Disaster-Area Support Activities for Alcohol-Related Issues

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Introduction

In the ninth year since the Great East Japan Earthquake, the number of cases of support conducted by our hospital in disaster-affected areas has decreased significantly.

This decrease is not proportional to the reduction in alcohol-related problems in the affected areas.

The Basic Law for Measures against Alcohol Health Disorders was enacted in 2013, and the National Basic Plan for Promotion of Measures against Alcohol Health Disorders was prepared in 2016. In response to these national basic plans, Miyagi Prefecture formulated the Miyagi Prefecture Alcohol Health Disorders Promotion Plan in March 2019.

While supporting alcohol-related problems in the affected areas, comprehensive support measures for alcohol and other addictions have become a matter of national policy.

In Bulletin No. 7, published in 2018, we pointed out that it is essential to consider how to utilize the experience we have gained through disaster relief efforts to develop national and local governmental measures.

From a different perspective, the decrease in the number of disaster relief cases means establishing measures against addictions.

1. Support in FY 2019

(1) Overview

The breakdown of support contents and the number of cases in 2019 are as shown in Fig. 1.

The number of support cases in FY 2019 was 16, with 11 cases of "network coordination activities," which are almost a precondition for support and include elements such as collaboration discussions, four instances of "support for supporters training," and one case of "raising public awareness."

In the first FY after the disaster, we participated in 160 support cases; in nine years, that number has fallen to one-tenth of what it was.

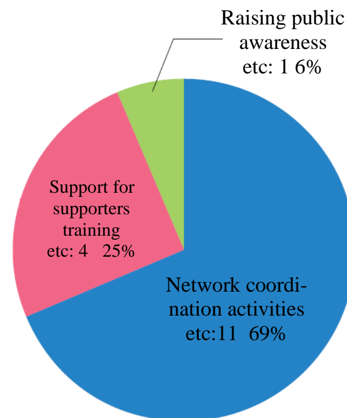


Figure 1: FY 2019 Support Breakdown

2. Support Over the Past Nine Years

(1) Overview

The number of support cases we have engaged in over the past nine years was 880, and the total number of staff involved in this support reached 1,627.

As shown in the number of support cases by year in Fig. 2, we have entered a transition phase in which we must shift from support for disaster-stricken areas to measures for alcohol-related problems during normal times.

Figure 3 shows the breakdown by type of support, and Figure 4 shows the number of support cases by region.

