Practice report

Support for reducing alcohol consumption in disaster-affected areas: Salon initiatives and development of support for reducing alcohol consumption

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1. Introduction

After the Great East Japan Earthquake, cases of alcohol-related problems became apparent at evacuation shelters and temporary housing, and the number of alcohol consultations that were received by the Community Support Division, Stem Center, MDMHCC ("Division") tripled in the two-year period from 2013. Many of the cases were already severe at the time of the first consultation, and there were many days when we realized the difficulty of recovery from alcoholism. We began to feel the need for early intervention and preventive measures to address this problem.

The Division launched a salon mainly for heavy drinkers in collaboration with the city and public health centers, where we worked to support sobriety. It was there that we were convinced of the effectiveness of sobriety support. We later developed a public awareness project on sobriety support. Here, we report on efforts to address alcohol-related problems in disaster-affected areas, with a focus on efforts to reduce alcohol consumption at salons and the development of support for reducing alcohol consumption.

2. Responding to alcohol-related problems: From addiction support to sobriety support

(1) Raising public awareness and support for supporters with a focus on alcohol dependence support

The number of consultations on alcohol-related problems that were received by the Division tripled in two years from the start of support (206 cases in 2013, 442 cases in 2014, and 656 cases in 2015). Many of the cases had already become severe by the time of the first consultation, and there was a long period in which we felt the difficulty in providing support. We felt that supporters and residents were becoming increasingly interested in alcohol-related problems. However, since the earthquake disaster, there has been a larger number of supporters compared with normal times, and there were many who had never dealt with alcohol-related problems. We thought that this explained the increasing number of consultations to the Division. Therefore, the Division held workshops in each region to raise public awareness of alcohol-related issues, particularly addiction support, and to train supporters.

(2) Establishment of the "Meeting for stopping drinking" and exploring secondary prevention efforts

As we provided support in response to requests from local residents and supporters, an idea was born: to establish a new meeting in regions where there were no *danshukai* in the surrounding area. Preparatory meetings were held at the prefectural *danshukai*, public health centers, health centers, hospitals specializing in alcohol, and the Division. In June 2015, we held a lecture for setting up a *danshukai*, which was called "Let's listen to people who stopped drinking." This was attended by 60 people. Hence, we called for the establishment of meetings, and from the following month onward, we started the monthly meeting called "Meeting for stopping drinking."

As a new effort, we aimed to create a forum that can be used by a wide range of people, including those who wished to stop drinking, their supporters, and their families. We felt the difficulty of supporting severe cases and realized the need for early intervention and preventive measures. Thus, this forum was an attempt to create a venue for learning and sharing for people who do not have an alcohol dependence but have a problem with drinking, supporters, and residents. However, the actual operation of the venue was difficult. The expectations of the meetings differed greatly between those who wished to quit drinking and those who did not, and the environment was not good for either type of participant. Subsequently, we decided to launch a separate "salon (meeting for sobriety)," which had the aim of learning to reduce alcohol consumption and prevent the progression to addiction. After a one-year preparatory period, the "Meetings for stopping drinking" for those who wished to quit drinking were held once a month since 2016, and its operation has been continued by the prefectural *danshukai*.

3. Beginning of sobriety support: Launching of "salons (meetings for sobriety)"

(1) Launching of "salons (meetings for sobriety)"

In response to the comments of the participants of the abovementioned lecture and their supporters, we launched a salon for heavy drinkers and those who were willing to learn to drink in moderation. Among them were referrals from specific health guidance (high-risk liver function patients) and from groups for bereaved families of disaster victims. An overview is shown in Table 1.

Table 1. Overview of "salons (meetings for sobriety)"

Purpose	Learn and practice to reduce alcohol consumption while having fun, with the aim of maintaining a healthy mind and body
Targets	Men who drink excessively or are likely to do so, or men who want to learn about sobriety (excluding those with addictions)
Opportunities for participation	Lecture questionnaires, invitations from supporters, bereaved families of disaster victims, specific health guidance, etc.
Number of participants	13 registered members, average number is 10
Composition	Salon activities in the morning (cooking classes, health lectures, etc.), HAPPY program in the afternoon *1 (applicants)
Hosting frequency	Once a month
Management	Cooperation between three organizations: health center (venue, relationship with specific health guidance), public health center (HAPPY program), and Division (secretariat)
	Detailed roles needed for meeting management are divided among members and handled by each member: director, deputy director, leaflet creation, accounting, shopping, events, transportation, etc.

*1 HAPPY program: package program of evaluation, education, and intervention of alcohol problems, with an aim toward moderation rather than abstinence

The characteristics of the salon activities and sobriety programs are summarized below.

<Salon activities>

① We targeted middle-aged and older men, with participants limited to men so that it would be easier for participants to talk; those with addiction were excluded.

② We conducted a wide range of activities that were useful for maintaining mental and physical health (exercise, making well-balanced meals, etc.) in addition to those relating to sobriety.

