

Alcohol use following the Las Vegas shootings: What we can expect? What we can do?

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EDITORIAL

The recent mass shooting during an outdoor country music concert in Las Vegas, NV (LVNV) where at least 58 people died and over 500 were injured was the deadliest mass shooting in USA history. The shooter was ensconced on the 32nd floor of a nearby luxury hotel and shot into the crowd of about 22,000 music goers for 10 to 15 minutes. The gunman's hotel room was finally identified and when the SWAT team arrived and entered the hotel room, the gunman was found dead. It is believed that he shot himself. Before this recent mass shooting, the September 11th, 2001 attacks on the World Trade Center (WTC), caused the largest man-made disaster on USA soil with the loss of life 18 times greater than the 1995 Oklahoma City bombings of the Murrah Federal Building which killed 168 and injured 680 people, including 19 children who were attending a day care center in the building. In the aftermath of the Oklahoma City bombings an increase in drinking was anticipated and findings ranged from reports that increased use was related to proximity to the bombings, the level of exposure to the trauma (1) and to the extent of injury (2). North et al. (3) reported that among survivors directly exposed to the Oklahoma City bombing, the only ones who had trouble with alcohol were those with prior alcohol problems.

Following the September 11th attacks, increased alcohol use was correlated to subjective experiences of extreme stress, which occurred among 90% of a national sample even though they did not live close to New York City (4). A 3% increase in drinking was found among current drinkers living in the tristate area of New York, New Jersey, and Connecticut, but for New Yorkers who lived close to the epicenter of the attacks, drinking increased around 5% (5). Among 3,512 tristate residents surveyed after the attacks, 75% reported having problems attributed to the disaster (6). Heightened stress reactions were correlated with prior mental health problems (4). Depression was related to exposure to trauma (7,8) and poor social support (8,9). Thus, we can expect that individual survivors of the LVNV shootings will react differently depending upon their exposure to trauma, prior mental health or alcohol problems, and perception of social support.

Because the victims of this recent shooting at the music concert were predominantly young people, findings from the National Survey on Drug Use and Health (NSDUH), an annual nationwide survey of randomly selected individuals aged 12 and older (10) may provide information about what to expect. In 2015, 16,955 interviews were collected from adolescents aged 12 to 17, and 51,118 interviews from adults aged 18 or older. Among all people aged 12 to 20 surveyed, 13.4% reported binge drinking (>5 drinks/occasion) during the past month, and 3.3% reported heavy drinkers (binge drinking on five or more days). Among people aged 18-25, about 2 out of 5 young adults (40%) were current binge alcohol users, and 10% were heavy alcohol users. Based on these data, a substantial number of young people who attended the concert may have been consuming and even abusing alcohol. This is problematic because (3) findings that the persons who increased their drinking after the Oklahoma City bombing were persons who already had an alcohol problem.

The survivors of the Las Vegas attacks may report increased mental and emotional distress such as feeling overwhelmed with anxiety, and post-

traumatic stress symptoms such as hypervigilance. The extent of these reactions may be correlated with prior traumas. Following the terrorist attacks on September 11, 2001 women with prior history of childhood abuse or Intimate Partner Violence (IPV) experienced higher levels of perceived stress and psychological distress (11) and depression (12). Among women with a recent history of IPV, depression severity is directly correlated with poor partner support (13) and recent stressful life events (14). The survivors of the LVNV shootings may also have increased problems if they have experienced experiences such as military combat. Exposure to military combat has been shown to be related to increased alcohol use among veterans and active duty men and women. Vazan et al. (15) found that among vets who returned to minority, low-income NYC neighborhoods, prevalence of PTSD and depression was around 20% while having an alcohol use disorder was 28%. Among enlisted women returning from Afghanistan or Iraq, any combat exposure was related to higher incidence of depression, at-risk drinking, and three times higher rate of PTSD (16). These findings are distressing in part because of the association of these disorders and suicide (17). Like women with a prior history of trauma, active duty military or veterans who attended the concert in Las Vegas, and were exposed to the shootings, may attempt to cope with the resultant emotional problems by increasing their drinking. Based on these findings, we may expect an increase in emotional problems and drinking behavior among persons with a military affiliation if they are survivors of the Las Vegas shooting.

