

Social Worker Initiatives for Alcohol-Related Problems in the Wake of the Disaster
Report on the Ishinomaki Support Activities of the Japan Social Worker Association for Alcohol
Related problems

Japan Social Worker Association for Alcohol Related problems
Disaster Area Support
Project – Sakae Fujita

Introduction

The damage caused by natural disasters destroys the lives of individuals living in affected communities and creates a host of lifestyle problems between the occurrence of the disaster and the transition into the recovery period. Alcohol-related issues in disaster-affected areas first gained public attention in the wake of the 1995 Great Hanshin-Awasji Earthquake, when these were found to have caused the loneliness-related deaths of residents in temporary housing.

Immediately after the Great East Japan Earthquake, individuals working in the field of alcohol-related care pointed out the necessity of responses to the alcohol-related problems they stated “would occur sooner or later.” In Ishinomaki, Miyagi, since immediately after the disaster, local public health nurses and the JASWA—an organization that specializes in alcohol-related problems—have together endeavored to implement interventions for the alcohol-related problems that continue to occur in communities therein. Here, we report on our support systems, support progress, and support programming, discuss our initiatives for alcohol-related problems, and highlight future issues in this field.

1. Project Objectives

The objectives of this project are to provide residents of disaster-affected areas of Ishinomaki who have been dealing with alcohol-related problems following the Great East Japan Earthquake with mental health care and reconstruction support to help rebuild a stable life. The project also seeks to equip local aid workers in the domain of alcohol-related problems with the necessary knowledge and information to accomplish their jobs and to equip these workers, via consultation, with the skills necessary to provide support to individuals grappling with alcohol-related problems.

2. Project Methods

In order to achieve these project objectives, the JASWA dispatches one veteran psychiatric social worker twice per month (second Friday and fourth Wednesday) to the city of Ishinomaki. Support activities are performed in concert with the Ishinomaki City Health Promotion Division. Specifically, we provide three types of support to local public health nurse counseling cases in which alcohol-related problems have come to the fore: ① case consultation, ② counseling interviews with the affected individual or their family, and ③ accompaniment on visitations to temporary housing. Further, we have planned and dispatched lecturers for the “Foundational Course in Alcohol-Related Problems” aimed at educating and raising awareness among local supporters, and have continuously held lectures for public health nurses, medical professionals, social workers (including those from the Comprehensive Community Support Center and the Community Lifestyle Support Center), psychiatric social workers, and other aid workers. The Ishinomaki City Health Promotion Division has coordinated these events, whereas the JASWA has provided the necessary manpower. While the initial support period for this project was set to be from April 2011 to March 2013, it was renewed for a second term in April 2013, and our support activities therein remain underway.

3. Project Progress and Results

(1) Pre-Project Period: September 2011–March 2012

In the wake of the Great East Japan Earthquake on March 11, 2011, the Sendai members of the JASW received a request to participate in support activities in Ishinomaki. In response, the JASWA began on September 2, 2011 to dispatch two members every Friday (total eight members) to Ishinomaki as a special project initiative. At the time, our support activities were centered around visitations to cases in temporary housing developments, as alcohol-related problems had begun to

surface among people who had been relocated there, and public health nurses were already working with these individuals. One characteristic common to many of these cases was that the individuals in question had developed alcohol-related problems prior to the disaster; these problems came to the fore amidst the huge lifestyle changes they were subsequently forced to undergo. In these areas, the Danshukai had ceased operations, and Alcohol Family Association meetings had not yet resumed; in fact, the lone specialized facility for alcohol-related problems in the entire prefecture, located in Sendai, was the only place that had begun working with alcohol-related problems. Such was the situation in the area. Despite having lost a great deal of social resources and manpower to the disaster, public health nurses in particular were forced to deal with drinking issues in temporary housing developments. In many respects, support from external sources was sorely needed.

(2) Project Period: April 2012–March 2013

The support that the JASWA had been conducting since the disaster as a special initiative was contracted by the MDMHCC in April 2012, and we continued to provide support to the city of Ishinomaki. Till that point, support activities had presumed a high need for visitation services to disaster survivors in their own homes or in temporary housing and had, therefore, primarily consisted of visitation accompaniment. Afterward, based on the results of the visit, we offered guidance to the public health nurse in charge of the case at the Public Health Center. From these public health nurses, we received the following feedback: “When you accompanied me on my visit, I was able to see how you initiated interviews and other work with individuals with drinking problems and their families, and I learned a lot about how to work with drinkers I had struggled to work with before.” This sort of feedback highlighted the fact that future alcohol-related problems in disaster-affected areas will inevitably require aid worker support. After much discussion with the Ishinomaki Health Promotion Division, we continue to provide support, with much of it centering around consultations with public health nurses and educational training for local personnel in related fields.

