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Statistical Compilation

Impact of COVID-19 on Persons with Addiction and the Reginal Recovery-supporting System from Addiction in Japan

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Abstract

Mental Health and Welfare Centers (MHWCs) play a key role in supporting the recovery of people suffering from various addictions. These MHWCs usually cooperate with local peer support groups and other resources in the community, such as Drug Addiction Rehabilitation Center (DARC). The goal of the present research is to investigate the impact of the COVID-19 outbreak on these regional support systems, and its impact on persons who are suffering from addiction. One-on-one counseling programs, group cognitive-behavioral therapy programs, and family groups programs provided at MHWCs were fully canceled or being reduced capacity. One-on-one counseling programs were maintained compared to the other two programs, as many MHWCs opted to keep providing personal sessions as an alternative to group sessions. Activities provided by local self-help groups and other peer support programs were also highly affected as

many groups were unable to hold meetings due to governmental restrictions on social gatherings. The situation did not significantly improve even after the lockdown, as the number of participants attending these groups remained low due to fear of infection. Cooperation between MHWCs and local peer supporters was also restricted due to the pandemic. MHWCs generally observed a deterioration in the symptoms of their clients, such as relapse of their addictive behaviors or even suicide in the worst case. There were also a small number of reports saying that some individuals showed signs of improvement, especially clients with Gambling Disorder. The results indicate that treatment programs for addiction are generally vulnerable to infections such as COVID-19. Each regional support system must recognize its role in the community and communicate with other programs to prevent the treatment program provision system of each region from being imbalanced, thereby minimizing the negative effect on the community as a whole. Also in daily practice, clinicians must keep in mind that the influence of the COVID-19 is unique to each client and personal assessment is needed to evaluate and minimize its negative impact. Especially when meeting clients whose engagement in treatment resources is being restricted, clinicians must communicate to investigate if this is occurring from changes in the treatment resource or the client's living condition and provide support to gain access to the optimal treatment resource.

Keywords: COVID-19, addiction, Mental Health and Welfare Center, self-help group

Introduction

The spread of coronavirus disease 2019 (COVID-19) and measures taken to control it have affected the social lives of people around the world. In Japan, after the first case of COVID-19 infection was confirmed on January 16, 2020, a state of emergency was declared on April 7 of the same year, and the lifestyles of many citizens and businesses changed significantly.[11)12)14)] As of August 2021, the spread of COVID-19 continued, and a total of four state of emergency declarations had been issued, with social activities such as the closure of restaurants, promotion of teleworking, and restrictions on going out being imposed each time.

These changes in social life also had a significant impact on those with problems such as alcohol, drug, and gambling addictions. In other countries, there were reports of a doubling of the number of patients complaining of alcohol withdrawal symptoms due to limitations imposed on the sale of

alcohol during lockdowns,[10] and an increase in the risk of overdose among opioid users.[17] In a New Zealand survey conducted in April 2020 involving 1,190 people to investigate changes in drinking and gambling behavior due to lockdowns, 41% of respondents reported no change in their gambling behavior during such periods, 50% reported a decrease, and 9% reported a worsening of their gambling behavior.[4] In terms of drinking behavior, the same survey reported that 47% of respondents stated their drinking habits had not changed, 34% answered they had cut down on drinking, and 19% reported that they had increased their drinking. In addition, according to the Overdose Detection Mapping Application Program (ODMAP), which monitors trends of drug overdoses in real-time in the United States, 61.84% of the facilities surveyed reported an increase in overdoses, and the total number of reported overdoses also increased by 16.56% compared with the same period the previous year.[13]

