

Projects for Alcohol-Related Problems in FY 2018

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Introduction

Eight years have passed since that unprecedented earthquake, and the recovery process in Miyagi Prefecture has largely shifted from reconstructing residential housing towards building post-disaster public housing. However, the physical, psychological, and social consequences of the disaster continue to grow more severe.

We of the Miyagi Prefecture Danshukai recognize that in a disaster-affected region, the multiple burdens that survivors have to bear and the lack of certainty about their futures could exacerbate alcohol-related problems. We have therefore worked in collaboration with the Miyagi Disaster Mental Health Care Center (hereafter, “Mental Health Care Center”) and governmental/medical organizations, to undertake various projects as part of our drive to establish programs that are meant to educate the public about alcohol abuse and to hold regular Danshukai meetings.

1. Outline of activities in each prefectural region

(1) Regular Danshukai meetings in the Motoyoshi district of Kesenuma

⟨These include home visits in container-type temporary housing; meetings to discuss temperance; regular meetings of the Danshukai⟩

After the disaster, in FY 2012, we got involved in raising public awareness about alcohol abuse; this resulted in the formation of a Danshukai in the Motoyoshi area of Kesenuma City. Thanks to participants’ impassioned discussions and the contributions of different individuals affiliated with the project, in May 2014, we were able to convert our little “Talks about Temperance” meetings into regular Danshukai meetings—or the “Motoyoshi Regular Meeting”—overseen by the prefectural Danshukai and held on the third Monday of every month. We continued to hold these meetings once every month all through FY 2017. We were also given the use of the volunteer room at “Rest,” the Motoyoshi Health and Welfare Center, by the Motoyoshi General Branch.

The attendees of these meetings included participants who had attended the previous “Talks on Temperance” meetings and their families; local public health nurses; Kesenuma health care workers; center employees; social welfare council members; and Tohokukai Hospital Community Support Division staff.

(2) Ishinomaki alcohol-related issues training workshop

In February 2015, we began this project in collaboration with governmental and medical officials, as a part of a whole range of post-disaster alcohol-related problem countermeasures enacted by the Ishinomaki City, Kahoku Town General Branch Office. We met on the second Thursday of each month at the Kahoku General Branch Office Health Center, and used the regular Danshukai meeting model, with the addition of the comparison of guidelines and examples.

Attendees included participants and their families, the Mental Health Care Center, governmental officials, staff from the local support organization, and staff from Tohokukai Hospital. They discussed their feelings and thoughts, and more than 15 people turned up at each meeting. Valuable experiences were had, including the making of new friends in a new place, and new relationships through deep mutual support.

When discussing our directions for FY 2017, we brought up the idea of selecting a location that was easier for participants and their families to access and realizing future “lunchtime meetings” for the Danshukai. Given the rise in the number of individuals suffering from alcohol-related problems in the Ishinomaki area and the impact that the move into disaster public housing may have had on their problems, we changed the venue for our meetings in May 2017 to the “Conference Room” of the Ishinomaki City Health Counseling Center. Throughout FY 2017, the Ishinomaki City Alcohol-Related Problems Training Sessions were held on the second Thursday of every month. They continued to be based on the regular Danshukai meetings model and included sessions comparing various guidelines and examples, as well as honest discussions about each participant’s self.

(3) Natori area regular Danshukai meetings

This project, which began in March 2015, was in response to a growing demand for regular Danshukai meetings in Natori, Iwanuma, and Watari.

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In FY 2015, we met on the second Monday of every month at the Natori City Health Center. In line with our theme of “Let’s listen to the stories of people who have stopped drinking alcohol,” we began by first listening to participants’ personal stories. At the time, the project was primarily overseen by the local government, with the Danshukai participating in a cooperative capacity.

In FY 2016, we held “Meetings for Temperance” (every second Monday) in a similar fashion, with the local government as the primary organizer and the Danshukai in a collaborative role. After discussing the project’s core purpose as we entered FY 2017, we decided (in April 2017) to adhere to the project’s original aim since the time of its founding: regular meetings of the Danshukai. Natori City provided us with a conference room on the second floor of the Natori City Health Center, and we began holding regular Natori area temperance meetings every month.

In FY 2018, we continued to hold meetings every month. Participants included local people struggling with alcohol-related problems and their family members; employees of the Natori Health Center; MDHMHCC employees; people with alcohol-related problems from Iwanuma; public health nurses from the Iwanuma Social Welfare Division, and Tohokukai Hospital Community Support Division staff.

2. Looking ahead

We of the Miyagi Prefecture Danshukai believe that our activities are insufficient in comparison to the amount of damage inflicted by the disaster. However, we strongly affirm our duty as members of our collaborative groups, to “continue speaking about our experiences and recovering together.”

Looking ahead, we plan to strengthen our relationships with government and medical officials and reinforce the mutual trust between our supporters—who work so tirelessly in difficult conditions, in different disaster-affected regions—and ourselves. We wish to end this report with an affirmation of the fervent hope that our efforts may lessen even slightly the plight of those affected by alcohol-related problems.