JASWA members have been involved in a total of 22 cases till date. These have been located in temporary housing developments in the Monou, Hebitachuo, and Kaisei areas. The following types of support have been provided: ① individual visitation in 11 cases, ② family interviews in three cases, ③ consultations in 18 cases, and ④ case conferences and case study sessions in four cases. All visitations were conducted with the accompaniment of a local area public health nurse. Eight members were dispatched to carry out this support.

In addition, from January to May 2013, we hosted the Foundational Course in Alcohol-Related Problems once per month. This was an educational training workshop for local mental health workers. The themes of the five lectures were as follows: ① What is alcoholism? ② Alcohol counseling: early discovery and intervention ③ Aid for families with alcohol problems ④ Building community relationships, and ⑤ Community-based aid for alcohol problems (how to support individuals within their communities). Each of these lectures was overseen by a JASW member with expertise in that topic, and four members in total were dispatched to serve as lecturers. Around 40 individuals participated each time, including public health nurses, nurses, psychiatric social workers from the MDMHCC, and care managers from the Comprehensive Community Support Center. From the second session onward, we incorporated case study sessions, with the first half of the event consisting of a 60-minute lecture, and the second half consisting of case studies of cases submitted by participants. Both halves of these events sparked lively discussions, and we were quite impressed by the passion of these staff members and officials as they worked to confront alcohol problems in disaster areas in a positive manner. We plan to continue to hold these sorts of training events for local personnel and are looking to broaden the scope of the sessions.

(3) Counseling Topics and the Characteristics of Drinking Problems in Disaster Areas

Nearly all our case clients were living in temporary housing after being affected by the disaster, where they would be regularly visited by public health nurses, temporary supporters, and Comprehensive Community Support Center staff, leading to the discovery of their drinking problems. Most single individuals who fell under this description were elderly persons who spent more than half their days drinking, and thus, many had advanced physical illnesses. Those who

lived with their families often had public health nurses working with them at the behest of their families, but they required specialized counseling for alcohol-related problems. Typically, we saw individuals who had lost the homes they had been living in for a very long time and were forced to live in the cramped quarters of temporary housing, in close proximity to their neighbors. Now that they had no choice but to spend long periods of time indoors, the drinking problems they had somehow managed to avoid till now became inescapable, and they were finally referred to the professional help they needed.

While both specialists and survey results note that the disaster will cause community alcohol problems, most of the cases we dealt with had experienced drinking problems since before the disaster. These problems subsequently became more severe, and after significant forced lifestyle changes, rose to the surface. Further, in temporary housing, violence and noise caused by drunkenness would end up disturbing other residents, who would then complain to temporary supporters or neighborhood council chairmen. However, these individuals were rarely equipped to deal with these issues, and the culprits were often simply labeled “troublesome” and shunned by their neighbors. In these situations, counseling was initiated by temporary supporters or by neighborhood council chairmen, and public health nurses often worked to arrange conferences.

4. Future Issues and Outlook

Alcohol-related problems are often treated by local aid workers as problems they would “like to avoid,” and are generally not the target of proactive interventions during normal times. In addition, there are certain communities in which drinking habits are deeply ingrained into the local culture, leading to resistance to treating binge or daytime drinking as a problem. In the disaster-affected regions of East Japan, even when it is the cause of high blood pressure, liver disease, or depression, local officials are not used to treating the issue as “alcoholism.” For this reason, this project was begun: to deal with the cases of alcohol-related problems that had arisen after individuals were forced into large-scale lifestyle changes in the wake of the disaster. Indeed, because many of the cases we worked with involved individuals whose drinking problems had developed before the disaster, we can assume that local communities had trouble dealing with them. Initially, while we had some experience providing support in temporary housing after the Great Hanshin-Awaji Earthquake, this support endeavor began with anxiety, as we were largely unsure of how to engage with these sorts of large-scale disaster-related alcohol problems. However, in these disaster-affected regions, we were helped by the passion public health nurses and most aid workers demonstrated for reconstruction, as well as their determination to rebuild local interpersonal relationships; thus, even though much of our work was touch and go, we believe we were able to provide support that actually achieved something.

As the fact that the reconstruction of disaster-affected regions will take far longer than anyone expected continues to become clearer, it is unavoidable that people’s stays in temporary housing will also become long-term. We also predict that the stress borne by disaster-affected residents will continue to grow more severe. While alcohol problems and other addiction-related issues might not occur in large numbers, they are the kind of problems that someone, somewhere is always facing. Thus, it falls on us to ensure that these problems are not overlooked, and that the necessary long-term, continuous initiatives are planned and executed. To do this, we believe that the task that lies ahead of us is the achievement of support for local aid workers, support that will give rise to collaboration and social resources that lead to recovery.