Support systems were also affected, with 65% of responding facilities in some US states scaling back their substance use disorder treatment programs due to COVID-19.[1] In Japan, there were also reports of people refraining from seeking medical treatment due to the spread of infectious diseases and declaration of a state of emergency,[3] and it is considered that the spread of COVID-19 has been a major hindrance to the treatment and recovery of people with addictions. We believe that a similar impact may have been observed by support organizations such as Mental Health and Welfare Centers (hereinafter referred to as "MHWCs") across Japan. In particular, in addition to group cognitive behavioral therapy programs such as the Serigaya Methamphetamine Relapse Prevention Program (SMARPP)[8] and Shimane Addiction recovery Training program for Gambling disorder (SAT-G),[7] there are also self-help groups and group psychotherapies that are carried out in a group format, which may be more markedly affected by the spread of COVID-19. This type of group therapy is characterized by the close proximity of participants, but this can sometimes conflict with measures to prevent the spread of COVID-19, such as avoiding crowded places and close conversations.[14] As addiction is also referred to as a "disease of isolation",[6] and social isolation is recognized as a factor leading to poor outcomes for those affected,[2][9] it is possible that measures to prevent the spread of COVID-19 and avoid the so-called "Three Cs" (A national strategy promoted by the Japanese government to prevent the outbreak of COVID-19. The three Cs

stand for Closed spaces, Crowded places, and Close-contact settings, which citizens were suggested to avoid) could have a negative impact on the treatment and recovery of those with addictions.

Therefore, in this paper, we report the result of a nationwide survey involving 69 MHWCs to understand the changes in treatment systems and resources caused due to the spread of COVID-19, the impact these changes have had on people with addictions. With the results, we aim to discuss methods and countermeasures to ensure the sustainability of treatment and recovery for people with addictions in the context of the spread of COVID-19.

I. Addiction Treatment System at MHWCs

There are significant regional disparities in the treatment system for addictions, and the MHWCs located in all prefectures and government-designated cities play an important role in supporting those with addictions in each region.[5] Under the "National Center for Addiction Measures Establishment and Operation Project and Comprehensive Support Project for Addiction Measures" launched by the Ministry of Health, Labour and Welfare in 2017, MHWCs across Japan have been positioned as "consultation centers for alcohol-related health disorders, drug dependence, and gambling addiction."

Consultation centers designated under this project are required to hold meetings to promote collaboration between relevant organizations in the local government they are responsible for, to develop consultation and medical systems, provide training for local supporters, and provide direct support for people with addiction problems in the local area (individual consultation services, cognitive behavioral therapy and other recovery programs for people with addiction problems, and family support services). As of September 1, 2020, 47 MHWCs offer recovery programs for people with drug addictions, and 49 MHWCs offer classes for these families. For gambling addictions, 53 MHWCs offer recovery programs for people with addictions, and 44 MHWCs were offering family classes.[15][16] In addition, many of these MHWCs are working together with local medical institutions, self-help groups, and other peer-supported facilities such as DARC. There are many opportunities for mutual personnel exchange and collaboration between these services.[8] Regardless of whether they are designated as consultation centers, all MHWCs across Japan are conducting specific consultation services for those with alcohol and drug dependence based on the "Guidelines for the Operation of

Mental Health and Welfare Centers" established by the Ministry of Health, Labour and Welfare.

II. Survey Method

In October 2020, a survey was distributed to all 69 MHWCs nationwide using the mailing list of the National Association of Directors of Mental Health and Welfare Centers, and we requested that they reply by email.

The survey asked the following questions about the period after the first domestic case of COVID-19 was confirmed on January 16, 2020: (i) What impact did the pandemic have on each MHWC's three main addiction treatment services (individual consultation services, recovery programs for people with addiction, and family support services such as family classes), (ii) Did the pandemic cause any changes in the MHWCs' relationships with self-help groups and other peer-supported organizations (such as DARC) that they usually work with?, (iii) How were the people seeking advice on addiction at the MHWC affected by COVID-19?, (iv) To the extent that each MHWC is aware of, what impact did the pandemic have on the activities of self-help groups and peer-supported organizations in the MHWC's jurisdiction?

Ethical approval of the study was obtained by the Zenkoku Seishin Hoken Fukushi Center Head Committee (Head Committee of Japan's Mental Health and Welfare Center).