The Substance Abuse and Mental Health Services Administration has developed a "Trauma-Informed Approach" that is committed to treatment of individuals who have experiences such as the LVNV shootings. They identify four concepts as critical to productive interventions: Realizing the impact of trauma and paths of recovery; recognizing the signs and symptoms; responding by integrating knowledge into policies, procedures, and practice; and avoiding re-traumatization. They have identified six key principles of trauma-informed approach and trauma-specific interventions. These six principles include commitment: To provide safety; remain trustworthy and transparent; provide peer support; collaborate with the client and engage in mutuality; focus on empowerment and identifying and supporting choices; and acknowledging cultural, historical, and gender issues. Because of the expected increase in problem drinking following the Las Vegas shootings, we must be prepared to provide supportive and effective interventions to treat persons affected by the tragedy, including those who attended the concert, their families, as well as other citizens in the Las Vegas area. We should be especially sensitive to persons with prior history of abuse and those who have served in the military. Although the gunman focused on killing and maiming the concert goers, we can expect an increase of individuals who need our help to manage the collateral damage.

REFERENCES

1. Smith DW, Christiansen EH, Vincent R, et al. Population effects of the bombing of Oklahoma City. *J Okla State Med Assoc*. 1992; 92:193-98.
2. Pfefferbaum B, Doughty DE. Increased alcohol use in a treatment sample of Oklahoma City bombing victims. *Psychiatry*. 2001;64:296-303.
3. North CS, Nixon SJ, Shariat S, et al. Psychiatric disorders among survivors of the Oklahoma City bombing. *JAMA* 1999;282:755-62.

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4. Schuster MA, Stein BD, Jaycox LH, et al. A national survey of stress reactions after the September 11, 2001 terrorist attacks. *N Engl J Med.* 2001;345:1507-12.
 5. Vlahov D, Galea S, Resnick H, et al. Increased use of cigarettes, alcohol, and marijuana among Manhattan, New York residents after the September 11th terrorists' attacks. *Am J Epidemiol.* 2002;155:988-96.
 6. Center for Disease Control (CDC). Psychological and emotional effects of the September 11 attacks on the WTC - CT, NJ, and NY. *Morbidity Mortality Weekly Report (MMWR)*, 9/6/02, 2002;784-86.
 7. Ahern J, Galea S, Resnick H, et al. Television images and psychological symptoms after the September 11 terrorist attacks. *Psychiatry.* 2002;65:289-300.
 8. Galea S, Ahern J, Resnick H, et al. Psychological sequelae of the September 11 terrorist attacks in New York City. *N Engl J Med.* 2002;346:982-87.
 9. Lewis MW, Lanzara BL, Stein JL, et al. Maternal drinking patterns and drug use increase impact of terrorism among pregnant women attending prenatal care. *J Prenat Perinat Psychol Health.* 2005;19:275-88.
 10. <http://www.samhsa.gov/data/>
 11. Lewis MW, Cavanagh PK, Ahn G, et al. Subjective effect of September 11, 2001 among pregnant women: Is cumulative history of interpersonal violence important? *J Interpers Violence.* 2008;23:780-97.
 12. Coid J, Petrukevitch A, Chung WS, et al. Abusive experiences and psychiatric morbidity in women primary care attenders. *Br J Psychiatry.* 2003;183:332-39.
 13. Carlson BE, McNutt LA, Choi DY, et al. Intimate partner abuse and mental health: The role of social support and other protective factors. *Violence Against Women.* 2002;8:720-45.
 14. Sutherland CA, Bybee DI, Sullivan CM. Beyond bruises and broken bones: The joint effects of stress and injuries on battered women's health. *Am J Community Psychol.* 2002;30:609-36.
 15. Vazan P, Golub A, Bennett AS. Substance use and other mental health disorders among veterans returning to the inner city: Prevalence, correlates, and rates of unmet treatment need. *Subst Use Misuse.* 2013;48:880-93.
 16. Adams RS, Nikitin RV, Wooten NR, et al. The association of combat exposure with post deployment behavior health problems among U.S. army enlisted women returning from Afghanistan or Iraq. *J Trauma Stress.* 2016;29:356-64.
 17. Lee EA. Complex contribution of combat-related post-traumatic stress disorder to veteran suicide: Facing an increasing challenge. *Perspect Psychiatr Care.* 2012;48:108-15.
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