

Basic Plan for Promotion of Measures against Alcohol-related Harm

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Introduction

○ Situation in Japan

(Amount of alcohol consumed in Japan)

Looking at trends in the amount of liquors sold (consumed) in Japan, it was on a downward trend after reaching its peak of 966 million kiloliters in fiscal 1996. The amount sold (consumed) in fiscal 2014 was approximately 90% of that of fiscal 1996. Taking a look at the trends in terms of the amount of liquors sold (consumed) per adult, it was on a downward trend after reaching its peak of 101.8 liters in fiscal 1992. The amount in fiscal 2014 was 80.3 liters, approximately 80% of that of fiscal 1992¹. This is partly because the group of the elderly aged 70 and above includes a smaller percentage of persons who drink alcohol habitually compared to the group of middle aged and older adults, and is growing to make up a larger share of the total population in Japan.

(Alcohol consumption by citizens)

In regards to alcohol consumption by each citizen, according to the National Health and Nutrition Survey (the Ministry of Health, Labour and Welfare), the percentage of “those who drink alcohol at least one day a month” remained unchanged, from fiscal 2003 (male: 69.3%; female: 33.3%) to fiscal 2012 (male: 67.3%; female: 33.2%). The percentage of “those who drink alcohol habitually (those who drink approximately 180 milliliters of alcohol per day at least three days a week)” was on a downward trend in terms of men and remained unchanged in terms of women, from fiscal 2004 (male: 38.2%; female: 7.1%) to fiscal 2014 (male: 34.6%; female: 8.2%). In 2015, the Organisation for Economic Co-operation and Development (OECD) released a report² stating that “the 20% who drink alcohol the most consume nearly 70% of the total alcohol consumption” in Japan.

In regards to those who drink a large amount of alcohol, in the Health Japan 21 (first term)³ project covering a period from fiscal 2000 to fiscal 2012, those who drink a large amount of alcohol are defined as “persons who consume more than approximately 60g of pure alcohol per day on average” and efforts have been made to reduce the percentage of such persons. However, it stood at 4.8% (male) and 0.4% (female), and at the final evaluation phase, a report was released stating “there is no improvement observed”. In the second term of the National Health Promotion Movement in the twenty first century (Health Japan 21 [second term]) beginning in fiscal 2013, efforts started to be made with the goal of reducing the percentage of individuals who drink alcohol to the extent that the risk of lifestyle-related diseases is elevated⁴, to 13.0% (male) and 6.4% (female) by fiscal 2022. In the 2014 National Health and Nutrition Survey, the percentage of such individuals stood at 15.8% (male) and 8.8% (female). Turning to data on trends in 2010, 2012 and 2014, the percentage remained unchanged for men and rose statistically significantly for women.

National surveys have been conducted to ascertain the actual state of underage drinking. For the percentage of minors who drink alcohol at least once within 30 days before the date of survey, in 1996, 29.4% of male junior high school students, 24.0% of female junior high school students, 49.7% of male high school students and 40.8% of female high school

¹ Data from research by the National Tax Agency

² The Organisation for Economic Co-operation and Development (OECD) “Tackling Harmful Alcohol Use”

³ “National Health Promotion Movement in the twenty first century (Health Japan 21)”

⁴ Individuals who consume 40g or more (for men) or 20g or more (for women) of pure alcohol per day

students fall under the above category of minors⁵. In 2012, however, the percentage decreased significantly to 7.4% (male junior high school students), 7.7% (female junior high school students), 14.4% (male high school students) and 15.3% (female high school students)⁶. In addition, the difference between male and female students almost disappeared.

As indicated above, alcohol consumption across Japan has seen a downward trend, and the percentage of adults who drink alcohol habitually and that of minors who drink alcohol are also trending downward overall.

However, there is no improvement in terms of the percentage of those who drink a large amount of alcohol, both male and female, and heavy drinkers who constitute a limited part of the total drinking population account for a large share of alcohol consumption.

For women in particular, the percentage of those who drink habitually remained unchanged and the percentage of those who drink alcohol to the extent that the risk of lifestyle-related diseases is elevated significantly compared to 2010. Additionally, in regards to the percentage of minors who drink alcohol at least once within 30 days before the date of survey, the difference between men and women almost disappeared, which indicates an increased relative importance of measures against Alcohol-related Harm suffered by women.

(Alcohol-related Harm)

It has been pointed out that alcohol is linked to various health problems, and large-scale epidemiological surveys⁷ conducted in Japan also reported that consumption of a large amount of alcohol elevates the risks of various diseases including cancer, suicide and other problems.

The representative organ failure that occurs at a particularly high frequency is alcoholic liver disease. The earliest stage of alcoholic liver disease is alcoholic fatty liver disease, and if alcohol consumption continues, this develops into alcoholic hepatitis and alcoholic liver fibrosis, and then progresses to alcoholic cirrhosis of liver and hepatocellular carcinoma. According to the Patient Survey (the Ministry of Health, Labour and Welfare), the estimated number of patients receiving medical treatment with alcoholic liver disease⁸ decreased from 59,000 in 1996 to 35,000 in 2014. However, the estimated number of patients receiving medical treatment with alcoholic cirrhosis of liver increased from 4,000 in 1996 to 13,000 in 2014. According to the Vital Statistics of Japan (the Ministry of Health, Labour and Welfare), the total number of deaths from diseases of liver is trending downward. However, the number of deaths from alcoholic liver disease increased from 2,403 in 1996 to 4,689 in 2014, approximately 80% of which were attributable to alcoholic cirrhosis of liver.

Alcohol has the potential to become an addiction and a person who drinks liquors may become an alcoholic. According to the Patient Survey, the estimated number of patients receiving medical treatment with alcoholism hovers around 40,000 and in 2014, it was estimated to be 49,000 but a survey on alcohol drinking behaviors of adults⁹ reported that the number of those who have become an alcoholic in any stage of their life¹⁰ exceeds one million. Additionally, among those who currently suffer from alcoholism (an estimated number

⁵ “1996 Report: National Survey of Underage Drinking” (Representative Researcher: Masumi Minowa), a study subject to a Health Labour Sciences Research Grant

⁶ “2012 Report: Research and Study on the Actual State of Health Management and Lifestyles of Minors” (Representative Researcher: Takashi Oida), a study subject to a Health Labour Sciences Research Grant

⁷ Multi-purpose cohort study subject to grants from the Ministry of Health, Labour and Welfare, large-scale cohort study subject to grants-in-aid for scientific research from the Ministry of Education, Culture, Sports, Science and Technology, etc.

⁸ Persons who continuously received medical treatment as of the date of survey.

⁹ “Comprehensive Study on Measures against Harmful Use of Alcohol Based on the WHO Global Strategy”, a study subject to a Health Labour Sciences Research Grant (Representative Researcher: Susumu Higuchi, 2013)

¹⁰ Persons who currently meet, or in the past met, diagnostic criteria for alcoholism

of 580,000 persons), only 22% responded that “I have received specialized treatment for alcoholism” and on the other hand, 83% responded that “I received medical attention for some reason in the past one year”. They are not properly referred from a general medical institution to a specialized medical institution, and a system for ensuring that they receive specialized treatment does not function, as pointed out by some reports.

(Social consequences of alcohol consumption)

It has been pointed out that alcohol consumption not only has an influence over mental and physical aspects of individuals but also is linked to many social problems.

Several surveys of those who received a lecture for persons whose driver’s license has been revoked¹¹ reported that approximately 30% of those who were arrested for driving under the influence of alcohol were suspected to be an alcoholic.