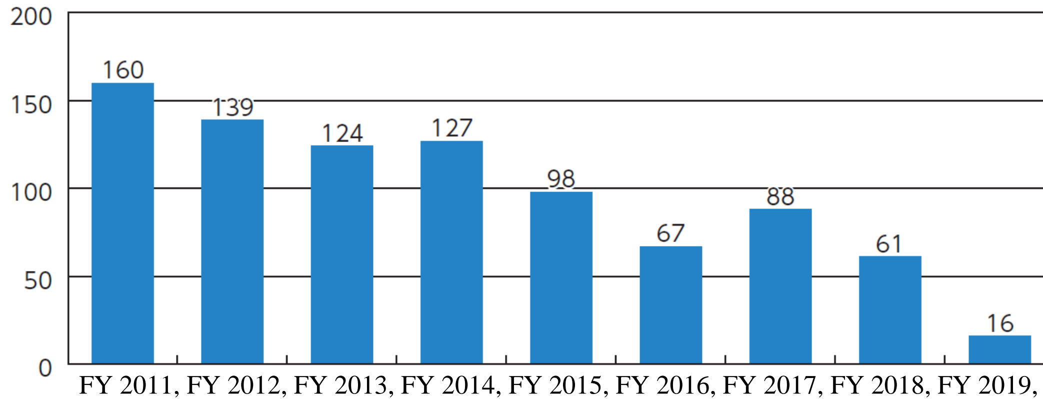


Figure 2: Change in support cases by year, March 2011 – March 2020. N=880

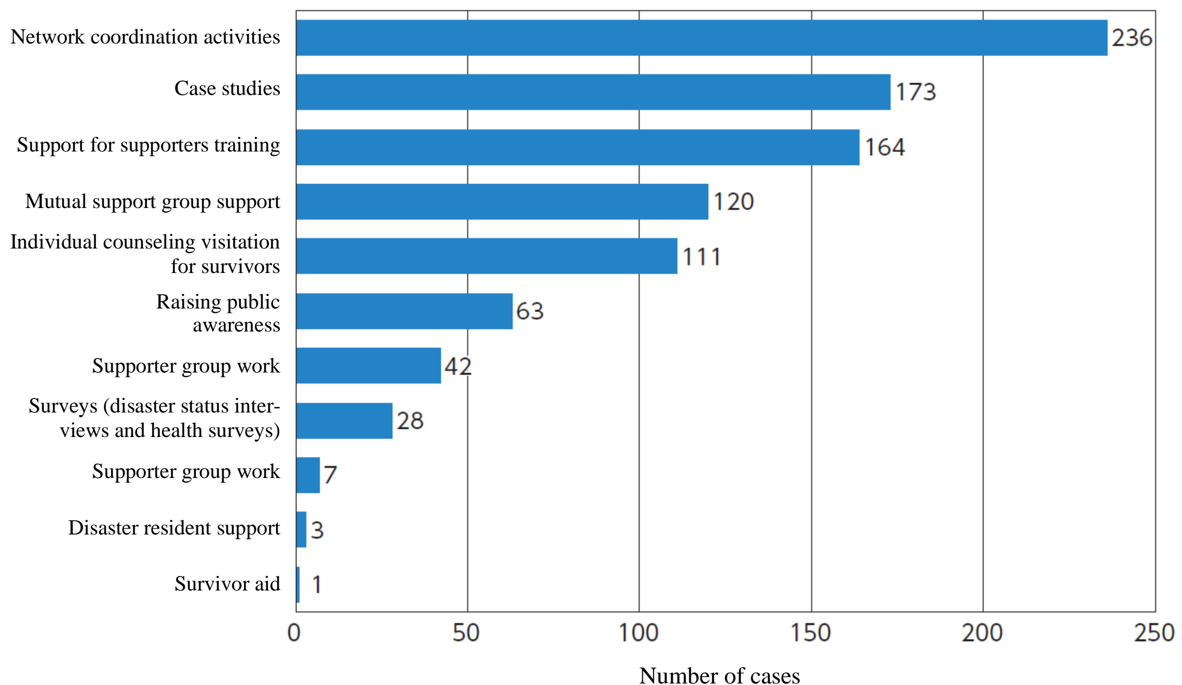
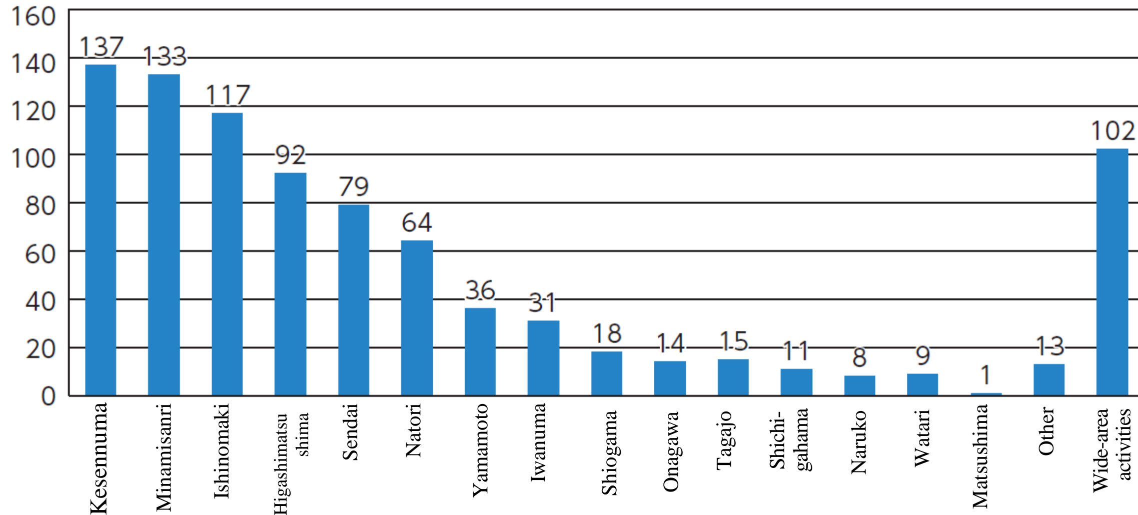


