

Other Initiatives

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- ② Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry
- ③ Miyagi Psychiatric Center
- ④ Japanese Association of Psychiatric Social Workers
- ⑤ Japan Social Worker Association for Alcohol Related problems

Disaster Support for Alcohol-Related Problems

Tohokukai Hospital
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1. Introduction

In November 2011, as substantial efforts were made toward the establishment of the MDMHCC, three staff members from Tohokukai Hospital were appointed to the Center as part-time staff to take charge of the support measures that would make use of their expertise in alcohol-related problems.

It was predicted that post-disaster alcohol-related problems would become a critical issue for early support, and thus the alliance between the MDMHCC and Tohokukai Hospital began.

In terms of our own work, in June 2011, just three months after the disaster, we began to visit public health administrative agencies in tsunami-affected coastal areas, and in collaboration with the Kurihama Medical Center (formerly the Kurihama Alcoholism Center), took stock of the situation while also handing out awareness pamphlets on alcohol abuse in disaster situations.

2. Tohokukai Hospital Disaster Support Initiatives

Tohokukai Hospital's previous disaster support activities were shifted to collaborative endeavors with the MDMHCC after April 2012.

Figure 1 depicts our activity results in terms of monthly support cases over the past two years, stretching from immediately after the disaster to March 2013. These data depict the number of times we were dispatched for support-related work. The total number of cases we worked on over this period numbers 299.

Fig. 1: Support Cases by Year and Month

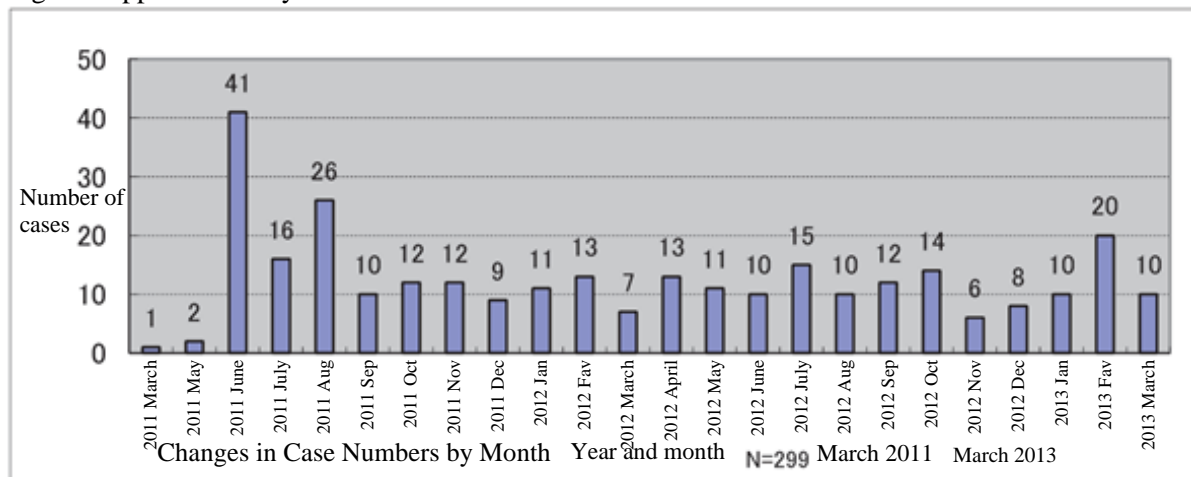


Figure 2 is a graph of the number of support cases we went out to deal with organized by area. Minamisanriku began a regular support program in June 2011 and is the area in which we have been active for the longest. Our next most long-lived venture has been collaborative support in our home area of Sendai, where we have worked with the Tashiro Ward Authority and the Personal Support Center (an NPO contracted by the city of Sendai to provide support to temporary housing residents, etc.). Finally, in terms of regular, continued support, our work in Higashimatsushima, individual support for survivors with alcohol-related problems, is also a large part of our caseload achievements.

