Projects of Cooperating Agencies and Organizations

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Japan Social Worker Association for Alcohol-Related Problems

Supporters club members

Disaster support for alcohol-related problems

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1. Support overview

Disaster support for alcohol-related problems has been ongoing by the Medical Corporation Tohokukai Tohokukai Hospital (referred to hereafter as "our hospital") for five years since the earthquake. An overview of support activities is reported below.

There were 620 support cases and a total of 1236 staff members over five years. Changes in the annual number of cases are shown in Figure 1, with an annual average of 124 cases and a monthly average of 11 cases regarding support activities. The number of cases by the supported region is shown in Figure 2. Three regions comprised 71% of all care, with the Kesennuma and Minamisanriku regions at 35%, Ishinomaki, and Higashi-Matsushima regions at 23%, and the Sendai area at 13%. Disaster support in these areas is often conducted in collaboration with the Miyagi Disaster Mental Health Care Center (MDMHCC).

Figure 1 Changes in the number of support activities, 2011 –December 2015, N = 620

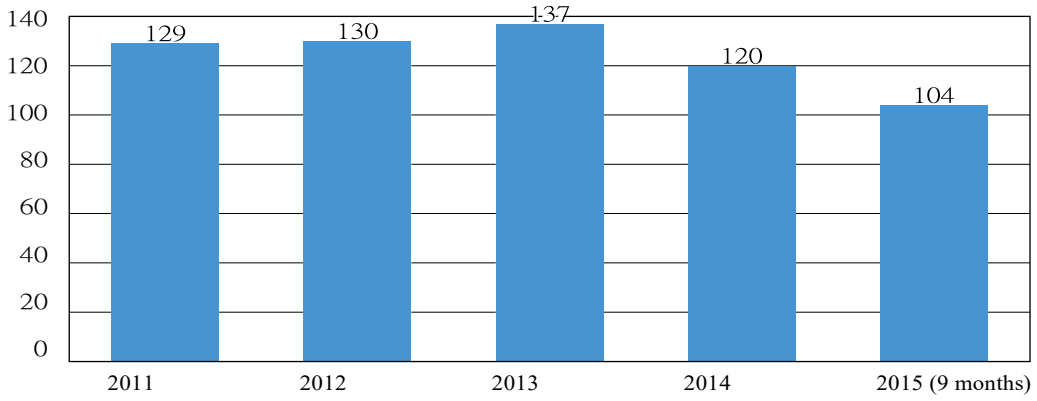
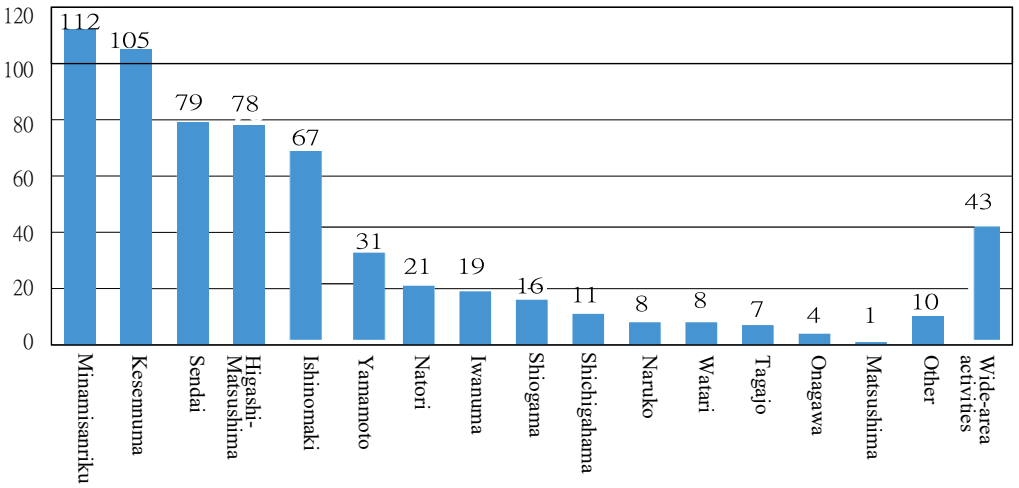


