

Other Initiatives

Medical Corporation Toghokukai, Tohokukai Hospital

Tohoku University Graduate School of Medicine, Endowed
Department of Preventive Psychiatry

Miyagi Psychiatric Center

Miyagi Danshukai, an NPO

JASWA

Supporters' Club (Heart and Mind Counseling/Relaxation
Salon Project)

Disaster Support for Alcohol-Related Problems

Medical Corporation Tohokukai, Tohokukai Hospital, Community Support Division
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1. Introduction

The number of support cases for alcohol-related problems in disaster areas handled by this hospital has reached 423 in the last three years. The monthly average is about 11 cases. Approximately 70% of that total has been carried out under contract from the MDMHCC.

Three years have passed since the disaster, and the needs of the affected areas have changed depending on the situation.

At our hospital, we hold weekly disaster support meetings to discuss the ideal form of support, centered around support for supporters, and to examine case studies. Whenever I have traveled to disaster areas to provide support, I have been reminded of how difficult it is for alcohol-related problems to become apparent, and of how difficult it is for the region to respond even when they do. I would like to report on a part of our work and on our support performance statistics.

2. Disaster Support by Tohokukai Hospital

Figure 1 shows the number of monthly support cases for the three years from immediately after the earthquake to March 2014, and Figure 2 shows the number of support cases by region.

Figure 3 shows the number of cases by type of support, and Figure 4 shows how the content of support changed by year.