Fig. 2: Support Cases by Area

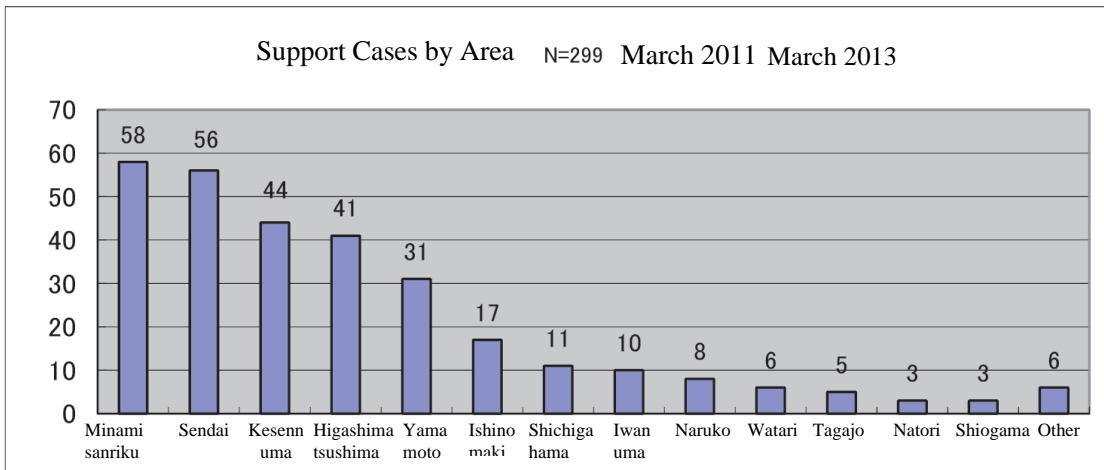


Figure 3 depicts cases by support type, and Figure 4 depicts these same data as a pie chart. Reflecting our aforementioned efforts in Higashimatsushima, our most common type of support was individual visiting consultation for disaster survivors. Networking refers to the discussions undertaken with local authorities and the relationship building between supporters, both of which are necessary to manifest various support initiatives; when it comes to community-level responses to alcohol-related problems, such face-to-face networking activities are indispensable. At Tohokukai Hospital, we have devised a policy whereby disaster support for alcohol-related problems is ranked from primary to tertiary prevention, centered around support for supporters; we have held disaster support meetings and disaster-affected area case study sessions on a weekly basis in accordance with these guidelines.