A study on individuals who have violated a protection order under the Act on the Prevention of Spousal Violence and the Protection of Victims (Act No. 31 of 2001)¹² revealed that approximately 40% of such individuals had Alcohol-related Problems. According to a study on sentenced persons¹³, 23.3% of sentenced persons who were subject to the study were heavy drinkers (who consume the amount equivalent to three drinks [approximately 540 milliliters] or more of sake almost every day). Furthermore, a study on family members who belong to self-help groups¹⁴ (referring to a group of persons who have suffered from alcoholism and their family members that provides mutual support with the aim of preventing recurrence of alcohol addiction; the same applies hereinafter) reported that after occurrence of an alcohol problem, nearly half of the families experienced trouble in leading a normal life or economic difficulties and approximately 30% of family members came to suffer from mental or physical problems.

Continuing to drink a large amount of alcohol can put anyone at risk of suffering from Alcohol-related Harm and causing various troubles in connection therewith. First-hand stories of those who have suffered from alcoholism reveal that a person with a perfectly normal drinking practice comes to engage in problem drinking due to various reasons, then becomes addicted to alcohol, loses control of drinking to the extent of causing additional troubles, draws criticism from society, and is further driven into a corner. The effect of alcoholism is not limited to the drinker him/herself and reaches those around him/her, and particularly family members of the person with alcoholism are exposed to severe stress and experience difficulties in many cases.

It is necessary to consider that problems arising from alcoholism are issues of society as a whole, rather than think that they are only personal problems of affected individuals, and to provide necessary knowledge and support for medical care and recovery.

¹¹ Report on Results of Survey on Alcohol Consumption and Driving (National Hospital Organization Kurihama Alcoholism Center, Kanagawa Prefectural Police Department, 2008), etc.

¹² Report by Research Department, Research and Training Institute of the Ministry of Justice (Comprehensive Study on Spousal Violence and Child Maltreatment), 2008

¹³ Report by Research Department, Research and Training Institute of the Ministry of Justice (Comprehensive Study on Treatment of Criminals Who Have Problems with Drinking [Alcohol]), 2011

¹⁴ Project for Promotion of Health and Welfare for Persons with Disabilities, 2008

○ **Actions of the World Health Organization (WHO)**

In the general assembly of the World Health Organization (hereinafter referred to as “WHO”) held in May 2010, the “Global Strategy to Reduce the Harmful Use of Alcohol” was adopted.

In this Global Strategy, WHO mentioned two aspects of the “harmful use”: causing health impairment; and having influence over the health of those around the drinker and society as a whole, and presented policy options that can be adopted by national governments to alleviate Alcohol-related Problems, after classifying such options into ten areas.

Thereafter, in 2013, the WHO announced the “Global Action Plan 2013-2020” to prevent and control cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and other non-communicable diseases, and upheld the goal of “at least 10% reduction in the harmful use of alcohol” as one of the nine voluntary global targets.

○ **Basic Act on Measures against Alcohol-related Harm**

In response to the above actions, movement for promoting comprehensive efforts gained momentum in Japan as well, and in November 2013, the Bill for the Basic Act on Measures against Alcohol-related Harm as a lawmaker-sponsored bill was submitted to the Diet, and was promulgated as the Basic Act on Measures against Alcohol-related Harm (Act No. 109 of 2013; hereinafter referred to as the “Basic Act”) in December of the same year and enacted in June 2014.

In the Basic Act, mental and physical harms due to alcoholism or other forms of heavy drinking, underage drinking, drinking during pregnancy, or other forms of inappropriate drinking are defined as “Alcohol-related Harm”. As in the case of the above-mentioned Global Strategy, the Basic Act clearly states that Alcohol-related Harm is not only the health issue of drinkers themselves but also poses a high risk of seriously affecting their family members and presenting major difficulties in society, and defines Alcohol-related Harm and issues closely linked thereto such as drunk driving, violence, maltreatment and suicide as “Alcohol-related Problems”, and stipulates as one of its basic principles that measures against Alcohol-related Harm shall be implemented to contribute to fundamental resolution of Alcohol-related Problems, with consideration given to ensuring organic coordination between said measures and measures for tackling those issues.

In addition, the Basic Act stipulates as another basic principle that preventive measures such as guidance on cutting down on or giving up drinking, guidance on receiving specialized medical care, etc., enhancement of such medical care, etc. and securing of coordination with related bodies shall be implemented appropriately according to the stages of occurrence, progression and recurrence of Alcohol-related Harm, and support shall be provided so that a person who does or did suffer from Alcohol-related Harm and his/her family members can lead a normal life and a social life without difficulties.

Based on the above two basic principles, the Basic Plan for Promotion of Measures against Alcohol-related Harm is to be formulated as a plan for comprehensive and systematic promotion of measures against Alcohol-related Harm.

In formulating this basic plan, a study was conducted with consideration given to the issues indicated below, while opinions of those who have specialist knowledge as well as representatives of those who do or did suffer from Alcohol-related Harm, their family members and other parties were heard in the Stakeholder Council for Measures against Alcohol-related Harm.

[1] Spread of correct knowledge about risks relevant to alcohol consumption

Liquors are very common in the lives of citizens as an indispensable item at a celebratory occasion, get-together party and the like. Meanwhile, since correct knowledge about the characteristics of liquors, such as how they cause inebriation and have the potential to become an addiction, and risks associated with alcohol consumption has not been spread in society, there are cases where parents encourage their underage children to drink alcohol and where a person drinks a large amount of alcohol at one time and is hospitalized due to acute alcohol intoxication.

Liquors are discretionary items that cause inebriation with the potential to become an addiction, and inappropriate drinking may affect health and result in various incidents, accidents, etc.

To prevent these incidents, accidents, etc., it is necessary to spread correct knowledge about the characteristics of liquors and risks associated with alcohol consumption so that each and every one can understand and pay necessary attention to such characteristics and risks.

[2] Correct understanding of alcoholism

In regards to alcoholism in particular, it is not understood that drinking alcohol puts anyone at risk of alcohol addiction, which is a disease in which the amount of alcohol consumed is uncontrollable, and there is misunderstanding and prejudice that persons with alcoholism are weak-minded.

The above misunderstanding and prejudice can lead a person with alcohol addiction and his/her family members to deny that he/she is an alcoholic, and could become a barrier to medical treatment, recovery and re-integration into society in the fields of medical care, job assistance or the like.

It is required as a precondition for countermeasures that a correct understanding of alcoholism be promoted in society as a whole.

[3] Efforts for early intervention

In regards to measures against Alcohol-related Harm, a focus has hitherto been placed on awareness-raising activities from the perspective of preventing lifestyle-related diseases, etc. and on measures against alcoholism in the medical care field. However, once an individual becomes addicted to alcohol, significant effort will be required for his/her medical treatment and recovery. Intervention at an earlier phase allows for effective prevention with less effort.

Going forward, it is necessary to proceed with research, study and other programs while keeping it in mind to move forward with early intervention in addressing Alcohol-related Harm.

[4] Development of a support system that covers processes from consultation to support for recovery through coordination between related bodies in communities

To address Alcohol-related Harm, it is necessary for various related bodies to be involved in processes from consultation to medical treatment and support for recovery.

In some communities, those related bodies do not coordinate and share information with each other appropriately, and the Stakeholder Council for Measures against Alcohol-related Harm pointed out that persons with alcoholism and their family members cannot receive necessary support.

It is necessary to ensure coordination between the related bodies and develop a local system that covers processes from consultation to medical treatment and support for recovery, thereby achieving recovery goals smoothly.

In addition, inappropriate drinking may lead to drunk driving, violence, maltreatment, and other problems. If alcoholism is suspected as a factor behind the above problems, it is important to ensure that necessary consultation and medical services are provided via related bodies.

