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Alcohol use in New York after the terrorist attacks: A study of the effects of psychological trauma on drinking behavior

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Abstract

Research has suggested that exposure to psychological trauma is associated with increased abuse of psychoactive substances, particularly alcohol. To assess this, we analyzed alcohol consumption, binge drinking, and alcohol dependence among a random sample of 1681 New York City adults 1 year and 2 years after the September 11 attacks. In multivariate models controlling for demographic factors, other stressor exposures, social psychological resources, and history of anti-social behavior, we found that greater exposure to the World Trade Center disaster (WTCD) was associated with greater alcohol consumption at 1 year and 2 years after this event. In addition, our analyses also indicated that exposure to the WTCD was associated with binge drinking at 1 year after but *not* 2 years after this event. Alcohol dependence, assessed as present in either year 1 or year 2, also was positively associated with greater WTCD exposures. Posttraumatic stress disorder was *not* associated with alcohol use, once WTCD exposure and other covariates were controlled. Our study suggests that exposure to psychological trauma may be associated with increases in problem drinking long after exposure and deserves further investigation.
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Keywords: Community disasters; Posttraumatic stress disorder; Alcohol abuse; Psychological distress; Survey research

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1. Introduction

Research has suggested increases in substance use among those recently exposed to community disasters (Grieger, Fullerton, & Ursano 2003; Pfefferbaum & Doughty, 2001; Stewart, 1996; Stewart, Mitchell, Wright, & Loba, 2004; Vlahov et al., 2002; Vlahov, Galea, Ahern, Resnick, Boscarino et al., 2004). In addition, substance use has been a documented co-morbid factor accompanying physical and psychological problems following exposure to traumatic events (Boscarino, 1981; Grieger et al., 2003; Kessler Sonnega, Bromet, & Hughes, 1995; Vlahov et al., 2002). These findings suggest that exposure to traumatic stressors might be a potential risk factor for substance abuse (Chilcoat & Menard, 2003; Ouimette & Brown, 2003). Furthermore, there is evidence to support a possible "self-medication" model in this association between substance abuse and traumatic stressor exposures (Chilcoat & Menard, 2003). That is, exposure to psychological trauma may be related to substance abuse because these experiences often result in adverse psychological symptoms (e.g., hyper-arousal, re-experiencing trauma experiences), which victims may attempt to relieve through the anesthetizing effects of alcohol or drug use (Epstein, Sanders, Kilpatrick, & Resnick, 1998; Stewart & Conrod, 2003). Nevertheless, while studies of the association between substance use and exposure to psychological distress have a considerable history in behavioral research (Boscarino, 1981; Gottheil, Druley, Pashko, & Weinstein, 1987; Linsky, Colby, & Straus, 1991; Ouimette & Brown, 2003), these findings have not been consistent. For example, while experimental studies tend to report links between alcohol use and stress reduction, community-based studies tend to show less consistent results (Gottheil et al., 1987). In addition, recent research suggests that this relationship is likely more complicated than originally conceptualized (Cooper, Russell, & George, 1988). For example, it has been suggested that individual coping styles related to expectations about alcohol use mediated the link between alcohol use and coping with stressful events (Cooper et al., 1988). In particular, it was reported that stressors were predictive of both alcohol use and drinking problems among those who relied on avoidant emotional coping or those who held positive expectancies about the reinforcing effect of alcohol (Cooper, Russell, Skinner, Frone, & Mudar, 1992). In contrast, stressors were negatively related among those who were low on these factors (Cooper et al., 1992).

In the present study, we examine the relationship between alcohol use within the context of the World Trade Center disaster (WTCD) on September 11, 2001. The WTCD was a unique, time-bounded event in the history of psychiatric epidemiology. We hypothesized that the magnitude of this event had the potential to overwhelm existing social resources and psychological mechanisms and could have put many individuals at risk for substance abuse. Approximately 2800 persons died during this event, which was one of the largest death tolls of any disaster in the United States (Centers for Disease Control and Prevention, 2002). Many residents directly witnessed the attacks and had relatives or friends who died in the disaster. In addition, a large area of lower Manhattan's business district was destroyed, further exacerbating social and economic hardships in the area. The scope of the attacks and their impact on the local community suggested that these events might have significant long-term consequences. Indeed, early post-disaster research documented a high prevalence of psychological symptoms and disorders among residents of New York City (NYC), with 7.5% of those living south of 110th Street in Manhattan having symptoms related to PTSD and 9.7% having symptoms related to depression 1 month after the attacks (Boscarino, Galea et al., 2004; Galea et al., 2002). These early post-disaster studies also

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