③ The events should be a place of interaction where it is fun and easy to make friends (includes victims' bereaved families and lonely people).

④ The members shared roles (e.g., director, deputy director, leaflet creator, accounting, shopping, events, and transportation) to facilitate the transition to independent activities.

<Sobriety program>

① The HAPPY program was arranged and expanded. In the first fiscal year, three sessions were provided, after which the program content was divided into 20-minute sessions, and opportunities for reflection were provided according to the situation of the target person.

② Participation was initially limited to those who wished to participate, but a year later, all salon participants were allowed to participate (even those who did not keep a drinking diary were able to participate in learning and information exchanges and share their peers' practices).

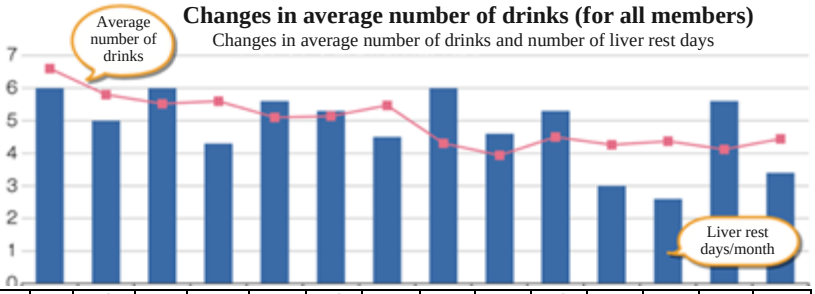
③ Owing to group implementation, the events were an opportunity for exchanging tips on how to drink in moderation and its effect, and to sympathize and encourage one another in troubled times.

The "salons (meetings for sobriety)" involved learning and practice on how to cut down on alcohol consumption through salon activities. As a salon in a disaster-affected area, it was also a forum for exchanges to prevent loneliness, and learning was not limited to sobriety—salon activities in the morning broadly covered health promotion as a theme.

(2) Effect of alcohol sobriety on salon participants

In the sobriety program, participants kept a drinking diary and set goals for each month and continued to practice. The goals were, for example, "provide a liver rest day once a month" or "make a bottle of whiskey intended to be drunk in three days last for four days." There were times when the monthly goals could not be achieved, but there was an atmosphere in the salon where the participants could openly talk about their situation, and the overseeing staff understood and accepted the individual's goals and situations, and sought to sympathize and encourage. The salon was also a place for mutual respect and exchange of information about non-alcoholic beverages and tips for making liver rest days while talking and drinking tea. Stories of experiences during the disaster were also occasionally shared.

Three years after the start of the salon, 10 out of 13 members continued alcohol sobriety, and two were able to continue alcohol abstinence. The average number of drinks among drinkers was 6.6 in July 2016, which decreased to 4.1 drinks in November 2019. The average AUDIT (*2) score decreased from 12.5 to 9.6 points during this time.

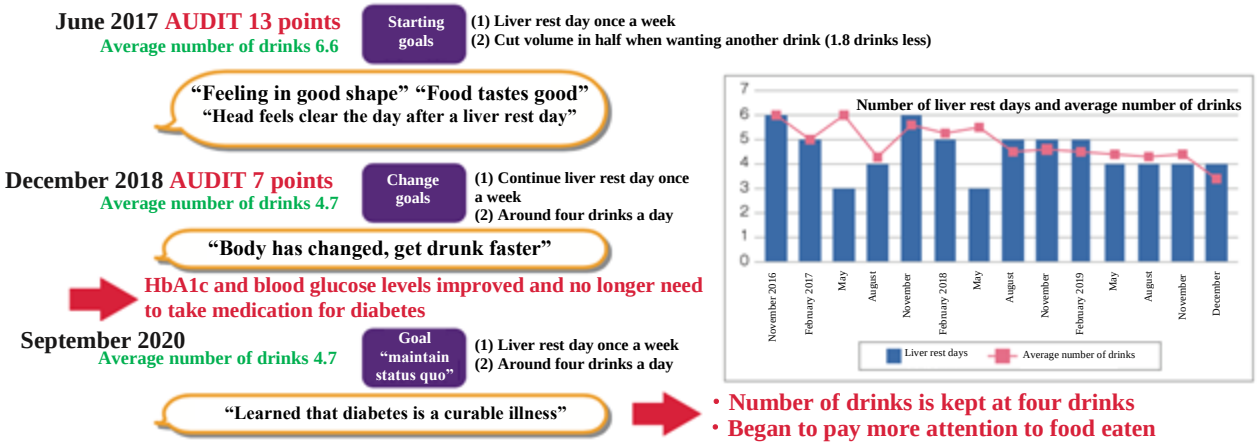


	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018	Aug 2018	Nov 2018	Feb 2019	May 2019	Aug 2019	Nov 2019	Dec 2019
Average number of liver rest days	6	5	6	4.3	5.6	5.3	4.5	6	4.6	5.3	3	2.6	5.6	3.4
Average number of drinks	6.6	5.8	5.52	5.6	5.1	5.14	5.47	4.306	3.938	4.5	4.26	4.37	4.12	4.442

Participant A's course of sobriety is summarized below.