I Basic Plan for Promotion of Measures against Alcohol-related Harm

1. Positioning of Basic Plan for Promotion of Measures against Alcohol-related Harm

The Basic Plan for Promotion of Measures against Alcohol-related Harm is formulated in accordance with Article 12, paragraph (1) of the Basic Act to promote measures against Alcohol-related Harm in a comprehensive and systematic manner, and is positioned as the most basic plan for measures taken by the government against Alcohol-related Harm.

2. Period Subject to the Basic Plan for Promotion of Measures against Alcohol-related Harm

The Basic Plan for Promotion of Measures against Alcohol-related Harm that is formulated on this occasion covers a period of approximately five years from fiscal 2016 to fiscal 2020.

3. Structure of the Basic Plan for Promotion of Measures against Alcohol-related Harm

The Basic Plan for Promotion of Measures against Alcohol-related Harm consists of “I Basic Plan for Promotion of Measures against Alcohol-related Harm” (this chapter), “II Basic Approaches”, “III Key Issues to Be Addressed under the Basic Plan for Promotion of Measures against Alcohol-related Harm”, “IV Basic Measures” and “V Promotion System and Other Matters”.

“II Basic Approaches” describes “Basic Principles” and “Basic Direction” for the entire basic plan.

“III Key Issues to Be Addressed under the Basic Plan for Promotion of Measures against Alcohol-related Harm” describes key issues to be addressed and goals to be attained by fiscal 2020.

In “IV Basic Measures”, areas of issue are classified according to ten basic measures set forth in the Basic Act, and goals to be attained within a period subject to the basic plan and measures to be taken for that purpose are described for each area in principle.

“V Promotion System and Other Matters” describes matters such as a system for promoting the above efforts in a comprehensive and systematic manner.

II Basic Approaches

1. Basic Principles

In regards to measures against Alcohol-related Harm, as set forth in Article 3 of the Basic Act, preventive measures shall be implemented appropriately according to the stages of occurrence, progression and recurrence of Alcohol-related Harm, and support shall be provided so that a person who does or did suffer from Alcohol-related Harm and his/her family members can lead a normal life and a social life without difficulties. In addition, taking into consideration the fact that Alcohol-related Harm is closely linked to issues such as drunk driving, violence, maltreatment and suicide, measures against Alcohol-related Harm shall be implemented to contribute to fundamental resolution of those issues arising in connection with Alcohol-related Harm, with necessary consideration given to ensuring organic coordination between said measures and measures for tackling those issues.

2. Basic Direction

(1) Spread of correct knowledge and creation of a society where inappropriate drinking is prevented

To create a society where citizens have a correct understanding of alcoholism and risks associated with alcohol consumption before enjoying drinking, move ahead with education and awareness-raising activities and promote efforts to prevent companies related to liquors from encouraging inappropriate drinking.

(2) Creation of a consultation space where anyone can ask for consultation and formation of a support system where target individuals can smoothly receive necessary support after the consultation

According to the actual situation of communities, a mental health and welfare center, health center or other parties are to play a central role in securing a space for consultation support related to Alcohol-related Problems, and a wide variety of related organizations, self-help groups and private bodies are to coordinate with each other to build a system where target individuals can smoothly receive appropriate guidance, consultation services and support for re-integration into society.

(3) Improvement of quality of medical care and promotion of coordination in the medical care field

Proceed with development of a hub institution that plays a central role in medical treatment, study, human resources development, etc. for alcoholism in communities, and promote coordination between general medical institutions and specialized medical institutions in activities including early intervention in addressing Alcohol-related Harm.

(4) Creation of a society where those with alcoholism can recover from the disease and be re-integrated into society without difficulties

All members of society unite to promote an understanding of alcoholism, recovery from it and re-integration of those with alcoholism into society so that they can recover and be re-integrated into society without difficulties

III Key Issues to Be Addressed under the Basic Plan for Promotion of Measures against Alcohol-related Harm

1. Implementation of Thorough Measures to Spread Correct Knowledge about Risks Associated with Alcohol Consumption, and Prevention of Occurrence of Alcohol-related Harm in the Future

(1) Education and awareness-raising activities for persons to whom special consideration should be given (minors, expectant and nursing mothers, and youngsters)

[1] Minors, expectant and nursing mothers and other persons who should not drink alcohol

(Minors)

- Although the percentage of minors who drink alcohol is trending downward, it still is not zero despite the fact that underage drinking is prohibited by the Minor Drinking Prohibition Act (Act No. 20 of 1922).
- It has been pointed out that underage drinking has effects on mental and physical development, such as brain shrinkage, slow development of secondary sexual characteristics and a heightened risk of alcoholism, and it is desired that underage drinking be eradicated to promote sound development of the mind and body.

(Expectant and nursing mothers)

- Although the percentage of expectant mothers who drink alcohol is trending downward, it is also reported that roughly half of women who drink alcohol when they are found to be pregnant continue to drink alcohol during pregnancy.
- It has been pointed out that drinking during pregnancy causes fetal alcohol syndrome (a condition in which a problem occurs in brain development of unborn babies, etc. due to alcohol) and developmental disability. As such, it is desired to prohibit drinking during pregnancy. It is desirable that even after giving birth, nursing mothers refrain from drinking alcohol during the period of lactation.

(Measures to be taken)

- Since it is necessary that correct knowledge about the effect of alcohol consumption on drinkers themselves and their unborn babies and nursing infants be spread among minors and expectant and nursing mothers, a school education program is provided to ensure a correct understanding of the effect of alcohol on the mind and body of minors and other matters, and the national government, local governments, related organizations, companies, etc. work together to promote and spread awareness of the effect of underage drinking and drinking by expectant and nursing mothers through the awareness-raising week for Alcohol-related Problems, the underage drinking prevention campaign month and other occasions, and via Health Japan 21, Healthy Parents and Children 21 and other activities.
- As for minors, since it is also necessary to spread awareness among parents and other custodians who may have influence on minors, teachers and other school staff, and other adults around minors, additional activities to disseminate information on the effect of alcohol on the mind and body among teachers and other school staff are to be conducted, and the national government, local

governments, related organizations, companies, etc. work together to provide information on risks associated with alcohol consumption to parents and other custodians to help promote family education through the awareness-raising week for Alcohol-related Problems, the underage drinking prevention campaign month and other occasions, and via Health Japan 21, Healthy Parents and Children 21 and other activities.

- To build a society where those who should not drink alcohol, such as minors and expectant and nursing mothers, are not encouraged to do so, the liquor industry is to consider reviewing its voluntary standards for television advertisements and examining matters such as how to improve awareness of the alcohol mark. In addition, information on prohibition of sales, provision and offering of liquors to minors is to be disseminated to liquor business operators, adult entertainment business managers and other parties, and guidance and crackdown on cases such as provision of liquors to minors at restaurants and other places are to be strengthened.

[2] Young generations for whom there is a concern about the effect on their mind and body in future years

- Some reports show that according to data collected by age and by gender at the Tokyo Fire Department concerning persons transported by ambulance due to acute alcohol intoxication in 2014, the age group with the highest concentrations of such persons is those in their 20s for both men and women, followed by those in their 30s. It has been pointed out that youngsters are exposed to a high risk of acute alcohol intoxication due partially to the fact that they are not sure how much alcohol they can consume.
- It has been pointed out that women are exposed to a higher risk of lifestyle-related diseases with less alcohol consumption compared to men, and that women tend to become addicted to alcohol in a shorter period of alcohol consumption compared to men.

(Measures to be taken)

- The national government, local governments, related organizations, companies, etc. work together to provide accurate and useful information on the effect of alcohol consumption on health, “moderate and appropriate drinking”, etc. to young generations with a focus placed on the following two points:
 - (i) There are risks specific to women, such as alcohol having greater mental and physical effects on women than on men; and
 - (ii) Knowledge on moderate drinking for both men and women.

