

# Soberity Activities in Natori City: Setting up a Health Salon and Their Effect

**Hiroyuki Sasao** – Psychiatric Social Worker

**Masako Kamiya** – Psychiatric Social Worker

**Iku Amakasu** – Manager, Public Health Nurse

Community Support Division, Stem Center, MDMHCC

## 1. Introduction

### (1) Initiatives against alcohol-related issues in Natori

Natori City is located on the Pacific coast of Miyagi Prefecture. Most of its coastal areas were washed away by the tsunami following the Great East Japan earthquake, causing almost 1,000 deaths and an unprecedented disaster. We started noticing alcohol-related issues in prefabricated temporary housing and private rental housing where some would repeatedly consume alcohol in excessive amounts with negative effects on health and social life as well as being diagnosed with addiction and receiving treatment at specialized hospitals. Causes are likely to include the death of friends and family and the loss of a job for middle-aged men, but this became more apparent as supporters gained insight into what happens in prefabricated temporary housing. Thus, relevant organizations (the NPO Miyagi Sobriety Association, Tohokukai Hospital, MDMHCC, and other relevant organizations in Natori) came together to start a sobriety society in the Sennan area. In June 2015, they organized a lecture meeting titled “Society for Hearing the Stories of Those Who Quit Drinking,” not only for addicts but for all people who want to drink less, as well as starting meetings as a society with the same name (hereafter, “the Sobriety Society”) once a month.

Participants in the abovementioned Sobriety Society were not only persons with alcohol use disorder (hereafter, “persons concerned”) but also family members, persons who consume a lot of alcohol, and supporters. It was run as a normal sobriety society, but few persons concerned participated (0–3 persons), so it never got off the ground. Initially, there were participants who wanted to drink more moderately, but since the stated goal was to quit drinking, it became difficult for them to participate and they tended to stop coming. Because of this, supporters started expressing the need for initiatives to reduce drinking and a society for moderate drinking to prevent alcohol use disorder.

### (2) Initiatives for moderate drinking

There are very few societies for moderate drinking in Japan. Thus, supporters first underwent BIs (brief internships) and training in the Happy Program, discussing matters with the heavy drinkers who were the main target group. As a result, they decided to start a society not only for moderate drinking, but with the aim of supporting the mental and physical health of middle-age men and supporting moderate drinking within that context. More concretely, they organized a lecture meeting titled “Lecture Meeting for a Good Relationship with Alcohol” (Natori Municipal Health Care Center) aimed at local citizens. This led to the full-scale opening of the Health Salon (also known as the Society of Moderate Drinking) in December 2015. In addition, they also conducted the Happy Program and mini health lectures with the help of the Iwanami Branch of Shiogama Health Care Center.