Figure 2 Number of support cases by region, March 2011 – December 2015, N = 620



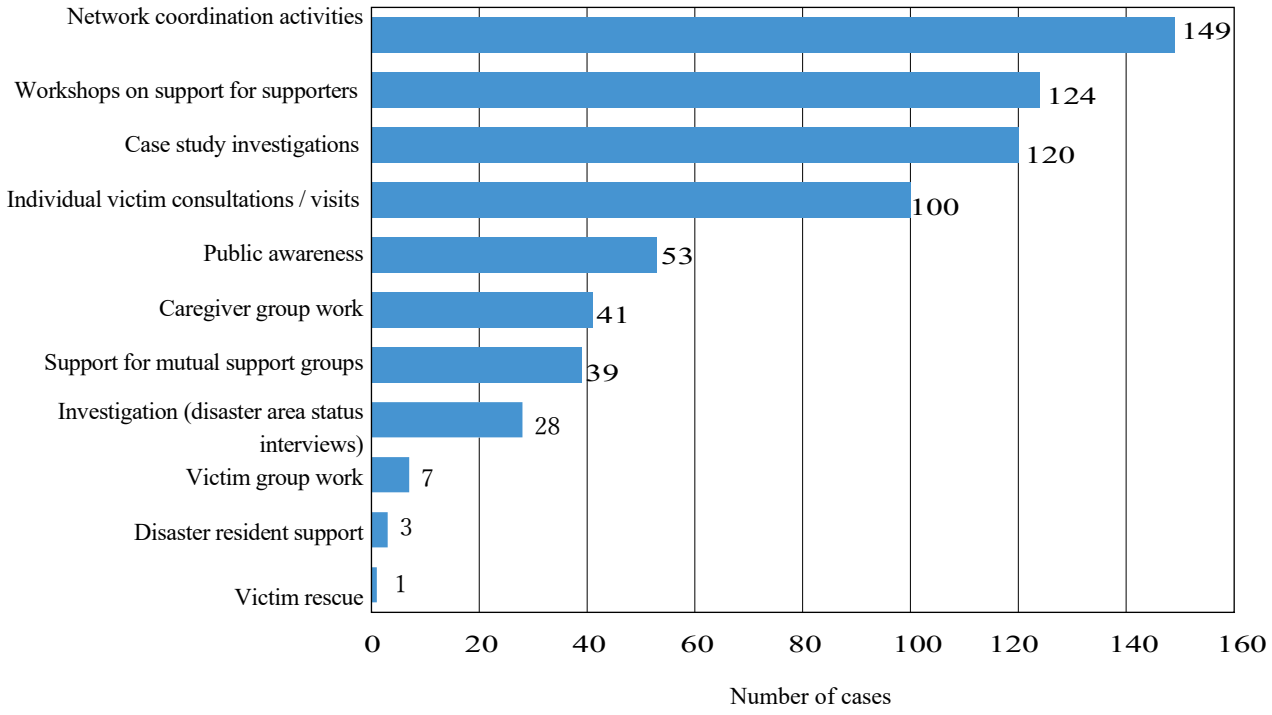
*** Countermeasure conferences and discussions relating to wide-area disaster area support were counted as activities in the hosted location of "Sendai" but were separately counted as "wide-area activities" in statistics from March 2015 onwards.**

2. Support content

As shown in the primary support content in Figure 3, network coordination activities were the most frequent. Discussions on the specific content of support with municipalities were the focus of network coordination support and communicating and sharing how to respond to the requests of municipalities will serve as important activities relating to the subsequent presence of support and support network-building.

The second most frequent were workshops and case study investigations. This reflected the support policies of "supporting local caregivers" at our hospital and we placed workshops and case study investigations as a major pillar of our support. Additionally, individual victim home-visits were similarly frequent. A lack of manpower in the disaster area is a serious problem and as a general rule, we conducted individual visits and consultation activities accompanied by regional caregivers.

Figure 3 Number of cases by type of support
(multiple types of support included in a single case), March 2011 – December 2015