(2) Promotion of correct knowledge and understanding of alcoholism

- There is a gap between the estimated number of those who meet diagnostic criteria for alcoholism and the estimated number of patients who have obtained medical attention due to alcoholism. One of the social factors behind this gap, presumably, is that a person with alcohol addiction and his/her family members do not want to admit that he/she is an alcoholic because of misunderstanding and prejudice against alcoholics. Therefore, it is necessary to disseminate knowledge on early symptoms and signs of alcoholism among a wide variety of citizens.
- Additionally, medical personnel who provide clinical services have recently reported that an increasing number of female and elderly persons with alcohol addiction are visiting them.

(Measures to be taken)

- The national government, local governments, related organizations, companies, etc. work together to conduct awareness-raising activities with a focus placed on the following two points:
 - (i) Drinking alcohol puts anyone at risk of alcohol addiction, which is a mental disease in which the amount of alcohol consumed is uncontrollable, and it is fully possible to recover from alcoholism by receiving medical treatment and support for quitting drinking; and
 - (ii) Disseminating information on matters such as early symptoms of alcoholism so that a person with alcoholism and his/her family members can become aware of problems of alcohol addiction.

* When conducting awareness-raising activities, keep in mind the possibility that such activities can open up an opportunity for a person with a heavy or other inappropriate drinking practice to stop such practice, and at the same time cooperate with self-help groups and other parties to carry out social awareness-raising activities where a person who has recovered from alcoholism speaks on his/her experience, etc.

(3) Goals of the Basic Plan for Promotion of Measures against Alcohol-related Harm

- Take thorough measures to spread correct knowledge about risks relevant to alcohol consumption in order to achieve the following goals:
 - [1] Reduce the percentage of those who drink alcohol to the extent that the risk of lifestyle-related diseases is elevated, to 13.0% (male) and 6.4% (female);
 - [2] Eradicate underage drinking; and
 - [3] Eradicate drinking during pregnancy.

2. Development of a Support System That Prevents Alcohol-related Harm and Ensures Seamless Processes from Consultation to Medical Treatment and Support for Recovery

(1) Early intervention in addressing Alcohol-related Harm

- It has been pointed out that efforts for early intervention to prevent Alcohol-related Harm are important.
- A brief intervention(*) is the intervention method whose effectiveness in addressing dangerous drinking and harmful drinking is demonstrated internationally, but sufficient knowledge and experience in the method have not been accumulated in Japan.
 - * Quick counseling to identify actual or potential alcohol problems and change the drinking behavior of a target individual, and other practices to motivate an individual to take action to resolve the problems.

(Measures to be taken)

- Conduct research and study on early intervention methods of preventing Alcohol-related Harm (including verification of the effect of a brief intervention which is the intervention method whose effectiveness in addressing dangerous drinking and harmful drinking is demonstrated internationally).
- In the “Standard Medical Examination and Health Guidance Program [Revised Edition] (April 2013)(*)”, it is recommended that a person who undergoes an alcohol

use disorders identification test and, as a result, is suspected to be an alcoholic should be referred to a specialized medical institution. As such, disseminate information on such recommendation.

* The Standard Medical Examination and Health Guidance Program aims to ensure effective health checkups and health guidance to promote measures against lifestyle-related diseases in accordance with the Health Promotion Act (Act No. 103 of 2002), with a focus on Specific Health Checkups and Specific Healthcare Guidance under the Act on Assurance of Medical Care for Elderly People (Act No. 80 of 1982), and describes basic approaches that physicians, public health nurses, registered dietitians and other parties involved in health checkups and health guidance, as well as persons in charge of clerical work and other parties involved in the above efforts should understand before implementing the above health checkups and health guidance, and also describes points to note when implementing them, and other matters. To prepare for the implementation of the Second Phase Implementation Plan for Specific Health Checkups, etc. starting in fiscal 2013, the [Revised Edition] was published in April 2013.

- To promote early intervention in addressing Alcohol-related Harm, conduct research and study and develop human resources with the aim of establishing local models.

(2) Designation of consultation centers in communities

- Currently, consultation services for Alcohol-related Problems are provided by mental health and welfare centers, health centers, self-help groups and other parties, but it has been pointed out that a person who suffers from Alcohol-related Harm and his/her family members are not sure where to go for help, and cannot smoothly find how to access appropriate services for consultation, medical treatment and recovery. Thus, it is necessary to establish a necessary consultation system in communities.

(Measures to be taken)

- When providing consultation support for Alcohol-related Problems at prefectural or other levels, designate a consultation center where a person who suffers from Alcohol-related Harm and his/her family members can ask for help in a relaxed manner by following an easy-to-understand procedure (basically a mental health and welfare center, health center or the like is expected to assume the role of such consultation center) according to the actual situation of communities, and disseminate information on such center.

(3) Promotion of a coordination system to ensure that a person who suffers from Alcohol-related Harm and his/her family members can smoothly find how to access services for consultation, medical treatment and support for recovery

- It has been pointed out that some consultation counters do not have information on medical institutions, self-help groups, recovery facilities and other organizations that provide medical care and support for recovery, which poses an obstacle to target individuals finding necessary support. Thus, it is desired that related bodies share information.
- If alcoholism is suspected as a factor behind problems such as drunk driving and violence, it is important to ensure that necessary consultation and medical services are provided via related bodies.

- It has been pointed out that there is a possibility that some persons who suffer from Alcohol-related Harm cannot receive appropriate guidance or medical care even if they go to a medical institution to seek treatment, and as a result, they repeatedly experience the recurrence of symptoms of Alcohol-related Harm and cause trouble such as drunk driving and violence. Thus, it is necessary that general medical institutions and specialized medical institutions coordinate with each other.

(Measures to be taken)

- When mental health and welfare centers, health centers and the like play a central role in providing consultation support for Alcohol-related Problems at prefectural or other levels, organize roles of medical institutions, administrative organs, self-help groups and other related bodies and build a coordination system according to the actual situation in communities.
- If a person who has caused a problem such as drunk driving and violence is suspected to be an alcoholic, promote coordination with related bodies to ensure that the target individual can smoothly access services for necessary treatment and support for quitting drinking, according to the actual situation of communities or on an as-needed basis.
- In communities, promote coordination between general medical institutions (such as internal medicine and emergency care) where many individuals who suffer from Alcohol-related Harm obtain medical attention and specialized medical institutions.
- Collect and disseminate case examples of advanced practices to contribute to promotion of coordination in communities.

(4) Development of specialized medical institutions that serve as a base for medical treatment, etc. of alcoholism

- Since scientific knowledge on Alcohol-related Harm has not been accumulated in Japan, it is necessary to develop hub institutions that serve as a center for study, medical treatment and human resources development.
- Medical institutions capable of treating alcoholism are insufficient in number across Japan.
- It is necessary to ensure that medical personnel have a deeper understanding of effective medical intervention methods for alcoholism.

(Measures to be taken)

- Determine a national hub medical institution to further promote study, treatment and human resources development in association with medical care for Alcohol-related Harm.
- Promote development of specialized medical institutions that serve as a base for medical care, etc. for alcoholism in communities.
- Work to improve skills of medical personnel so that those who are suspected to be an alcoholic can smoothly access appropriate medical care.

(5) Goal of the Basic Plan for Promotion of Measures against Alcohol-related Harm

- The Basic Plan for Promotion of Measures against Alcohol-related Harm sets the goal of establishing at least one of each of the following organizations in all prefectures to prevent Alcohol-related Harm and develop a support system that ensures seamless processes from consultation to medical treatment and support for recovery:
 - [1] Consultation center in communities
 - [2] Specialized medical institution capable of providing appropriate medical treatment for alcoholism

IV Basic Measures

1. Promotion of Education and Other Matters

(Current situation and other matters)

To prevent occurrence of Alcohol-related Harm, it is necessary to disseminate correct knowledge about Alcohol-related Problems so that citizens can cultivate their own interest and understanding of such problems and pay necessary attention to prevention of Alcohol-related Harm.

