

## ORIGINAL RESEARCH

# The alcohol dependence prevention measures at the Japanese newspaper company, over 7 years

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## Abstract

In this research, alcohol dependence prevention measures were carried out at the Japanese Newspaper Company A. Moreover, through conducting cases studies, the effectiveness of the occupational nursing activities was made clear. And the necessity of improving the drinking custom from the young time became clear.

## Key words

Alcohol, Occupational health nurse, Newspaper company

## 1 Introduction

In recent years, due to their prolonged business slump, Japanese corporations, in order to increase their efficiency and raise their profitability, have been extensively restructuring their organizations<sup>[1]</sup>. At the same time, with regard to workers, there has been concern about the accumulation of fatigue and stress, and the increase in lifestyle diseases, that have resulted from such factors as employee aging, rapid changes in the structure of industry, and the effects of continued technical innovation<sup>[2,3]</sup>. And in Japan, as alcohol consumption has increased, there has been a growth in the number of patients with alcoholic psychoses and alcohol dependence<sup>[4]</sup>. The focus of this study, a newspaper company (hereafter referred to as “Company A”), is no exception. Its organization has been extensively restructured; technical innovation has been progressing; and personnel reductions have been carried out. At the same time, the work force has grown older and there has been an increase in labor intensity. To the extent of their investigations, the authors did not find any reports on alcohol dependence prevention measures being conducted in different workplaces of at the Japanese Newspaper Company. Accordingly, the authors decided to carry out such measures at the Company A, and to evaluate the related occupational nursing activities.

## 2 Method

### 2.1 Introduction of subjects

The subjects consisted of 807 employees (717 males, 90 females) of Company A. Their average age was  $45.9 \pm 9.5$  years (as of 2012). They were divided into four occupations (departments): clerical, sales, editing, and computer.

## 2.2 Health management systems

For the health management of employees, there has continued until now, for the clerical, sales, editing and computer departments, either clinical care consisting of a part-time physician who comes to the company three afternoons a week and an occupational health nurse and clinical nurse who assist the physician with medical care, or nursing activities geared to secondary prevention. Also, with regard to post-checkup measures, guidance has been provided only to people who want it and to people who have an abnormality.

## 2.3 Method of analysis

Medical check-ups were conducted twice a year, in April and October, but only the results from the April check-ups were used in the analytical data. For statistical analysis, SPSS15.0 was used. Below 5% was used as the significance level for the risk rate.

In a survey of lifestyle habits, the subjects were asked to choose one of the following to describe their drinking habits: “I don’t drink at all,” “I drink sometimes,” “I drink at least 360 ml a day,” or “I drink at least 540 ml a day.” The answers were treated through descriptive statistics.

## 2.4 Method of conducting occupational health activities

Case studies were also done for problem cases.

## 2.5 Ethical considerations

Through the company’s health and safety committee, the authors obtained the workplace’s verbal consent to conduct the research. It was also explained to the candidates for case studies that consideration would be given to ensuring that they could not be identified, whereupon their consent was obtained.

## 3 Results

### Analytical results

Table 1 shows the results regarding changes in drinking habits.

**Table 1.** Changes in Amounts of Alcohol Consumption

	Clerical (n = 99 45.1 ± 11.3 years)	Sales (n = 139 37.9 ± 11.6 years)	Editing (n = 434 37.3 ± 10.5 years)	Computer (n = 45 36.8±10.5 years)	
2005	Don’t drink	11.8	11.3	10.8	13.0
	Drink sometimes	39.2	32.1	39.8	27.8
	Drink at least 2pint beer daily	49.0	50.2	41.0	51.9
	Drink at least 3pint beer daily	0.0	6.3	8.4	7.4
2012	Don’t drink	22.0	11.5	8.0	6.9
	Drink sometimes	36.0	37.2	44.0	48.3
	Drink at least 2pint beer daily	40.0	42.3	45.3	37.9
	Drink at least 3pint beer daily	2.0	9.0	2.7	6.9
<i>p</i>	.163	.497	.077	.800	

*Note.* The ages of employees as of 2000 were used for the age groupings.

## Case studies

Patient B: Newspaper reporter in his 50's.

