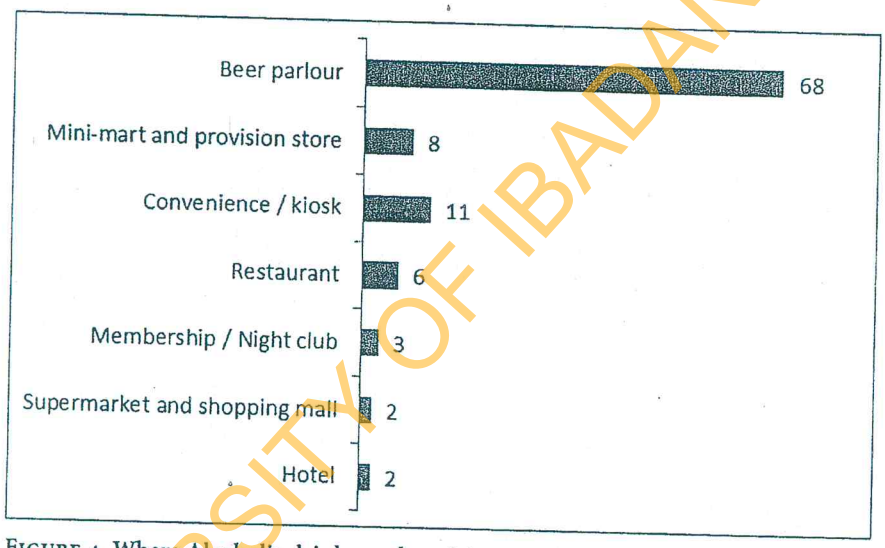

Figure 4. Where Alcoholic drinks are bought.

triggers a thirst for more alcohol to help deal with the stress, and in turn, this can trigger depressive symptoms like the acute feeling of hopelessness, numbness, and isolation (Debnama, Milarna, Furr-Holdena & Brandshaw, 2016), for which the sufferer might yet again prescribe another those of alcoholic drinks for himself.

Adverse Effects of Alcohol Use

There are several down-sides to the consumption of alcohol. While some may be mental-health related, others may be physical leading to loss of limb, and other

TABLE 5. Drinks consumption Period (Mean Score)

	Bottled water	*Lager beer*	*Alcoholic RTDs*	*Hot drink/ spirit*	*Nonalcoholic wine/fruit juice*	*Alcoholic wine*	*Energy drink*
During breakfast in the morning at home	8	1	0	1	5	1	6
During breakfast in the morning out of home	12	1	0	1	7	2	7
An appetizer before the lunch at home	13	3	1	1	12	2	9
An appetizer before the lunch out of home	13	3	1	1	12	2	9
Lunch at home	11	2	1	1	11	2	7
Lunch out of home	15	3	1	1	10	2	8
In the afternoon at home, alone	10	3	1	1	12	3	9
In the afternoon at home with friends	11	6	1	2	15	4	9
In the afternoon out of home in bars	12	13	3	2	12	5	10
An appetizer before dinner at home	10	3	1	1	13	3	8
An appetizer before dinner out of home	11	4	1	1	12	3	10
During dinner at home	10	3	1	1	10	2	6
During dinner out of home	13	4	1	1	10	2	7
During the evening at home	9	4	1	1	10	3	8
During the evening out of home in bars	10	19	4	3	10	4	10
During the evening out of home in discos	11	17	3	2	9	4	8

sorts, including the eventual demise of the user whether in an accident, or in the case of a life-threatening ailment. Respondents were of varying opinions on how alcohol use could affect the consumer negatively. One such respondent who refused to see alcohol as different from hard drugs believing that they were of the same family stated thus:

> *"the destruction caused generally caused by drunk taxi drivers cannot be quantifiable. Early in the morning of a winter, a drunk taxi in this town as a result caused a lot of havoc to a family, smashed their home and made the family homeless in an accident that could have been avoided had he not drunk. He hit a five years old child, her mum wife also not left out in the accident.*

DISCUSSION

Findings of this study indicated that alcohol consumption is associated with most accidents that have caused bodily injuries to most people, destruction of both public and private properties and have to untimely death for some other people. The findings further showed that other several factors that could lead to an increase in the consequences of drinking and driving, these factors are a direct fall out of the quantity and the frequency of alcohol consumption. The study argued that there is an association between the quantity and frequency of alcohol consumption and the behaviour could be a correlates of the high rate of road accident and other attendants consequences that are associated with drinking alcohol and driving at

the same time. The findings of the study supports the findings of Meropol et al; (1995), Spain et al.; (1997), Swahn., (2004) and Swahn and Donovan, (2006), that reported that injuries that arise from violent behaviours and acts that are related to violence are usually closely linked with consumption of alcohol. Mayer, Forster and Wagenaar (1998) found that adolescents drink alcohol in company of their friends, findings which appear to be consistent with that of the present study which indicated that the Taxi Drivers enjoys drinking with colleagues Taxi drivers.