Although education and other awareness-raising activities for risks relevant to alcohol consumption have been conducted, underage drinking (which is prohibited by law) and drinking during pregnancy (prevention of which is considered to be desirable in general) have not been eradicated.

Taking a look at the percentage of those who drink habitually by gender, the percentage of male drinkers is on a downward trend but that of female drinkers remains unchanged. In addition, looking at the above percentage by age, the difference between men and women tends to diminish among younger generations.

It has been pointed out that a person with alcohol addiction and his/her family members do not want to admit that he/she is an alcoholic because of misunderstanding and prejudice against alcoholics.

(Goal)

Take the following measures with the goal of disseminating correct knowledge about risks associated with alcohol consumption and the idea that alcoholism is a mental disease and can be cured by treatment.

(1) Promotion of school education and other matters

[1] Education at primary school to high school

- Provide a school education program so that students can gain a correct understanding of the effect of alcohol on the mind and body and other matters and develop the power of judgment and attitude of refraining from drinking alcohol while underage.
- To enhance school education on alcohol consumption, hold a meeting in which teachers and other school staff members participate and have other opportunities to disseminate information on the effect of alcohol on the mind and body and other matters.

[2] Dissemination of information to universities, etc.

- At a meeting in which faculty members and other university staff members in charge of students gather and other opportunities, disseminate necessary information to promote measures taken by each university, etc. for spreading awareness of risks associated with alcohol, and preventing alcohol harassment and underage drinking, etc.

[3] Specialized education on medical care, nursing care, welfare, caregiving, judicial affairs, etc.

- For medical education at university, ensure that information about matters such as education programs for alcoholism (including treatment therefor) which are included in the Model Core Curriculum of Medical Education is disseminated to each university in accordance with the purpose of the Basic Act.
- For other related areas, disseminate information in accordance with the purpose of the Basic Act.

[4] Dissemination of information at driving schools

- Take thorough measures to ensure that those who are close to an age at which drinking is generally started and have obtained a driver's license receive education according to the curriculum implemented at driving schools for prevention of driving under the influence of alcohol.

(2) Promotion of awareness-raising activities for families

- Prepare awareness-raising materials to help promote education at home for the purpose of preventing underage drinking at home, and disseminate information on the materials through the Boards of Education and other bodies so that risks relevant to underage drinking are communicated to parents and other custodians.

(3) Promotion of workplace education

- Further disseminate information on risks associated with alcohol consumption at a workshop and other occasions in order to prevent traffic and industrial accidents.
- To prevent drivers working in the motor vehicle transportation business from driving under the influence of alcohol, disseminate information and give instructions to dispatchers and drivers in regards to basic knowledge on alcohol, prohibition of drunk driving and other matters through a workshop, seminar and other occasions. Further, take additional thorough measures to confirm whether a driver is under the influence of alcohol, by using an alcohol detector and through visual checks or other means at the time of roll call.

(4) Promotion of public relations and awareness-raising activities

[1] Promotion of dissemination of knowledge about risks associated with alcohol consumption

- Disseminate correct knowledge on risks associated with alcohol consumption to those who should not drink alcohol, those for whom specific effects should be considered, and other persons, in a manner commensurate with target individuals through the awareness-raising week for Alcohol-related Problems and other occasions, in order to prevent inappropriate drinking.
- Prepare and disseminate easy-to-understand awareness-raising materials in which indexes and other data on risks associated with alcohol consumption are organized taking into consideration the difference between target individuals, including those who should not drink alcohol, women and the elderly, and that summarize other correct knowledge on Alcohol-related Problems.

- Use a website and other dissemination tools to disseminate information on Alcohol-related Problems, such as the effect of alcohol consumption on lifestyle-related diseases and sleep, to society as a whole, including workplaces and communities.
- [2] Promotion of awareness-raising activities to spread correct knowledge and understanding of alcoholism
- The national government, local governments, related organizations, companies, etc. work together to conduct awareness-raising activities with a focus placed on the following two points:
 - (i) Drinking alcohol puts anyone at risk of alcohol addiction, which is a mental disease in which the amount of alcohol consumed is uncontrollable, and it is fully possible to recover from alcoholism by receiving medical treatment and support for quitting drinking; and
 - (ii) Disseminating information on matters such as early symptoms of alcoholism so that a person with alcoholism and his/her family members can become aware of problems of alcohol addiction.
- * When conducting awareness-raising activities, keep in mind the possibility that such activities can open up an opportunity for a person with a heavy or other inappropriate drinking practice to stop such practice, and at the same time cooperate with self-help groups and other parties to carry out social awareness-raising activities where a person who has recovered from alcoholism speaks on his/her experience, etc.
- [3] Society-wide activities in cooperation with local governments, related organizations, companies, etc.
- To prevent underage drinking and drinking by expectant and nursing mothers, conduct society-wide activities to spread correct knowledge on the effect of alcohol consumption on minors, unborn babies and nursing infants in cooperation with local governments, related organizations, companies, etc.
 - To prevent drunk driving, violence, maltreatment, suicide and other problems arising in connection with Alcohol-related Harm, conduct society-wide activities to spread correct knowledge on, the effect of alcohol consumption on motor and cognitive functions and impairment of the reasoning ability due to alcohol consumption and the like, in cooperation with local governments, related organizations, companies, etc.

2. Prevention of Encouragement of Inappropriate Drinking

(Current situation and other matters)

To prevent Alcohol-related Harm, it is necessary to build a society where inappropriate drinking is not encouraged, and information on prohibition of sales, offering and provision of liquors to minors has so far been disseminated, with guidance provided to and strict controls imposed on violators. In addition, the liquor industry has been implementing measures such as formulating its voluntary standards for goods advertising and indication.

It is desirable that based on the Basic Act, companies related to liquors implement measures such as revising their voluntary standards to help prevent occurrence, progression and recurrence of Alcohol-related Harm.

(Goal)

The national government, local governments and companies related to liquors work together to implement the following measures with the goal of ensuring that encouragement of inappropriate drinking is prevented by all members of society.

(1) Advertising

- From the perspective of preventing minors, expectant and nursing mothers and other persons who should not drink alcohol from being encouraged to do so and giving consideration to persons with alcohol addiction, the liquor industry is to revise its voluntary standards for advertisements so that inappropriate drinking is not encouraged, and consider using older persons in television advertisements and reviewing the selection of sound effects added while drinking alcohol and the method of depicting people drinking alcohol.

(2) Indication

- From the perspective of preventing underage drinking, the liquor industry is to examine matters such as how to improve awareness of the alcohol mark indicated on containers of liquors with low alcohol content so that inappropriate drinking is not induced as a result of liquors being mistaken for soft drinks.

(3) Sales

- Take thorough measures to spread awareness of prohibition of liquor sales to minors among liquor companies and strongly encourage them to regularly participate in liquor sales management workshops so that they can acquire knowledge on special characteristics and risks of liquors and moreover manage sales in an appropriate and reliable manner.
In addition, it is desirable that liquor business operators set selling prices taking into consideration special characteristics of liquors, such as the potential for inebriation and addiction.
- Take measures to enhance guidance and crackdown on sales and offering of liquors to minors by companies selling or offering liquors.

(4) Provision

- Ensure that information on prohibition of provision of liquors to minors is disseminated to adult entertainment business managers and other parties through a manager workshop and other occasions.
- Take measures to enhance guidance and crackdown on provision of liquors to minors by adult entertainment business operators and other parties at their business places.