Disease name: Diabetes Mellitus

Life history: Entered "Company A" post university graduation. Married at 30 years of age, owns a home in the suburbs about an hour away by car, uses public transportation to work.

Family structure: Married with two grown and independent children.

History of alcohol consumption: First drink at 18 years of age, and 4 pints or more of beer daily thereafter. Occasionally arrives at work smelling of alcohol.

As a post-physical checkup measure to Patient B's daily consumption of 4 pints or more of beer, the occupational health nurse advised taking two "liver holidays" (a break from alcohol drinking) each week. However, despite previous and recent troubles with coworkers due to alcohol consumption, including claims that "Patient B is increasingly irritated", Patient B showed no interest in reducing alcohol consumption. Upon consultation with Patient B, the occupational health nurse found him to be noncompliant and stating, "I know I have diabetes, but I have no symptoms. There is no need for me to take liver holidays and I have no intention of quitting alcohol." Upon further interview, Patient B confided to the occupational health nurse that, "My wife got promoted and will soon be moving away alone. We fight constantly and my wife locks her bedroom door and refuses to come out." The occupational health nurse conferred with the industrial physician who consulted with Patient B. "Lately I can't sleep and I am consuming increasingly more alcohol," admitted Patient B. The industrial physician advised that Patient B consult with a specialist for his diabetes treatment, and that Patient B and his wife consult in a psychiatrist for marriage counseling. It was also explained to Patient B that although diabetes necessitates self-management, it also requires the support of the spouse in areas such as dietary menus and food preparation. However, Patient B was uncooperative, stating that he would self-cure his diabetes and that he would never give up alcohol. After meeting with the psychiatrist, Patient B was diagnosed with depression and alcohol dependency, and prescribed the anti-depression drug Paxil (SSRI:10mg, 3 tablets × 3 times a day) and the sedative Nelbon (10 mg × once before bed). Although marriage counseling was advised, Patient B and his wife were in denial about his alcohol dependency and refused to attend therapy. After the industrial physician reported to and consulted with his supervisor, it was decided to observe Patient B's progress via long term sick leave and out-patient treatment. Meanwhile, Patient B's wife moved away alone to take on her new promotion. Patient B confessed to the occupational health nurse that, "I am lonely and recuperating at home only makes me want to drink more. I want to work again." The industrial physician met with Patient B and his supervisor and it was decided that he could return to work under observation by the industrial physician (1 consultation/week) and the occupational health nurse (daily consultation). Patient B's depressive symptoms were slowly alleviated through medication, and he began to show an interest in his health by wearing a pedometer and walking at least 10,000 steps daily. Patient B also reported a decline in daily alcohol consumption from 4 liters of beer to 2 liters of beer however he accounted this reduction to the side effects of his medicine. When asked by the industrial physician if he could ever stop drinking completely, Patient B replied, "No way, I'd rather die. Alcohol is my life." When inquired by the occupational health nurse concerning what Patient B had to live for, his replied was, "My children are independent and on their own now. Drinking is all I have." One month after retirement, after drinking at a bar near his home and consuming approximately 10 pints of beer, Patient B collapsed and passed away.

Patient C: Sales associate in his 50's

Disease name: Hypertension

Medical history: Diagnosed with and began treatment for hypertension in his 40's

Psychiatric medical history: None

History of alcohol consumption: First drink at 18 years of age, drank nearly daily through college (2 pints per day). As a sales associate, Patient C often drank midday with clients, and despite complaints made from coworkers and reprimands made by his supervisors, Patient C denied any problems and continued his consumption behaviors stating, "It is just part of my job." As part of a post physical check-up measure, the industrial physician and occupational health nurse met with Patient C to discuss the control and treatment of his hypertension. During this meeting, the industrial physician inquired, "It is midday and you smell of alcohol. Have you been drinking?" to which Patient C replied, "There was an afternoon party today and I had 1 pint of beer, but it was not only me, everyone was drinking." "Are you fond of drinking?" asked the occupational health nurse, to which Patient C responded, "I don't drink because I want to, it is just part of my job." After Patient C began to arrive at work in the morning with alcohol on his breath, a meeting was held between Patient C, his supervisor, the industrial physician, and the occupational health nurse, and it was decided that Patient C needed professional alcohol intervention by a medical specialist. However, Patient C did not comply. Thereafter, the occupational health nurse conferred with the company headquarters and decided to create an environment in which Patient C could not drink by transferring him to an office managerial position of a branch company.