Mr. A was living a stressful life owing to the big changes in his family and lifestyle after the disaster. He had diabetes and had been taking medication for many years, and alcohol consumption appeared to be one of his stress relievers. He began to participate in salons with new friends met in the neighborhood of their temporary housing. He realized that moderation would improve his physical condition, and he acquired a healthy drinking habit.

Course of sobriety of Mr. A (man in his 70s who was receiving diabetes treatment)



The "salons (meetings for sobriety)" that were held from December 2016 to 2020 had high average participation rates, and participants continued to reduce alcohol consumption at their own pace. In 2020, with the end of salon management by the Division, the momentum for voluntary grouping increased and preparations began, but this was not achieved owing to the COVID-19 pandemic.

4. Development of sobriety support

The Division, which was convinced of the effectiveness of sobriety support following its experience at the "salons (meetings for sobriety)," subsequently proceeded with raising public awareness for sobriety support. The implemented support contents are shown below.

*2 AUDIT: Screening test for drinking habits created mainly by the WHO. Targets for reduced alcohol consumption are those who score 10–19 points (in the absence of disease).

(1) Implementation of basic training: We implemented training for supporters and general residents. We repeatedly hosted basic training of "Sobriety support in 10 minutes!' training by Takahiro Fukuda, formerly at the Hizen Psychiatric Center," which builds on the HAPPY program but is simpler and easier to use in daily health care.
(2) Implementation of transfer training: Division staff conducted transfer training in multiple cities and towns for supporters who were unable to participate in basic training despite wishing to do so.
(3) Implementation of follow-up training: Follow-up training was held for supporters who had taken the basic training in (1). We aimed to provide a forum where supporters working on sobriety support could share information while confirming the key aspects of support, and where supporters who wanted to start such efforts in the future could get pointers.
(4) Accompanied visits: We conducted visits with the municipal public health nurse and implemented individual sobriety support.

(5) Implementation of demonstrations: We conducted individual demonstrations of sobriety support upon request and practiced and examined actual interview scenes with support staff.
(6) Support for the creation of checklists and public awareness materials: We cooperated in the creation of checklists, drink conversion tables, etc., that matched the situation of the municipality so that the AUDIT is easy to use, and supporters can smoothly calculate drinks. Additionally, we created fliers for raising awareness on sobriety according to the circumstances of the requesting municipality so that the fliers can be used when supporting people at high risk according to the drinking items in the disaster victim health survey. We also cooperated in efforts to support the reduction of alcohol consumption.

From the outset, we were also conscious of co-sponsoring the workshops with the Mental Health and Welfare Center and public health centers so that it would be easier to raise public awareness throughout the prefecture. Since then, both have held training sessions for supporters throughout the prefecture.

5. Discussion

The sobriety support at the salons yielded the result of 10 out of 13 participants continuing sobriety three years after starting the events. Factors that are thought to have affected this include limiting the target audience to those with a low degree of alcohol dependence and those with a desire to cut down on alcohol consumption, participants being able to make friends while having fun at the salons as well as "empathize" and "work hard and encourage each other," and supporters being able to work more easily as a result of using a packaged sobriety program. Furthermore, the fact that the three organizations were able to jointly manage the events—with the health center providing the venue and referring the individuals, the public health center implementing the HAPPY program, and the Division serving the role of miscellaneous secretariat—may have been another factor for the effective provision of sobriety support by the local salons.

Initially, we had the impression that alcohol problems were increasing (after the earthquake) based on the increase in the number of consultations. However, there were subsequently many consultations from supporters who had trouble dealing with alcohol problems, and it was not uncommon for supporters to have little experience in dealing with alcohol problems. We first focused on addiction support, shifted to sobriety support, and then began to work on alcohol problems that centered on support for supporters. We were able to hold sobriety support training sessions in various regions within the prefecture by cooperating with public health centers and the Mental Health and Welfare Center, and we also provided support per the request and situation of the municipalities while imagining that the supporters could seize opportunities in their normal work duties and intervene at an early stage.

Most post-disaster alcohol use disorder cases are known to have had drinking problems before the disaster. In other words, interventions for alcohol-related problems during normal times are the best prevention for alcohol-related problems after a disaster. In the future, we would like to continue to provide the support that meets the requests of the prefecture and municipalities in an effort to continue to provide support for alcohol-related problems, particularly in the hope that our new initiative of sobriety support will become widely established as an essential component of daily health support.

This paper includes additions to what was presented at the 56rd Japanese Alcohol, Nicotine & Drug Addiction Conference on December 18, 2021.

6. References

Matsushita, S., Kimura, M., Maesato, H., et al. (2017). "Alcohol-related problems in the areas affected by the Great East Japan Earthquake," *Journal of the Japanese Society of Alcohol-Related Problems*, Vol. 19, No. 2, pp. 19–24.