III. Results

Responses were received from all MHWCs (69/69) (response rate: 100%).

1. Impact on MHWCs' various addiction-related services (Table 1)

In all services provided by MHWCs for people with addiction and their families, including individual consultations, recovery programs, and family support services such as family meetings, there were responses indicating that some of the services had been suspended, postponed, canceled, or shortened, or that the scale of the services had been reduced. In addition to reducing the scale of their activities, they also adopted measures to prevent infection, such as switching from face-to-face to telephone-based activities, switching from group activities to individual support, and using ventilation, disinfection, and large rooms for face-to-face activities. In addition to the above, some of the programs for recovering from addiction and family support programs also responded that they had limited the number of participants and stopped accepting new clients, and some

organizations temporarily stopped inviting staff from outside organizations.

2. Impact on self-help groups and other peer-supported organizations (Table 2)

In areas covered by the MHWCs, self-help groups and other peer-supported organizations had to cancel their meetings due to the suspension of facility use as a result of the declaration of the state of emergency, and even after the restrictions had been lifted, they were sometimes unable to resume meetings due to other restrictions on facility use. Even after meetings were resumed, restrictions on the number of participants and switching to online meetings were confirmed. During the period when meetings were canceled, some groups communicated with each other by phone, and group leaders routinely checked on the condition of their members. In addition, the number of participants decreased due to the inability to participate in off-site meetings because they were unable to leave the hospital, the users themselves being hesitant to participate due to fear of infection, and the inability access to online meetings. The reasons for not being able to respond to the move online included not having an internet connection and not being able to participate safely and securely due to family members living at home. In addition to cancelling meetings, outreach activities, accepting new consultations, and group events, there were also reports that it had become difficult to operate the facility due to lack of budgets. On the other hand, there were also responses that the frequency of meetings had increased in some services.

3. Impact on collaboration with self-help groups and other peer-supported organizations (Table 3)

Programs run jointly by the MHWCs and self-help groups or other peer-supported organizations were also canceled, postponed, limited in terms of the number of participants, or changed their format. In addition, there were cases where peer-supported organizations were unable to participate in the MHWCs' programs. Due to the suspension of liaison meetings between the two parties, sharing information became difficult, and there were cases where the MHWC was unable to understand changes in activities and unable to refer clients to self-help groups or other peer-supported organizations. In addition, because the MHWCs did not have the equipment required for online activities, connection between the MHWCs and peer-supported services were interrupted.

4. Impact on those seeking advice (Table 4)

There were reports from those using the MHWC and their families that the conditions of people seeking advice had worsened. The reasons given included the fact that the self-help groups they were using were no longer available, the increase in time spent at home due to working from home and refraining from going out, school closures, provision of the special cash payment by the government, and the increase in time spent with family, which led to a deterioration in relationships. In addition, because other services had stopped accepting new clients, some MHWCs experienced difficulties in referring clients to groups, which in worst case resulted in suicide of the client.

Furthermore, there were responses that indicated changes in the object of dependence, such as a shift from pachinko to online casinos and changes in the methods of obtaining drugs, and that family members became more aware of the person's drinking because they were spending more time with them at home. There were also cases where the symptoms of those with gambling (pachinko, horse racing, etc.) problems eased as a result of them staying away from facilities due to factors such as a fear of getting infected of COVID-19 or the closure of horse-racing tracks.

IV. Discussion

The survey found that addiction consultation and support services at MHWCs across Japan had been suspended, scaled back, or changed due to the impact of COVID-19 at the time of the survey, and that this also had an impact on the way users dealt with their addiction. A similar trend was also observed in self-help groups and other peer-supported organizations that MHWCs collaborate with, and in some cases, the inability of these organizations to collaborate with each other meant that clients were unable to access various social resources, resulting in poor outcomes.