Fig. 3: Cases by Support Type

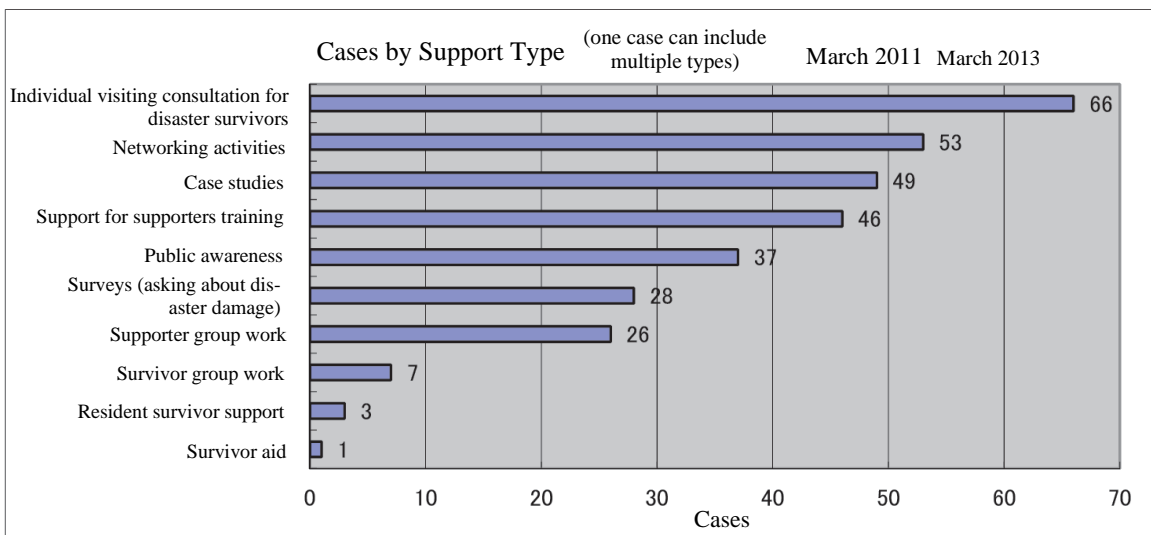
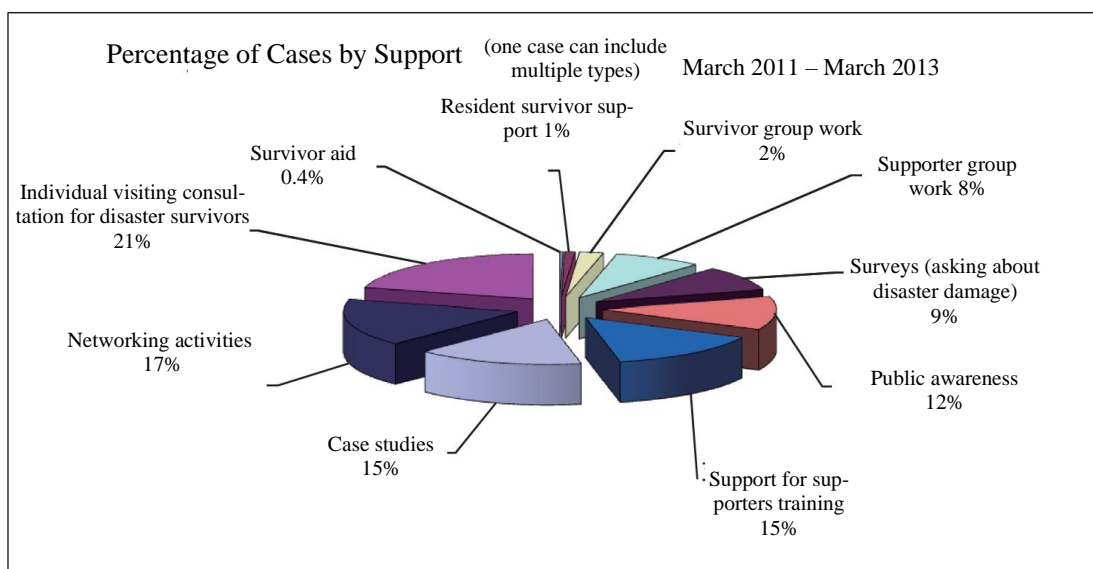


Fig. 4: Percentage of Cases by Support Type



3. Acknowledging Powerlessness

There are myriad alcohol-related problems, and they link to a vast array of other issues. Even if we examine only alcoholism, its connections with domestic violence, abuse, unemployment, familial dissolution, and loneliness, among other issues make it quite clear that it is actually a disease of interpersonal relationships, one that could never be captured by a mere description as “continuous alcohol consumption.” This perspective is indispensable on the road to recovery. After all, issues with basic stress responses, where individuals find themselves unable to talk to others or to seek help when in trouble, often lie at the root of alcoholism.

The Specialty of working with alcoholics is not the specialty of persuading them to stop drinking. What they do is work beyond the realm of medical treatment, with interpersonal relationships: between the addict and their family, the addict and their supporters, the addict and their community, and, at times, all these parties at once. The reason we have placed such an emphasis on group work in our support for supporters is that we know that this sort of “network therapy”¹⁾ can change community relationships; it is in these changed community spaces that addicts can recover. The road to recovery is one that the addict must walk on their own two feet; they cannot be carried down it by doctors or supporters.

Yet we are wont to forget these truths and fall prey to assumptions of complete self-sufficiency. The support necessitated by this disaster has given us frogs a chance to crawl out from our medical wells and rethink our view of things. The road ahead is long, and we still have many miles to go.

“That’s it! I’m done with being yanked around by alcohol!” From this chaos, support begins.

References

- 1) Satoru Saito. “Network Therapy: Escaping Alcoholism.” Ayako Publishing, 1985.