(5) Enhancement of correctional guidance to juveniles

- Enhance correctional guidance to juveniles who drink alcohol or cause other problems.

3. Medical Examinations and Health Guidance

(Current situation and other matters)

It has been pointed out that efforts for early intervention to prevent Alcohol-related Harm are important. In addition, a brief intervention is the intervention method whose effectiveness in addressing dangerous drinking and harmful drinking is demonstrated internationally, but sufficient knowledge and experience in the method have not been accumulated in Japan.

(Goal)

Take the following measures with the goal of developing a system to prevent Alcohol-related Harm in communities and workplaces.

(1) Research and study on Alcohol-related Harm

- Conduct research and study on the effect of alcohol consumption on Alcohol-related Harm
- Conduct research and study on early intervention methods of preventing Alcohol-related Harm (including verification of the effect of a brief intervention which is the intervention method whose effectiveness in addressing dangerous drinking and harmful drinking is demonstrated internationally) as well as to what extent alcohol use disorders identification tests and brief interventions based on the test results are performed in the health guidance field.

(2) Promotion of early intervention in addressing Alcohol-related Harm in communities

- In the “Standard Medical Examination and Health Guidance Program [Revised Edition] (April 2013)”, it is recommended that a person who undergoes an alcohol use disorders identification test and, as a result, is suspected to be an alcoholic should be referred to a specialized medical institution. As such, disseminate information on such recommendation.
- Promote an environment where those who are suspected to be an alcoholic are referred to an appropriate medical institution via a mental health and welfare center or health center, are provided with information on self-help groups, etc. and moreover supported in quitting drinking alcohol.
- Hold a workshop so that personnel in charge of Alcohol-related Harm in local governments or other organizations are provided with information such as basic knowledge and recent trends in Alcohol-related Harm and can carry out public health projects necessary to maintain and improve health of citizens.
- To promote early intervention in addressing Alcohol-related Harm, conduct research and study and develop human resources with the aim of establishing local models.

(3) Promotion of measures in workplaces

- Take measures to enhance coordination between medical institutions and industrial health staff. Take measures to improve training for industrial health staff involved in addressing alcohol-related health problems.

4. Enhancement of Medical Care for Alcohol-related Harm, and Other Matters

(Current situation and other matters)

Medical institutions capable of treating alcoholism are insufficient in number across Japan, although there are specialized medical institutions in some areas. To develop medical institutions providing consultation services and medical care and ensure coordination with related bodies, it is important to first foster human resources capable of treating alcoholism, clarify functions required for specialized medical institutions, develop specialized medical institutions serving as a center for treatment of alcoholism in communities and build a coordination system to ensure that citizens can receive necessary medical care.

One of the factors behind the insufficiency in medical institutions that treat alcoholism is considered to be an insufficient understanding of alcoholism among medical personnel. As such, it is necessary to take measures to provide sufficient information on alcoholism to personnel engaged in medical care.

Furthermore, it is also necessary to conduct study on medical care for Alcohol-related Harm, with the aim of enhancing the quality of medical care.

(Goal)

Take the following measures with the goal of clarifying functions of specialized medical institutions, developing specialized medical institutions that are required in communities, and building a foundation for promoting coordination in the field of medical care, so that persons with alcohol addiction can receive high-quality medical care regardless of where they live.

(1) Enhancement of quality of medical care for Alcohol-related Harm

- Strive to develop human resources by developing early detection and early intervention training programs for personnel engaged in specialized medical care.
- Provide training on early intervention methods and other alcoholism issues to medical personnel engaged in internal medicine, emergency care and other general medical care and specialized medical care and moreover work to improve skills of medical personnel so that those who are suspected to be an alcoholic can smoothly access appropriate medical care.
- Take measures to promote study on medical care for Alcohol-related Harm and develop medical human resources engaged in treatment and rehabilitations.
- Ensure that in a clinical training program, alcoholism is classified as a disease/illness requiring experience in treatment, promote such training and develop physicians who have the ability to treat alcoholism.
- Develop specialized medical institutions that serve as a base for medical care, etc. for alcoholism in communities.
- Determine a national hub medical institution to promote study, treatment and human resources development in association with medical care for Alcohol-related Harm.

(2) Promotion of medical coordination (coordination between internal medicine, emergency care and other general medical care and specialized medical care)

- Promote an environment where an addiction treatment hub institution under the project for establishing and managing an addiction treatment hub institution plays a central role in creating a model for coordination with general medical institutions.
- In accordance with the coordination model, ascertain the actual situation of specialized medical institutions for addiction, conduct research and study on necessary functions and enhance the capacity of specialized medical institutions required in communities based on the knowledge collected and accumulated through the above efforts.
- Promote an environment where specialized medical institutions play a central role in enhancing local coordination among the above institutions, general medical institutions where many persons who suffer from Alcohol-related Harm are considered to obtain medical attention, and mental health institutions, private bodies and other related bodies that do not treat alcoholism.

5. Guidance, etc. to Those Who Engaged in Driving under the Influence of Alcohol or Caused Other Problems in Association with Alcohol-related Harm

(Current situation and other matters)

It has been pointed out that those who drive under the influence of alcohol repeatedly may have an underlying problem of alcohol addiction and that alcoholism is one of the risk factors behind suicide. Further, it has also been pointed out that violence is caused by factors such as impairment of the reasoning ability due to alcohol consumption, and that there is a relationship between reduced motor or cognitive functions and various accidents.

For these reasons, it is desired that those who engaged in drunk driving, violence, maltreatment, suicide attempt or the like in association with Alcohol-related Harm be provided with appropriate support where necessary.

(Goal)

Take the following measures with the goal of building a system in which mental health and welfare centers, health centers or the like play a central role in coordination between related bodies in communities so that a person who has engaged in drunk driving, etc. and his/her family members can smoothly receive appropriate support.

(1) Guidance, etc. to those who have engaged in driving under the influence of alcohol

- If a person who has engaged in driving under the influence of alcohol is suspected to be an alcoholic or have other related problems, a mental health and welfare center, health center or the like plays a central role in coordination between related bodies in communities, according to the actual situation of the communities or on an as-needed basis in order to promote measures to ensure that the person who has engaged in drunk driving can smoothly receive consultation services for Alcohol-related Problems, support provided by self-help groups, etc. for cutting down on or giving up drinking, and treatment provided by specialized medical institutions or other organizations.
Upon the request of family members of a person who has engaged in driving under the influence of alcohol, similar measures are to be promoted for them.
- In a revoked license offender's lecture for those who have engaged in driving under the influence of alcohol, provide a list of consultation centers and medical institutions in communities, utilize self-help groups and take other additional measures that open up an opportunity for those who may be an alcoholic to access consultation or medical services.
- When guidance or other instructions are given to those who have committed an offense of drunk driving at a prison or probation office, promote measures to ensure that they are provided with information on consultation centers in society, and can smoothly receive support from self-help groups, etc. and specialized treatment provided by medical institutions and other organizations.
- Verify the effect of an alcohol addiction recovery program or other instructions for those who have committed an offense of drunk driving.
- Analyze age groups, causes, underlying factors, etc. in regards to those who have engaged in driving under the influence of alcohol.

- Collect and disseminate case examples of advanced practices to contribute to promotion of coordination in communities.