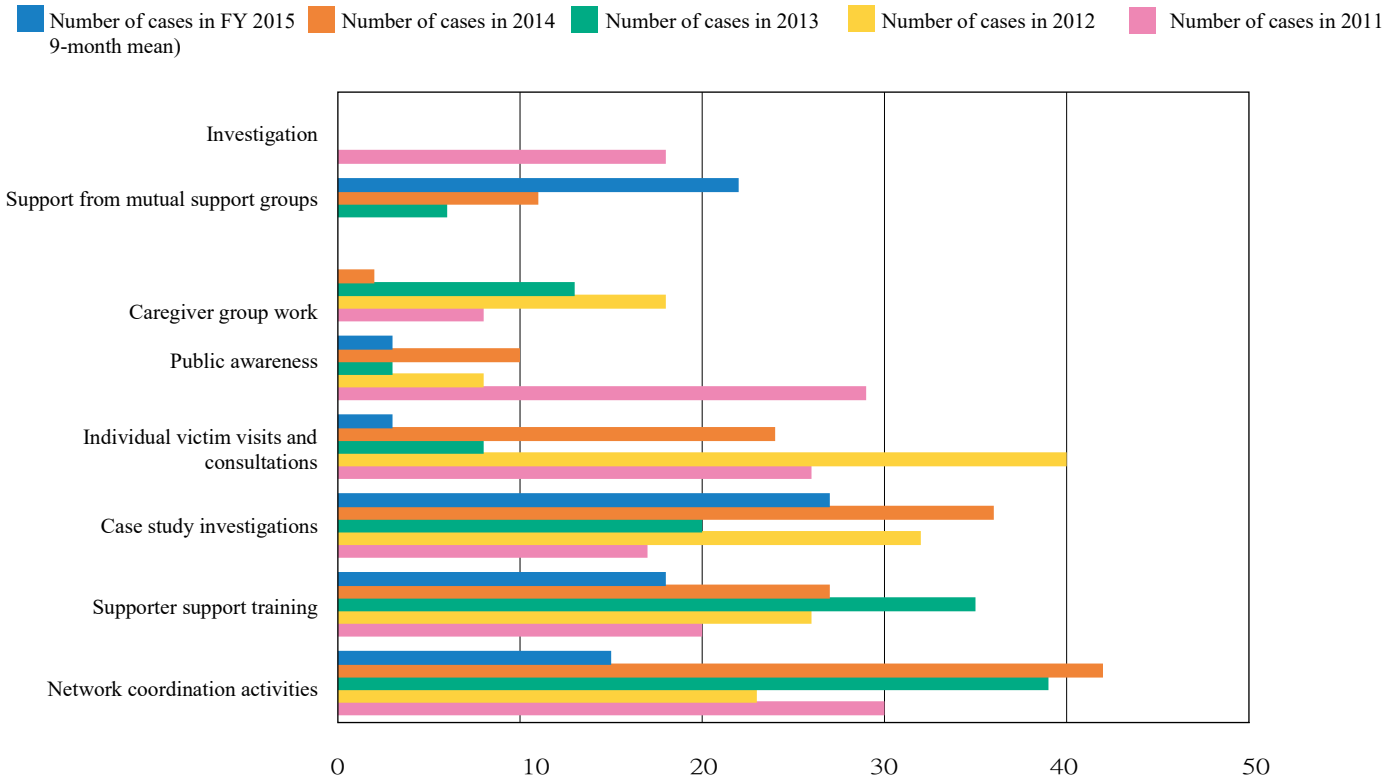
3. History of support

Changes in the number of primary support cases are shown in Figure 4. Support primarily comprised public awareness activities, such as the distribution of leaflets at the beginning of the disaster, alongside research to on-site conditions but the following year in 2012 saw more requests on regular individual case responses and home-visits from municipalities, and the number of these cases increased. In 2013, there were more requests for training to improve regional caregiver response and in 2014, case study investigations for strengthening applicable skills increased.

Additionally, we have worked on building the foundations for establishing a mutual support group ("self-help group", SHG) activities in coastal areas since the first year of support.

It has been said that stakeholders must connect among themselves by participating in SHGs to recover from dependencies. However, SHG activities are insufficiently established in the coastal areas of the prefecture and it was not until the latter half of 2014 in collaboration with SHGs such as AA and the Danshukai that we were able to help caregivers understand the importance of stakeholder activities. With this, we have been able to lay the groundwork for regional caregivers to connect stakeholders with SHGs.

Figure 4 Annual percentages of primary support cases



4. Conclusion

There has been increased awareness of disasters and alcoholism, primarily through news media. Attention given to alcohol-related problems helps with the public awareness of this illness, which has been said to affect 1.09 million people. However, it is essential to understand that alcohol-related problems are one of many recovery-related issues and that vulnerabilities associated with normal periods manifest themselves during disasters. This problem has been calculated to cost society four trillion yen annually, which highlights the need for national-level initiatives that treat this as a disaster-scale public health problem during non-disaster periods. That the Basic Act on Measures against Alcohol-related Harm was established in December 2014 and implemented in June 2015 is considered as a first step towards addressing this issue. The effectiveness of this law is dependent on the functionality of regional networks of stakeholders, families, caregivers, government, and health care. We would like to continue providing full support so that these initiatives for alcohol-related problems during disaster periods can be used during non-disaster periods as well. Activities relating to the disaster psychiatry and health fields from the Tohoku University Department of Psychiatry