Figure 3: Support cases by type (multiple types per case possible), March 2011 – March 2020



*Wide-area disaster support activities such as countermeasure conferences and discussions were initially counted as taking place in Sendai; however, from March 2015 onward, these have been categorized as "wide-area activities."

(2) Practical Training for Alcoholism Therapy

① Objectives and Overview

Our hospital's disaster-area support has centered on outreach efforts that involve traveling directly to disaster-stricken areas.

On the other hand, as the only medical institution in Miyagi with a specialized ward for alcoholism and a permanent psychosocial program, we have also continued our practical training initiatives for alcoholism treatment. Community supporters come to the hospital to experience our treatment approaches and psychosocial programs.

From May 2012 to August 2014, this training was conducted for the Miyagi Disaster Mental Health Care Center staff and psychiatric hospital staff in coastal disaster areas. A total of 97 people attended. Furthermore, from January 2014 until February 2020, we continued this training for municipal employees in charge of mental health throughout the prefecture.

In FY 2019, a three-day hands-on training program was held five times in October, November, December, January, and February, mostly on Tuesdays and focusing on addiction therapy programs. A total of 14 local supporters took this course.

The total number of staff members of related organizations who have taken the course in the past seven years is 207.

② Training Objectives

The objectives of these training courses are as follows:

○ Give attendees a concrete image of addiction treatment performed at medical institutions

○ Teach attendees to utilize this image when supporting local addicts and families

○ Create face-to-face cooperation with local supporters

These objectives are necessary elements that help heighten the S-BIRTS's effectiveness (pronounced "ess-birts") method, which has been advocated as a strategy for alcohol use disorders in recent years. It involves Brief Screening Intervention, Referral to Treatment, and Self-Help Groups - necessary to enhance the support process's effectiveness.

The words "brief intervention" can be misleading, as it makes it seem as though it is easy to refer individuals to specialized treatment. However, after obtaining the results from the screening process, a great deal of labor, time, effort, and skill is required to connect a person who is suspected

of being an addict to specialized treatment. In other words, the concrete image of addiction treatment we teach attendees about reflects this labor, time, effort, and skill. Furthermore, the key to linking this support process to the addicts' recovery and their families is the nature of the "supportive relationship."

③ Training Evaluations

In a training evaluation questionnaire administered to course participants, 98% answered that the course was "very useful," and 2% responded that it was "somewhat useful." Of the answers possible on the 5-point scale used, we received 0 evaluations indicating either that participants "could not say" how useful the training was or that they found it "not useful."

To have a concrete image of treatment, it is also essential to know the nature of the individual recovering from addiction. There is a strong tendency to regard individuals who cannot stop their alcohol habits in the community and repeat problem behaviors as "sloppy and troublesome people." However, many participants told us that their image of these individuals changed after the training. "I actually heard the voices of patients in hospitalization programs and daycare facilities and learned that many of these people were leading lives in which they could not go on without drinking." Such a change in how the participants perceive addicts should serve as the beginning of a fundamental change in the quality of support.

Furthermore, this change will have a significant influence on the "supportive relationship." When the supporter's perception of the addict changes, their relationship with the addict changes. When the relationship changes, the addict will change.

Many participants answered that this training was useful because they understood these changes in the "relationship of support."

Conclusion

If a supporter becomes enmeshed in figuring out how to stop the addict from drinking, the supporter will become preoccupied with changing the nature of the addict. This controlling kind of "supportive relationship" often worsens support situations. The supporters are the ones who must change. This paradox is why the key to dealing with alcohol-related issues lies in the "supportive relationship."