(2) Guidance, etc. to those who have engaged in violence, maltreatment, suicide attempt or the like

- If a person who has used violence, abused someone, caused an accident, attempted suicide or caused other problems is suspected to be an alcoholic or have other related problems, a mental health and welfare center, health center or the like is to play a central role in coordination between related bodies in communities, according to the actual situation of the communities or on an as-needed basis, to promote measures to ensure that the person who engaged in violence, maltreatment or the like or his/her family members can smoothly receive consultation services for Alcohol-related Problems, support provided by self-help groups, etc. for cutting down on or giving up drinking, and treatment provided by specialized medical institutions or other organizations.
- Taking account of the fact that alcoholism is one of the risk factors behind suicide, and also taking into consideration social and economic factors that lie behind suicide, in accordance with the General Principles of Suicide Prevention (approved by the Cabinet on August 28, 2012), cooperate with related bodies, etc. involved in addressing Alcohol-related Problems, in an effort to promote suicide prevention measures such as raising awareness, establishing consultation counters, developing human resources, and preventing those who attempted suicide from engaging in further suicide attempts.
- Collect and disseminate case examples of advanced practices to contribute to promotion of coordination in communities.

6. Consultation Support and Other Matters

(Current situation and other matters)

Although consultation services for Alcohol-related Problems are provided at a mental health and welfare center, health center or the like, it has been pointed out that some target individuals are not sure where to go for help in communities and some consultation counters do not have information on medical institutions, self-help groups, recovery facilities and other organizations that provide medical care and support for recovery, which, together with some other reasons, poses an obstacle to target individuals finding necessary support in some cases.

For this reason, it is necessary to develop a local system that ensures that citizens can receive support through seamless processes from consultation to medical treatment and recovery.

(Goal)

Take the following measures with the goal of developing a local framework to ensure that a person who suffers from Alcohol-related Harm and his/her family members can receive appropriate support by promoting information sharing and coordination among institutions involved in consultation, medical treatment and support for recovery.

Consultation support system in communities

- When providing consultation support for Alcohol-related Problems at prefectural or other levels, designate a consultation center where a person who suffers from Alcohol-related Harm and his/her family members can ask for help in a relaxed manner by following an easy-to-understand procedure (basically a mental health and welfare center, health center or the like is expected to assume the role of such consultation center) according to the actual situation of communities, and also disseminate information on local consultation counters to a wide range of citizens. Based on these efforts, organize roles of related bodies such as medical institutions, administrative organs and self-help groups, and develop a coordination system in which each organization establishes its mutual information sharing and cooperative systems, enabling target individuals to access appropriate services for consultation, medical treatment and support for recovery.
- A mental health and welfare center provides training for personnel and on-the-job instructions to health centers and related bodies with the aim of developing human resources who provide consultation support.

7. Support for Re-integration into Society

(Current situation and other matters)

When a person with alcohol addiction finds a job or returns to work, members at the workplace need to understand his/her visits to a hospital and participation in a self-help group and provide support to him/her, but it is considered that there is an insufficient understanding of alcoholism in society as a whole including workplaces, which poses an obstacle to target individuals smoothly accessing services under various support systems.

(Goal)

Take the following measures with the goal of providing necessary support at the time of finding a job and reinstatement by disseminating information on those with alcohol addiction including the fact that alcoholism is a disease that can be cured, as well as the goal of promoting smooth re-integration into society by sharing information, and ensuring necessary coordination, with self-help groups and recovery facilities in communities.

(1) Support for finding a job and reinstatement

- Disseminate information, such as the fact that alcoholism is a disease that can be cured, to society as a whole and promote an understanding of alcoholism so that those with alcohol addiction can recover from the disease and be re-integrated into society without difficulties.
- Promote an understanding of alcoholism among members at the workplace as in the case of other diseases to ensure that a person with alcohol addiction can, after taking a leave of absence, return and continue to work, without being exposed to prejudice.

(2) Support for recovery from alcoholism

- Mental health and welfare centers, health centers and municipal governments share information on social resources useful for treatment of and recovery from alcoholism, etc., and utilize self-help groups and recovery facilities so that those who request consultation can smoothly access appropriate support. In addition, it is necessary to spread awareness of the necessity of responses that give consideration to issues of women and the elderly when supporting alcoholics in recovering from the disease.

8. Support for Activity Conducted by Private Bodies

(Current situation and other matters)

Although self-help groups play a key role in recovery from alcoholism, it has been pointed out that coordination and communication between such groups and administrative organs and specialized medical institutions have diminished in recent years. Additionally, there are various private bodies that conduct voluntary activities in the awareness-raising, consultation and other fields, and it is also necessary to work together with these self-help groups and private bodies, utilize their functions and provide necessary support to them.

(Goal)

Take the following measures with the goal of ensuring that the national government and local governments promote coordination with self-help groups and private bodies.

- Promote an environment where mental health and welfare centers, health centers and municipal governments provide necessary support to activities of self-help groups.
- Mental health and welfare centers, health centers and other administrative organs utilize self-help groups as social resources in communities, and, while ensuring coordination between related bodies, provide an opportunity and environment for each group to play a role commensurate with its own function.
- Spread awareness of roles of self-help groups in recovery support, for example by providing information on experiences of those who recovered with a help from a self-help group and examples of recovery cases.
- Promote coordination with private bodies to move forward with more effective measures for spreading awareness of Alcohol-related Problems and conducting other activities.

9. Securing of Human Resources, and Other Matters (Reproduction of the Contents Stated in Basic Measures No. 1 to 8)

1. Promotion of Education and Other Matters

(1) Promotion of school education and other matters

[1] Education at primary school to high school

- To enhance school education on alcohol consumption, hold a meeting in which teachers and other school staff members participate and have other opportunities to disseminate information on the effect of alcohol on the mind and body and other matters.

[3] Specialized education on medical care, nursing care, welfare, caregiving, judicial affairs, etc.

- For medical education at university, ensure that information about matters such as education programs for alcoholism (including treatment therefor) which are included in the medical education model core curriculum is disseminated to each university in accordance with the purpose of the Basic Act.
- For other related areas, disseminate information in accordance with the purpose of the Basic Act.

2. Prevention of encouragement of inappropriate drinking

(3) Sales

- Take thorough measures to spread awareness of prohibition of liquor sales to minors among liquor business operators and strongly encourage them to regularly participate in liquor sales management workshops so that they can acquire knowledge on special characteristics and risks of liquors and otherwise manage sales in an appropriate and reliable manner. In addition, it is desirable that liquor business operators set selling prices taking into consideration special characteristics of liquors, such as the potential for inebriation and addiction.

(4) Provision

- Ensure that information on prohibition of provision of liquors to minors is disseminated to adult entertainment business managers and other parties through a manager workshop and other occasions.

3. Medical examinations and health guidance

(2) Promotion of early intervention in addressing Alcohol-related Harm in communities

- Hold a workshop so that personnel in charge of Alcohol-related Harm in local governments or other organizations are provided with information such as basic knowledge and recent trends in Alcohol-related Harm and can carry out public health projects necessary to maintain and improve health of citizens.
- To promote early intervention in addressing Alcohol-related Harm, conduct research and study and develop human resources with the aim of establishing local models.

(3) Promotion of measures in workplaces

Take measures to improve training for industrial health staff involved in addressing alcohol-related health problems.

4. Enhancement of medical care for Alcohol-related Harm, and other matters

(1) Enhancement of quality of medical care for Alcohol-related Harm

- Strive to develop human resources by developing early detection and early intervention training programs for personnel engaged in specialized medical care.
- Provide training on early intervention methods and other alcoholism issues to medical personnel engaged in internal medicine, emergency care and other general medical care and specialized medical care and otherwise work to improve skills of medical personnel so that those who are suspected to be an alcoholic can smoothly access appropriate medical care.
- Take measures to promote study on medical care for Alcohol-related Harm and develop medical human resources engaged in treatment and rehabilitations.
- Ensure that in clinical training, alcoholism is included in diseases and illnesses requiring experience in treatment, promote such training and develop physicians who have the ability to treat alcoholism.
- Determine a national hub medical institution to promote study, treatment and human resources development in association with medical care for Alcohol-related Harm.