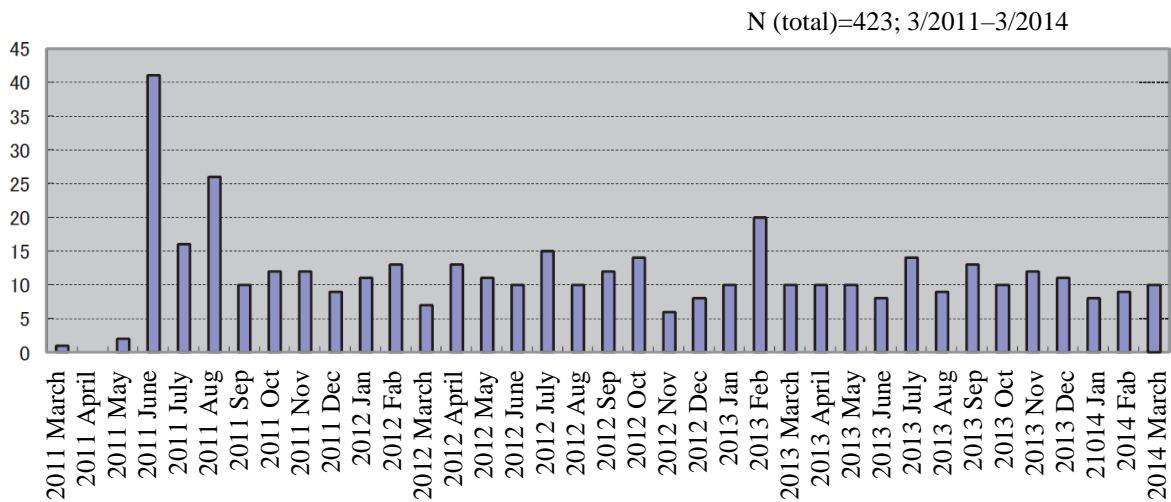


Figure 1: Support Cases by Month

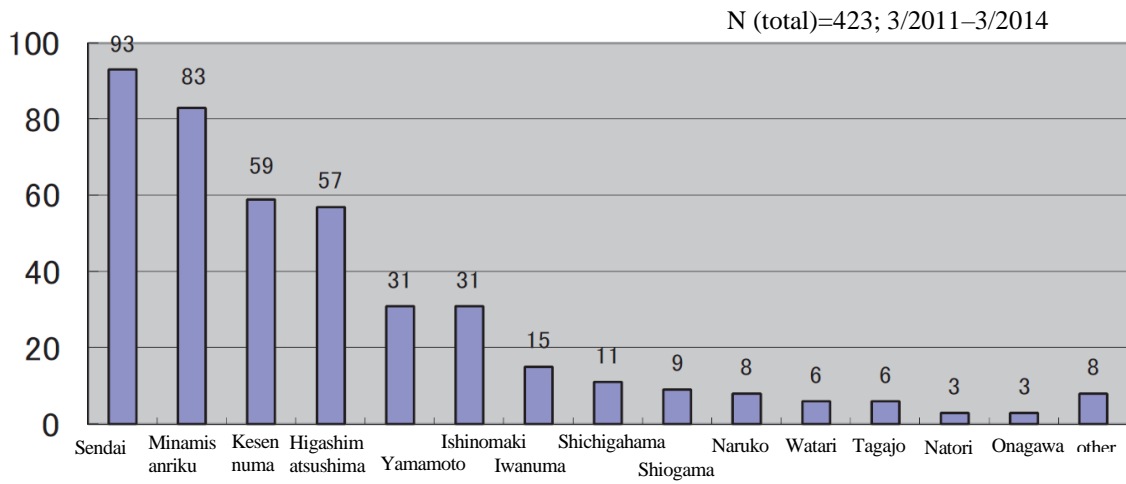


Figure 2: Support Cases by Region

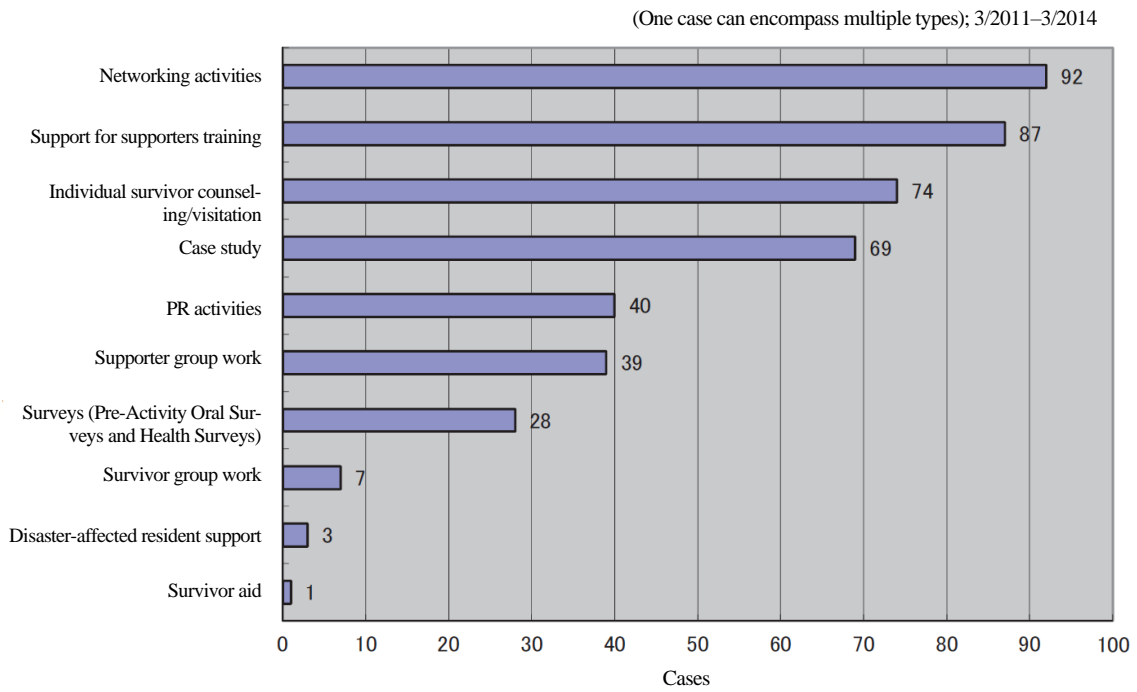


Figure 3: Cases by Support Type

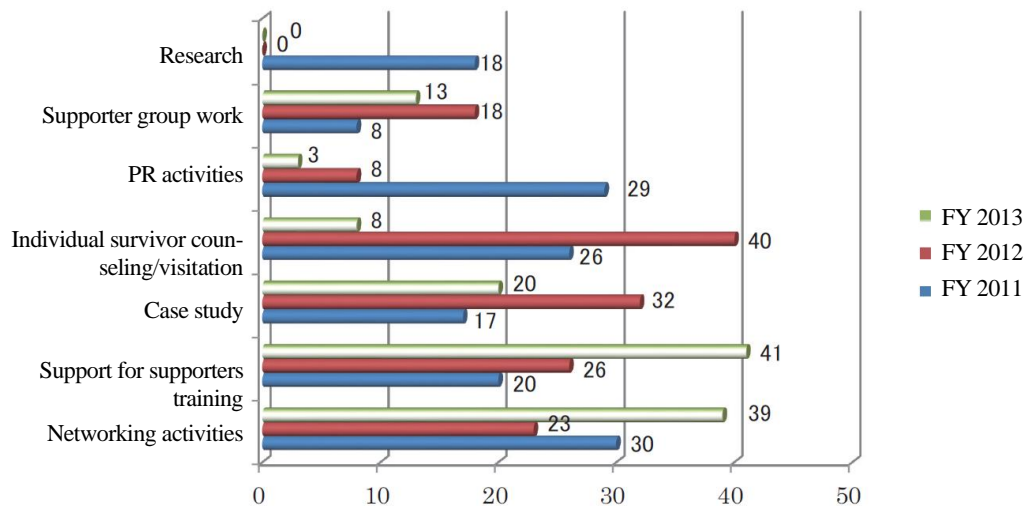


Figure 4: Support Cases by Type and Year

In FY 2011, in the earliest days of the post-disaster period, our activities were primarily groundwork oriented: we obtained information on the problems of individual cases while handing out PR flyers throughout the region, consulted on individual cases as necessary after coordinating cooperation, and visited with local supporters. In FY 2012, the number of regular case studies and individual visits/consultations increased through our collaboration with the MDMHCC, which led to a request for the improvement of supporters’ technical skills, thereby causing an increase in supporter workshops in 2013. In recent years, the World Health Organization’s “Global Strategy for Reducing Harmful Use of Alcohol” has led to major changes in intervention methods and ways of thinking about alcohol-related problems, which has helped raise awareness about the gravity of these issues.

3. Empowerment of Local Supporters

From FY 2012 to FY 2013, we have put more effort into our training; specifically, we have incorporated the experiences of recovered persons with the cooperation of members of AA and the Danshukai, both alcoholism self-help groups. The purpose of this was to give local supporters an image of recovery from alcoholism. Our training sessions have thus become opportunities for supporters to learn that pre-technical support relationships will change significantly depending on the presence or absence of this image.