Another key finding of the study is that which showed that Taxi drivers consume alcohol for different reasons and in different occasions. The drinking occasions may inform weather they are likely going to be involved in an accident or not. This finding tends to corroborate that of O'Malley, Johnston, & Bachman, (1998). We also found that Taxi drivers that have been involved in accident are usually the ones that consume alcohol frequently (regular drinkers) compared to the other groups. This result is consistent with the findings of Meropol et al., (1995) and Spain et al., (1997). Recent South African studies on the consumption of alcohol have also shown that alcohol consumption is fast becoming a challenge to consumer's physical and mental health, as it is known to promote a ripple effect that aggravates many social problems such as child neglect, poverty, traumas, crime and HIV/AIDS. Alcohol use among South African drivers as noted in the study continues to be perpetuated as a result of factors such as peer pressure, the need to feel among, celebration, easy availability and accessibility, among others.

While the feelings of the consumers of alcohol can only be guessed particularly at the time of consumption, reviewed literature points to a vicious cycle of depression – pleasure experiences which in turn may trigger a phase of crime and/or ill-health. In part, the mental health instability especially in terms of heightened pleasure or risk-sense can lead to the driver committing simple offences such as breaking traffic laws or engaging in criminal acts such as robbing or raping a passenger. The consumption of alcohol also has a profoundly adverse effect on an individual's health curtailing the quality of life through disability (any short-term or long-term health loss). A greater risk of getting injured is very probable when a driver is under the influence of alcohol. The role of alcohol in non-natural deaths is evident from the findings of the 2008 National Injury Mortality Surveillance System (NIMSS). The paper thus closes by recommending to government and policy makers to discourage alcohol consumption among taxi drivers in South Africa by suggesting adequate legislation that will curb the excesses and by proactively involving members, taxi owners, taxi drivers' associations to curb the attitude

REFERENCES

Baskin-Sommers, A. R., & Foti, D. (2015). Abnormal reward functioning across substance use disorders and major depressive disorder: Considering reward as a transdiagnostic mechanism. *International Journal of Psychophysiology*, 98 (1), 227-239.

Brink, H., Vander Walt, C. & Van Rensburg, G. (2012). *Fundamentals of Research Methodology for Health care Professionals.* (3rd ed). Cape Town: Juta

Chesang, R. K. (2013). Drug abuse among the youth in Kenya. *International Journal of Scientific & Technology Research*, 2, 6, 2277-8616

Ekpenyong, S. N. (2012). Drug abuse in Nigerian schools: A study of selected Secondary Institutions in Bayelsa State, South-South, Nigeria. *International Journal of Scientific Research in Education*, 5 (3), 260-268

Flisher, A.J., Mathews, C., Mukoma, W., & Lombard, C.J. (2006). Secular trends in risk behaviour of Cape Town grade 8 students. *South African Medical Journal*, 96(9), 982-987.

Flisher, A.J., Parry, C.D.H., Evans, J., Muller, M., & Lombard, C. (2003). Substance use by adolescents in Cape Town: Prevalence and correlates. *Journal of Adolescent Health*, 32(1), 58-65.

Flisher, A.J., Parry, C.D.H., Muller, M., & Lombard, C. (2002) Stages of substance use among adolescents in Cape Town, South Africa. *Journal of Substance Use*, 7(3), 162- 167.

Flisher, A.J., Townsend, L., Chikobvu, P., Lombard, C., & King, G. (2010). Substance use and psychosocial predictors of high school dropout in Cape Town, South Africa. *Journal of Research on Adolescence*, 20(1), 237-255.

Goodwin, R. D., & Stein, D. J. (2013). Anxiety disorders and drug dependence: Evidence on sequence and specificity among adults. *Journal of Psychiatry and Clinical Neurosciences*, 67 (1): 167–173

Jernigan, D.H. (2001). *Global status report: Alcohol and young people*. Geneva: World Health Organization

Kumar, G.S., Jain, A., & Hedge, S. (2012). Prevalence of Depression and its associated factors using Beck Depression Inventory among Students of a medical college in Karnataka, *Indian Journal of Psychiatry*, 54, 223-226.

Louw, D. A. (2001). *Human Development*. Tertiary: Cape Town.

Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales. (2nd. Ed.)* Sydney: Psychology Foundation. ISBN 7334-1423-0

Matthews, I., Griggs, R., & Caine, G. (1999). *The experience review of interventions and programmes dealing with youth violence in urban schools in South Africa. An undertaking of the Independent Projects*. Trust.Retrieved April 4, 2016, from http://www.ipt.co.za/litreview.pdf.

Meropol, S. B., Moscati, R. M., Lillis, K. A., Ballow, S., & Janicke, D. M. (1995). Alcohol-related injuries among adolescents in the emergency department. *Annals of Emergency Medicine*, 26(2), 180 – 186

Mental Health Foundation, (2016). *Alcohol*. Retrieved from http://www.mentalhealth.org.

McGrath, N., Nyirenda, M., Hosegood, V., & Newell, M.L. (2009). Age at first sex in rural South Africa. *Sexually Transmitted Infections*, 85 (Suppl 1), i49–i55.

Morojele, N.K., Parry, C.D.H., Ziervogel, C.F., & Robertson, B.A. (2001). Adolescent alcohol misuse: Correlates and Implications. *African Journal of Drug and Alcohol Studies*, 1 (2), 110-124.