6. Consultation Support and Other Matters

Consultation support system in communities

- A mental health and welfare center provides training for personnel and on-the-job instructions to health centers and related bodies with the aim of developing human resources who provide consultation support.

7. Support for Re-integration into Society

(2) Support for recovery from alcoholism

- Mental health and welfare centers, health centers and municipal governments share information on social resources useful for treatment of and recovery from alcoholism, etc., and utilize self-help groups and recovery facilities so that those who request consultation can smoothly access appropriate support. In addition, spread awareness of the necessity of responses that give consideration to issues of women and the elderly when supporting alcoholics in recovering from the disease.

10. Promotion of Research and Study, and Other Matters (Reproduction of the Contents Stated in Basic Measures No. 1 to 8)

3. Medical examinations and health guidance

(1) Research and study on Alcohol-related Harm

- Conduct research and study on the effect of alcohol consumption on Alcohol-related Harm
- Conduct research and study on early intervention methods of preventing Alcohol-related Harm (including verification of the effect of a brief intervention which is the intervention method whose effectiveness in addressing dangerous drinking and harmful drinking is demonstrated internationally) as well as to what extent alcohol use disorders identification tests and brief interventions based on the test results are performed in the health guidance field.

(2) Promotion of early intervention in addressing Alcohol-related Harm in communities

- To promote early intervention in addressing Alcohol-related Harm, conduct research and study and develop human resources with the aim of establishing local models.

4. Enhancement of medical care for Alcohol-related Harm, and other matters

(1) Enhancement of quality of medical care for Alcohol-related Harm

- Strive to develop human resources by developing early detection and early intervention training programs for personnel engaged in specialized medical care.
- Take measures to promote study on medical care for Alcohol-related Harm and develop medical human resources engaged in treatment and rehabilitations.
- Determine a national hub medical institution to promote study, treatment and human resources development in association with medical care for Alcohol-related Harm.

(2) Promotion of medical coordination (coordination between internal medicine, emergency care and other general medical care and specialized medical care)

- In accordance with the coordination model, ascertain the actual situation of specialized medical institutions for addiction, conduct research and study on necessary functions and enhance the capacity of specialized medical institutions required in communities based on the knowledge collected and accumulated through the above efforts.

5. Guidance, etc. to Those Who Engaged in Driving under the Influence of Alcohol or Caused Other Problems in Association with Alcohol-related Harm

(1) Guidance, etc. to those who have engaged in driving under the influence of alcohol

- Verify the effect of an alcohol addiction recovery program or other activities for those who have committed an offense of drunk driving.
- Analyze age groups, causes, underlying factors, etc. in regards to those who have engaged in driving under the influence of alcohol.

V Promotion System and Other Matters

1. Organic Coordination with Related Measures

- In promoting measures against Alcohol-related Harm, related ministries and agencies are to communicate and coordinate with each other through the Council for Promotion of Measures against Alcohol-related Harm and other opportunities with the aim of ensuring organic coordination with measures for Alcohol-related Problems, and coordinate with companies, related organizations, etc. in an effort to promote measures against Alcohol-related Harm.

2. Formulation of the Prefectural Plan for Promotion of Measures against Alcohol-related Harm in Prefectures, and Other Matters

- Article 14 of the Basic Act stipulates that prefectural governments shall endeavor to formulate the Prefectural Plan for Promotion of Measures against Alcohol-related Harm (hereinafter referred to as the “Prefectural Plan”).

The Basic Plan for Promotion of Measures against Alcohol-related Harm sets out basic measures taken by the government. However, to steadily promote local measures against Alcohol-related Harm, prefectural governments and government-designated cities need to play a central role in local efforts to address Alcohol-related Harm in a unified manner. For this reason, formulation of the Prefectural Plan is to be promoted with the goal of formulating the Prefectural Plan in all prefectures during the period of the Basic Plan for Promotion of Measures against Alcohol-related Harm.

A prefectural government needs to formulate its Prefectural Plan, based on the basic plan of the State, taking account of the actual situation of the prefecture while ensuring consistency with a prefectural health promotion plan and other related plans.

- In formulating the Basic Plan for Promotion of Measures against Alcohol-related Harm, a draft basic plan has been created after hearing opinions of the Stakeholder Council for Measures against Alcohol-related Harm consisting of those who have specialist knowledge on Alcohol-related Problems as well as representatives of those who do or did suffer from Alcohol-related Harm, their family members and other parties.

In formulating the Prefectural Plan as well, it is important to hear opinions of those who have specialist knowledge on Alcohol-related Problems in communities as well as representatives of those who do or did suffer from Alcohol-related Harm, their family members and other parties, for example by holding a meeting, and thereby ascertain issues in the relevant communities, set goals for resolution of such issues, and clearly indicate measures.

- Additionally, in promoting measures against Alcohol-related Harm in prefectures and government-designated cities, it is important that related parties continue to implement measures while holding discussions through means such as a meeting in which local government bodies, companies, medical personnel, self-help groups and other various parties exchange opinions and communicate, coordinate or otherwise deliberate with each other.

In doing so, it is important to consider implementing such measures in an effective and efficient manner, for example by ensuring that a framework that has

already been developed by related measures is utilized or coordinated with according to the actual situation of communities.

3. Review of the Basic Plan for Promotion of Measures against Alcohol-related Harm

- Article 12, paragraph (6) of the Basic Act stipulates that “In view of changes in circumstances surrounding Alcohol-related Harm, and taking into consideration the results of reviews on the effect of measures against Alcohol-related Harm, the government shall review the Basic Plan for Promotion of Measures against Alcohol-related Harm at least once every five years and revise such plan if it deems it necessary to do so.”
- In regards to the Basic Plan for Promotion of Measures against Alcohol-related Harm, research is to be conducted on the state of progress towards goals of the basic measures and goals for the key issues to ascertain the progress of the Basic Plan and evaluate the effect of measures against Alcohol-related Harm. After the basic plan is reviewed based on the above evaluation results, if revision is deemed necessary, the Basic Plan for Promotion of Measures against Alcohol-related Harm is to be revised after hearing opinions of the Stakeholder Council for Measures against Alcohol-related Harm.
- Even before the period of 5 years subject to the plan expires, the Basic Plan for Promotion of Measures against Alcohol-related Harm is to be revised if necessary.

4. Smooth Transfer of Affairs to the Ministry of Health, Labour and Welfare

- The period subject to the Basic Plan for Promotion of Measures against Alcohol-related Harm is an approximately five-year period ending fiscal 2020 as described in I-2, and the Basic Act stipulates that within three years after formulation of the basic plan, affairs related to revision and promotion of the Basic Plan for Promotion of Measures against Alcohol-related Harm shall be transferred to the Ministry of Health, Labour and Welfare and the Stakeholder Council for Measures against Alcohol-related Harm shall be transferred and placed under said ministry.
- To smoothly proceed with transfer of affairs without posing an obstacle to promotion of the Basic Plan for Promotion of Measures against Alcohol-related Harm, the Cabinet Office and the Ministry of Health, Labour and Welfare are to closely cooperate with each other and proceed with necessary preparation for transfer of affairs, taking into consideration the schedule for evaluation and revision of the basic plan.
- The Ministry of Health, Labour and Welfare is to ensure coordination within the ministry and with related ministries and agencies and consider and prepare a necessary framework for promoting measures against Alcohol-related Harm in a centralized manner.

5. Activity related to Numerical Targets of the Next-phase Basic Plan for Promotion of Measures against Alcohol-related Harm

- Continue research and study, etc. to ascertain the actual situation of alcoholism and proceed with an examination process for setting numerical targets of the next-phase basic plan.