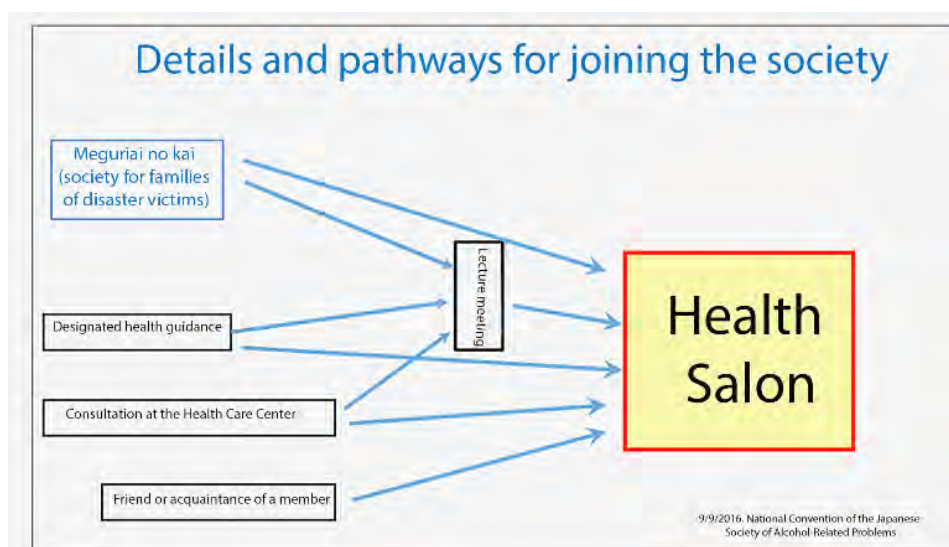
## 2. The Health Salon initiative

### (1) Health Salon participants

As shown in Figure 1, those invited were the participants of the abovementioned lecture meeting as well as citizens who previously had had contact with supporters and had an interest in moderate drinking. They should also fulfill the following two criteria.

- 1) Residents of Natori City or men middle-aged or older who experienced the disaster in Natori City.
- 2) Heavy drinkers and persons thought to be at risk of alcohol use disorder. (However, this excludes those already diagnosed with alcohol use disorder and who need to quit drinking as well as those judged by supporters to be extremely close to having alcohol use disorder.)

The participants included disaster victims who had been visited by the MDMHCC, persons in need of less drinking and mental or physical health measures under the dedicated guidance of Natori Municipal Health Care Center, persons already having supporter contact through societies for disaster victims and their families, and persons invited by supporters. Subsequently, participants started inviting their friends. By age, they included four persons in their 60s, four persons in their 70s, and four persons in their 80s, the majority being retired.



**Figure 1. Pathways for joining the society**

## (2) Contents of the Health Salon

Figure 2 shows initiatives at the Health Salon for the first half-year.

The contents had a two-part structure. The first part was for everyone and consisted mainly of socializing to become friends by working together and gaining knowledge about alcohol consumption and health. This was done in the kitchen of the Health Care Center and elsewhere, and it was managed by the MDMHCC and the Natori Municipal Health Care Center. More concretely, participants socialized through mini health lectures (diabetes, blood pressure, sleep, and alcohol for mental and physical health, etc.), making lunch together, watching cultural performances, hiking, and so forth. The mini health lectures by public health nurses and others were especially popular, and there were many questions. Participants received health information through the mass media, but as they had a variety of questions, it was important that they had somewhere they could easily ask questions and get good answers.

Health Salon event contents and number of participants					
		Participants	Mini lectures, discussions	Cooking, working together	HAPPY
Preparation	November 26	6	Healthy use of store lunchboxes	Choosing store lunchboxes	
First session	December 10	8	Discussing the society's management and regulations	Cooking water celery hot pot	Basics
Second session	January 14	9	Reading health checkup results and designated health guidance	Cooking seafood hot pot	Applications Basics
Third session	February 11	7	The HAPPY Program and alcohol	Cooking curry	Results and evaluation
Fourth Session	March 17	7	High blood pressure and salt (on day trips to hot springs)	Trying non-alcoholic beers	Results and evaluation
Fifth Session	April 14	8	Exercises and stretching, alcohol and sleep	Lunchboxes for flower viewing	Graduation Basics

9/9/2016. National Convention of the Japanese Society of Alcohol-Related Problems

**Figure 2. Events at the Health Salon for the first half-year**

The second part was an optional program for those who wanted to drink more moderately (the HAPPY Program).

Since participation in the second part was optional, the first session was attended by only four people, half of those there that day. However, the number gradually increased with each session, so that almost everyone came to join the second part, excluding non-drinkers. This was likely because of the improved group dynamic resulting from working together in the first part and because most new participants already wanted to drink more moderately.

