

Toward Tomorrow: Post Disaster Mental Health
The Disaster and Alcohol-Related Problems

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It takes at least a few years after alcohol consumption starts for an individual to develop alcohol-related problems, and even longer before full-blown alcoholism occurs. If the Great East Japan Earthquake is to cause an increase in alcoholism, those who had prior drinking problems will have increased their alcohol consumption after the earthquake, eventually developing alcoholism. Those with formerly healthy drinking habits may begin problem drinking. In temporary housing, a special place where supporters and the government are often involved, existing but unnoticed alcohol problems are often revealed.

The disease of alcoholism is just one of several alcohol-related problems. Let us discuss a little about each of these problems.

There are four major problems: physical problems, mental problems, family (interpersonal relationships) problems, and social problems. For example, alcoholics have depressive symptoms and diabetes. There are also problems such as domestic violence and child abuse at home, or a record of being arrested for drunk driving. Such people are not uncommon. Alcohol-related problems are broad-based and stressful.

The damage caused by this earthquake will be added to that. Many of the physical, mental, and social problems that disasters bring will be overlaid. In addition, alcohol-related problems involve not only the individual but also family members and those around them, “infecting” them with the suffering of the alcoholic. It is not uncommon for supporters to get involved. One of the reasons behind this is the persistent prejudice against and misunderstanding of alcohol-related issues.

Even if there is a problem, and even if the alcoholic has destroyed their body, their condition is often simply ascribed to the assumed “sloppy nature” of a drunk. When it comes to addiction, the act of continuing to drink alcohol is just a symptom. If you compare it to influenza, it is the same as fever. Fever is by no means due to the nature of the sick person. However, in the case of addiction, the symptoms are blamed as sins. (Of course, it is natural for illegal acts to be punished judicially.) In this way, the relationships between the affected individuals and their families, relatives, and local residents are strained, and as a result, the relationship system that maintains and strengthens addiction has become normal, and the individuals in the alcoholic’s environment will undergo even more painful experiences.

Now that we have gained an understanding of the situation, I would like to report on the outline of the support activities for alcohol problems in disaster areas that Tohokukai Hospital has carried out in collaboration with the MDMHCC.

Tohokukai Hospital began full-scale support for the affected areas in June 2011, three months after the earthquake. During this time, owing to a lack of supplies, I was struggling to return our hospital to normal operating procedures. As a result, I think it was important as an initial response to be able to provide more than 200 inpatients with three meals a day immediately after the earthquake.

An outline of our support is given below.

Table 1: Disaster Area Support Achievements: March 14, 2011–July 31, 2012

Total Support Cases	160
Total Supporters	417

Table 2: Support Achievements by Region, Top 6 Regions

Sendai	31
Kesenuma	28
Minamisanriku	28
Higashimatsushima	24
Yamamoto	14
Shichigahama	9

Table 3: Achievements by Support Type (Multiple Possible Per Event)

Visitations for Disaster Area Residents Identified via Health Surveys (General Health Surveys)	488
Individual Visitation/Counseling for Survivors	41
Conference	32
Support for Supporters Training	29
Raising Public Awareness	29
Case Study	27
Supporter Group Work	21
Surveys (Pre-Activity Oral Surveys)	18
Other	12

The Health Survey for Disaster Area Residents was not specialized for alcohol problems, but we cooperated with the local government, which was swamped with support work owing to personnel shortages.

By the way, we are not at the stage where we can consider the question of whether the alcohol problem in the disaster area is increasing and what kind of support is effective. Support is still ongoing, and we believe that the next few years are important for alcohol and other addiction issues.

Frankly, for a private psychiatric hospital to implement and maintain disaster relief, it will be a total war, including the burden on the staff who perform normal operations. However, in order to prevent hospitals with alcoholism wards from falling into “support addiction,” I think it is important that we try, but not too hard.

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