Patient D: Clerk in his 30's

Disease name: Insomnia and Alcohol Dependency

Family Structure: Lives alone (divorced with one daughter, presently out of contact with all family).

When first employed by the company, Patient D was positioned in the sales department as an event coordinator, however the irregular schedule of the job eventually led to insomnia. To counter his sleeplessness, Patient D began consuming large amounts of alcohol every night (1 bottle of wine; 6 pints), and was diagnosed by a psychiatrist with insomnia and alcohol dependency. The psychiatrist and Patient D's company urged him to begin treatment for alcohol dependency, however he was unable to gain the support of his wife who thought inpatient treatment in a psychiatric hospital was embarrassing and would affect their daughter. The occupational health nurse consulted with Patient D and decided that his position in sales was influencing his insomnia and alcohol dependency. After conferring with the company headquarters, Patient D was repositioned in the clerical office, where he could maintain a more regular schedule. However, despite his treatment for insomnia, Patient D's alcohol consumption did not decrease and 5 years later his wife filed for divorce on the grounds of his alcohol dependency. From the shock of his divorce, Patient D's insomnia worsened and his alcohol consumption increased. Due to Patient D's deterioration, his company recommended long term hospitalization in a psychiatric facility for treatment for insomnia and alcohol dependency. Patient D's divorce was finalized upon his hospital discharge. During an inpatient hospital visitation, Patient D confided in the occupational health nurse that, "I cannot drink anymore. I will lose my job." The occupational health nurse, industrial physician, treating psychiatrist, and company headquarters all coordinated to slowly rehabilitate Patient D back into his job post hospital discharge. The stages of reintroduction lasted 2 weeks each and included, Stage 1: working only half days (4 hours) for 3 days a week, Stage 2: working 4 hour days daily, Stage 3: working 6 hour days daily, and Stage 4: working 8 hour days daily. With the support of the industrial physician and occupational health nurse, Patient D continues to work and is presently alcohol independent.

## 4 Discussion

In this research, the answers given in the interviews conducted at the time of the medical check-ups were closely studied, and details on the amount of alcohol consumption were clarified. Moreover, case studies were conducted, and the activities of the occupational health nurse were evaluated. Through these analyses, people who develop the habit of drinking when young tend to easily become alcohol-dependent. This was true of two of the cases discussed above, Mr. B and Mr. C, who both started drinking at 18. The other case involved someone who became unable to perform his normal duties due to a

sudden, large increase in regular alcohol consumption. Ackerberg, Machado and Riordan <sup>[5]</sup> have noted that, in counter-measures for alcohol dependence, large sums are spent on medical treatment and abstinence programs are also instituted and evaluated. As became clear in the cases studies done in this research, it is important for an occupational health nurse to introduce an abstinence program to improve drinking habits. However, considering the severe business environment at newspaper companies, it is not easy for them to spend large sums on medical treatment and introduce abstinence programs. Therefore, it is important for an occupational health nurse to conduct personal interviews twice a year.

Next, in either case, both occupations are in immobile work environments which support health self-management. It was clarified that changing the work environment of the case subjects was a viable trigger for alcohol abstinence. Although it is easy for the occupational health nurse to intervene in work related matters, how to mediate family affairs still remains an issue. In a Japanese study, Kawakami *et al.* reported on the correlation between alcohol consumption and depression in working people <sup>[6]</sup>. In Japan, where over 30,000 deaths a year are attributed to suicide, the urgency for alcohol consumption measures is evident. In the future, it will be important for the occupational health nurse to interview all company workers concerning alcohol consumption and to include alcohol education in occupational health activities. The occupational health nurse needs to educate from the time of entrance into the company A to an employee.

## 5 Conclusion

Case studies were conducted and occupational health activities were clarified and evaluated. The environment surrounding the media industry is harsh and conducting effective occupational health activities under such circumstances is not easy. However, measures against alcohol dependency in companies are vital, and in the future, it remains necessary to continuously intervene in alcohol related matters.

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