We have held a total of 81 training sessions incorporating a variety of topics, including the following: “What are alcohol-related problems?” “Intervention and response to alcohol-related problems,” “Treatment and recovering from alcoholism,” “Recovered addicts’ stories,” and “Support for families.” In addition, we conducted a one-week intensive practical training at our hospital for supporters and medical staff in disaster areas, where we accepted a total of 57 people and focused on regional human resource development and technical guidance. We have also continued activities to support the establishment of self-help groups in affected areas.

4. Wrap-Up

The average number of new patients with addiction admitted to our hospital in the three years after the earthquake was 57, an increase of 21% from three years before the earthquake. This is just the number of patients with addiction at one medical facility. In Japan, there is still a lack of scientific data on alcohol-related issues after a large-scale disaster.

According to Dr. Isao Nukada, a physician who provided treatment to temporary housing residents after the Great Hanshin Earthquake in what was once the largest district of Kobe, Seishin, when alcohol becomes a factor in cases of middle-aged men who live alone and are in dire financial straits, many fall prey to “death by loneliness” 1).

Alcohol-related problems, as the name implies, are not merely issues related to the disease called “alcoholism.” Individuals affected by these problems are those who seek to temporarily reduce the pain and hardship they feel in their everyday lives with the drug called alcohol. However, this short-lived salve will eventually damage their physical and mental health, deprive them of their social

position and connections, and lead to the collapse of their lives. The footprint of the problems that arise through this process is large. It is necessary to understand the entire structure of this issue and to build a regional network of intervention and response. We would like to continue to support endeavors that seek to do so.

- 1) Isao Nukada, "Death by Loneliness: Human Reconstruction in the Disaster areas of Kobe." Iwanami Shoten, 1999.