

The Dependence Prevention Measures at the Japanese Newspaper Company

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Abstract

In this research, alcohol dependence prevention measures were carried out at the Japanese Newspaper Company A. Early detection of drug additions and other lifestyle-related dependencies is necessary, and can be evaluated by a occupational health nurse during the oral history taking portion of the physical exam, in which alcohol and tobacco consumption are compulsory checklist items. Whether a high-intake case may have another existing addiction is an important assessment point. Case 1 of our research illustrated the bias that still exists towards alcohol treatment facilities, Case 2 showed the effectiveness of exercise in anti-dependency treatment, and Case 3 demonstrated the risk of alcohol dependency transitioning into a drug addiction.

Keywords: Alcohol dependence; Japanese newspaper company A; Drug additions

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 [1]. 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 [2,3]. In Japan, as alcohol consumption has increased, there has been a growth in the number of patients with alcoholic psychoses and alcohol dependence. 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.

Methods

Introduction of subjects

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

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.

Method of conducting occupational health activities

Case studies were also done for problem cases.

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.

Results

Case study 1

Patient B: Newspaper journalist in his 50's.

Ailment: Alcohol dependency.

Entered "Company A" after college graduation. Married in his 30's to a nurse.

5.1.3 History of alcohol use: Began consuming at the age of 18, and thereafter continued to drink over 4 pints/daily. Patient B would occasionally arrive at work smelling of alcohol. At a post health screening consultation, the occupational health nurse suggested taking 2 days per week off alcohol. When confronted with information concerning alcohol-related incidents in the workplace, Patient B denied the reports and stated, "I've done nothing wrong, the others are to blame". The occupational health physician advised Patient B and his wife to consult a psychiatrist, and reported this referral to Patient B's workplace supervisor. However, Patient B and his wife refused hospitalization at an alcohol treatment facility. The occupational health nurse received subsequent reports of concerning workplace behavior to include, "increasing irritability, inability to get along with others, and occasional yelling". A meeting was held involving Patient

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B, his wife, his supervisor, the occupational health physician, and the occupational health nurse, during which Patient B's wife insisted that "for the children's sake, he would be better off retiring than to be put in any mental institution". As a result, Patient B retired for "personal reasons".

Case study 2

Patient C: Office worker in his 40's.

Ailment: Hypertension and a gastric ulcer

History of disease: Diagnosed with hypertension and a gastric ulcer at the age of 40 and currently undergoing treatment. No history of mental illness.

History of alcohol use: Began consuming at the age of 18 and continually drank everyday (2 pints of beer). On his days off, Patient C would begin drinking during the afternoon.

Began smoking at the age of 18, and thereafter smoked 80 cigarettes per day. In his early 40's, under guidance of the occupational health nurse, the patient agreed to reduce alcohol intake to drinking only at parties, in addition to going to a smoking cessation clinic and successfully quitting smoking. However, as a repercussion, Patient C began consuming up to 20 cups of coffee (300 cc/cup) per day, confiding in the occupational health nurse that his irritation would peak at nighttime and even with his stomach ulcer, he would need to drink coffee to calm his nerves. While understanding the recommendation to reduce his consumption of coffee, Patient C explained to the occupational health nurse that his wife was "cold, communicated very little, and was the cause of his nighttime irritability". The occupational health nurse suggested that Patient C ask his wife to join him on evening walks, and his wife, in need of exercise to lose weight, reluctantly agreed. A "walking journal" was to be shown to the occupational health nurse weekly, and as a result, consumption of coffee decreased and his stomach ulcer healed completely.

Case study 3

Patient D: Salesman in his 30's

Ailment: Insomnia

History of alcohol use: Began consuming at the age of 18, and continued to drink almost daily (2 pints of beer/day). Problems with sleep were linked to job-related social drinking and an irregular schedule, and a local physician prescribed Halcion tablets 0.25 mg to be taken prior to bedtime. Patient D, satisfied with the quality of sleep Halcion enabled, thereafter sought out many hospitals to prescribe these sleeping pills and began taking them in large amounts. Reports of strange behavior were channeled to the occupational health nurse, who then conducted a consultation with Patient D. Patient D admitted to taking up to 10 tablets of Halcion 0.25 mg at one time, and this behavior was reported to the occupational health physician who saw and suspected a dependency to Halcion. Referred to a psychiatric hospital, Patient D was immediately hospitalized and diagnosed with depression. After receiving treatment by a specialist, Patient D was able to successfully overcome his addiction.

Conclusion

The mutual similarity among the 3 case studies of our research is the age at which alcohol consumption began (18 years of age) and the excessive amount of alcohol consumed on a daily basis. Japanese have always maintained a tolerance towards alcohol consumption; however this attitude has recently changed due to the rise in drunk driving and alcohol-related tragedies. While it is now the obligation of the workplace to screen employees for alcohol dependency, for companies going through financial hardships such as the newspaper company addressed in this study, there is no money to spare for such costly expenditures. The focus then shifts to early detection and prevention by the occupational health nurse as well as by other coworkers. Another underlying similarity between the case studies is that the primary trigger for all of the addictions was alcohol. Therefore, the importance of detection of employees with a drinking habit at the post health screening consultation, as well as the necessity of an early stage individual follow up conducted by the occupational health nurse is emphasized. This is especially true for employees who are suspected of an addiction to a substance other than alcohol, and who should immediately be referred to a medical specialist for treatment.

Early detection of drug additions and other lifestyle-related dependencies is necessary, and can be evaluated by a occupational health nurse during the oral history taking portion of the physical exam, in which alcohol and tobacco consumption are compulsory checklist items. Whether a high-intake case may have another existing addiction is an important assessment point.

In recent years, Japan has faced an increasing tendency towards narcotics and law-evading hallucinatory herbs. Anti-dependency measures are especially crucial in the case of these herbs (or "loop-hole" drugs), for which there is no specific treatment available.

Case 1 of our research illustrated the bias that still exists towards alcohol treatment facilities, Case 2 showed the effectiveness of exercise in anti-dependency treatment, and Case 3 demonstrated the risk of alcohol dependency transitioning into a drug addiction.

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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