Morojele, N.K., & Brook, J.S. (2006). Substance use and multiple victimisations among adolescents in South Alcohol and Drug Use 212 Africa. *Addictive Behaviours*, 31 (7), 1163-1176.

Mpofu, E., Flisher, A.J., Bility, K., Onya, H., & Lombard, C.(2005). Correlates of drug use in rural Africa: Drugs/ substance use and sexual behaviour in the Mankweng District of South Africa. *Journal of Psychology in Africa,* 15 (1), 11-16.

Nduna, M., Jewkes, R. K., Dunkle, K. L., Shai, N. P. J., & Colman, I. (2013). Prevalence and factors associated with depressive symptoms among young women & men in the Eastern Cape Province of South Africa. *Journal of Child and Adolescent Mental Health*, 25: 1

Parry, C.D.H., Morojele, N.K., Saban, A., & Flisher, A.J.(2004a). Brief report: Social and neighbourhood correlates of adolescent drunkenness: A pilot study in Cape Town, South Africa. *Journal of Adolescence,* 27 (3), 369-374.

Parry, C.D., Myers, B., Morojele, N.K., Flisher, A. J., Bhana, A., Donson, H., &Pluddemann, A. (2004). Trends in Adolescent Alcohol and other drug use: Findings from three sentinel sites in South Africa (1997-2001). *Journal of Adolescence,* 27: 429-440.

Plüddemann, A., Parry, C.D.H., & Bhana, A. (2008). *South African Community Epidemiology Network on Drug Use (SACENDU) update: Alcohol and drug abuse trends: July-December 2007 (Phase 22).* Tygerberg: Medical Research Council.

Swahn, M. H., Simona, T. R., Hammigb, B. J., & Guerrero, J. L. (2004). Alcohol-consumption behaviors and risk for physical fighting and injuries among adolescent drinkers. *Addictive Behaviors,* 29, 959 – 963

Swahn, M. H. & Donovan, J. E. (2006). Alcohol and violence: Comparison of the psychosocial correlates of adolescent involvement in alcohol-related physical fighting versus other physical fighting; *Addictive Behaviors,* 31 (11), 2014–2029

U.S Department of Justice. (2014). *The Dangers and Consequences of Marijuana Abuse. Drug Enforcement Administration Demand Reduction Section.* U.S.: Department of Justice

United Nations Office on Drugs and Crime (UNODC). (2004). *Conducting effective substance abuse prevention work among the youth in South Africa: Guidelines.* Pretoria: Author.

Reddy, P., Resnicow, K., Omardien, R., & Kambaran, N.(2007). Prevalence and correlates of substance use among high school students in South Africa and the United States. *American Journal of Public Health,* 97(10), 1859-1864.

Russell, K., Donna, M., Dryden, D.M., Liang, Y., Friesen, C., O'Gorman, K. et al. (2008). Risk factors for methamphetamine use in youth: A systematic review. *BMC Pediatrics,* 8, 48.

Saban, A., & Flisher, A. J. (2010). The association between psychopathology and substance use in young people: A review of the literature. *Journal of Psychoactive Drug,* 42 (1), 37- 47

Schneider, M., Norman, R., Parry, C., Bradshaw, D., Plüddemann, A., & South African Comparative Risk Assessment Collaborating Group. (2007). Estimating the burden of disease attributable to alcohol use in South Africa in 2000. *South African Medical Journal,* 97 (8), 664-672.

Simola, N., Frau, L., Plumitallo. A., & Morelli, M. (2013). Direct and long-lasting effects elicited by repeated drug administration on 50-kHz ultrasonic vocalisations are regulated differently: implications for the study of the affective properties of drugs of abuse. *International Journal of Neuropsychopharmacology,* 17 (1) 429 – 441

Spain, D. A., Boaz, P. W., Davidson, D. J., Miller, F. B., Carrillo, E. H., & Richardson, J. D. (1997). Risk-taking behaviors among adolescent trauma patients. *The Journal of Trauma, Injury, Infection, and Critical Care,* 43(2), 423 – 426.

Taylor, M., Dlamini, S.B., Kagoro, H., Jinabhai, C.C., & De Vries, H. (2003). Understanding high school students' risk behaviours to help reduce the HIV/AIDS epidemic in KwaZulu-Natal, South Africa. *Journal of School Health,* 73 (3), 97-100.

Toumbourou, J.W., Stockwell, T., Neighbors, C., Marlatt, G. A., Sturge, J., & Rehm, J. (2007). Interventions to reduce the harm associated with adolescent substance use. *Lancet,* 369 (9570), 1391-1401.

Yen, C.F., & Chong, M.Y. (2006). Comorbid psychiatric disorders, sex, and methamphetamine use in adolescents: A case-control study. *Comprehensive Psychiatry,* 47(3), 215-220.

World Health Organization. (2004). *Neuroscience of psychoactive substance use and dependence.* Geneva: Author.

World Health Organization. (2007). *WHO expert committee on problems related to alcohol consumption. (Second Report).* Geneva: Author