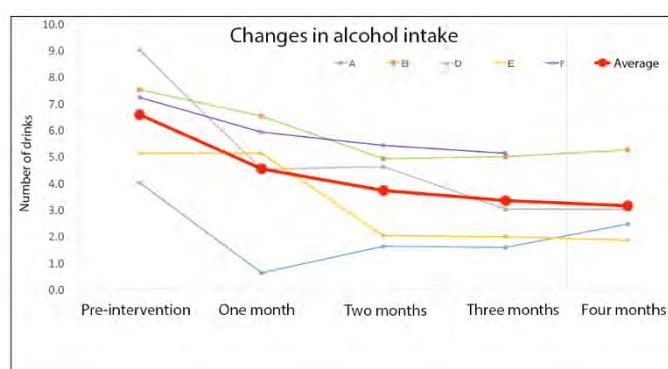
(3) The HAPPY Program

The HAPPY Program is normally held over a total of three sessions, and each session is expected to be relatively short. The HAPPY Program at the Health Salon was led by a public health nurse at the Iwanuma Branch of Shiogama Health Care Center, who was also responsible for each session. We issued a graduation certificate to the participants who completed a course of three sessions, but since there were those who joined midway through the year as well, we basically repeated the course program every three sessions. By having graduates continue to attend, they could also give advice and provide support to new participants as their seniors. It is also likely that the graduates themselves could increase their own motivation to drink moderately by repeatedly hearing the same lectures and giving advice to new participants.

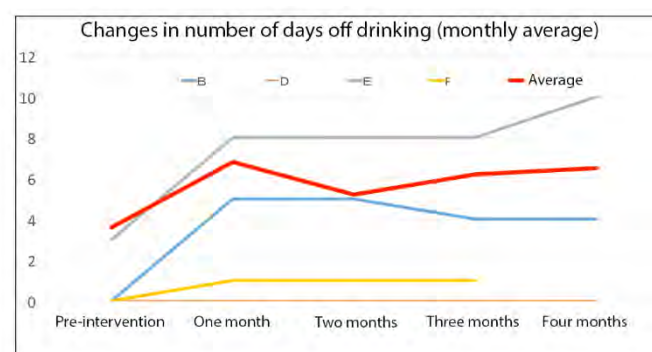
### 3. Results from the Health Salon

The participants of the HAPPY Program were asked to record their daily alcohol intake and report it as a drinking diary. Figure 3 shows changes in alcohol intake and Figure 4 changes in the number of days off drinking. The participants' average alcohol intake was almost halved from 7 to 3.5 drinks after four months of participating in the HAPPY Program. Moreover, participants whose alcohol intake did not change so much started taking one day off drinking when they had never done so before the intervention. The results can be seen in the values from health checkups shown in Figure 5. Compared to one year before, the values for blood pressure, neutral fat, and  $\gamma$ -GPT had all become normal.

We explained to the participants the ethical considerations with regard to privacy that applied to the contents of the drinking diaries and the health checkup values.



**Figure 3. Changes in alcohol intake for HAPPY Program participants**



**Figure 4. Changes in number of days off drinking for HAPPY Program participants**

Examination item	June 2015	June 2016
Weight	65. 1	64. 1
BMI	24. 3	23. 9
Blood pressure	145/91	117/72
Neutral fat	249	106
AST (GOT)	28	27
ALT	16	14
Γ-GTP	49	38

**Figure 5. Changes in participants' examination results**

#### 4. Summary

We believe these activities were effective.

- There was an effect in terms of moderate drinking as the number of HAPPY Program participants increased and their alcohol intake was halved.
- Participants socialized well regardless of how the earthquake had affected them, and their bonds deepened.
- Their interest in health issues became stronger and their checkup results improved.
- They developed awareness about contributing to helping other people with their health issues.
- Initially just formally connected to a public health nurse or a supporter, members would socialize and help each other as well as take part in the society's planning and management.
- The checkup results show that it fulfilled the function of a tool to be used after designated health guidance.
- More citizen volunteers participated as supporters.

These events and results were reported in a discussion at the 38th National Convention of the Japanese Society of Alcohol-Related Problems in Akita in collaboration with the Iwanuma Branch of Shiogama Health Care Center and Natori Municipal Health Care Center.