1. Impact of COVID-19 on support systems for addictions

Our results indicate that recovery programs for people with addiction and family support programs run by MHWCs, and meetings held by self-help and peer-supported groups were either canceled or scaled down. This was the result of concerns that implementing programs in groups would lead to the occurrence of COVID-19 clusters. We therefore state that treatment resource for addictions may be characterized as vulnerable to the effects of infectious diseases such as COVID-19. In addition, we found that there were some practical issues, such as the inability to resume support activities because venues could

not be rented, especially for self-help groups that often hold meetings at rented venues. The occurrence of such problems depends on the venue each group uses, and there is a possibility that continuity of group meetings will differ depending on the infection situation. Groups that use private facilities such as hospitals and churches and groups that use public facilities may have a difference in the availability of the venues, so this needs to be taken into account when referring clients. In addition, MHWCs supporting local peer-supported groups to secure meeting venues or providing venues may be beneficial in the resumption or continuation of support programs.

MHWCs were providing individual face-to-face and telephone counseling as alternatives to group programs, but the increase in human and time costs due to the switch to individual counseling cannot be ignored, and whether the effects expected from group programs can be achieved with individual sessions is uncertain. In addition, there is a risk that programs provided by MHWCs which usually collaborate with self-help groups and other peer-supported services may be ineffective since such collaboration cannot be achieved when conducted as individual sessions. Therefore, promoting online participation of members from external support organizations as well as ensuring that MHWC staff receive training to improve their skills may be important.

Provision of family support programs by MHWCs is crucial to the families of people with addiction. This can be said because family support programs in medical facilities are limited due to it not being covered by the Medical fee[16]. Therefore, if MHWC's family support program is suspended due to an epidemic, this will severely limit the access of families to activities that promote their recovery, who have limited resources than people with addiction. In response to these concerns, when group activities are restricted due to the spread of infectious diseases, ensuring the sustainability of family support services in each area is important. In concrete, whether MHWC's various support program should be suspended, postponed, or kept held should be decided upon the role, uniqueness and substitutability of each service in the jurisdiction, so that at least some services are available to people in need in the area.

2. Impact of COVID-19 on people with addiction

Among people seeking help at MHWCs, MHWCs reported that some clients' symptoms worsened and people even committed suicide because the activities of self-help groups and other peer-

supported organizations were suspended due to the spread of COVID-19. One main goal in supporting the recovery of people with addiction is to encourage participation in various peer-activities[8]. Our study however suggest that even for those who have been able to connect with these resources, it is necessary to provide careful follow-up support when infectious diseases such as COVID-19 continue to spread. In a situation where the spread of infectious diseases continues and the support systems are unstable, rather than holding to connect those seeking advice to treatment groups as the final goal, routine check-up on changes in their conditions and the situations of groups they are referred to is also necessary. Also, if treatment groups they attend have been cancelled, holding conversations to maintain connection with other treatment resources, such as proposing an alternative group may be effective. For those who are hesitant to participate due to concerns about being infected, clinicians should hold honest conversation on what exactly they are worried about. In cases where necessary, teaching clients to organize their knowledge on the infection, communicating to relieve their anxiety, suggest sufficient infection control measures, and co-discussing how to safely participate in groups may be helpful for people in need.

In addition, assessment on whether existing treatment resources are usable to each client is important. Individual lifestyles, family relationships including domestic violence influence the accessibility of the service, as well as knowledge and preparation of online devices. Routinely obtaining basic information on how services are provided such as date, time, and location are also important as these rapidly change under the COVID-19 pandemic. One reason for worsening of the symptoms of clients was the psychological stress caused by the increased time they spent with their families. Various measures to prevent the spread of infectious diseases, such as behavioral change, mobility control, and changes in economic activity, can create a tense atmosphere within the family, and this may worsen the addictive behavior. In particular, for women with addiction or women family members, who are often affected by violence from other family members, land-based group programs can function as a safe haven to talk to others without being interrupted by the family member. Online meetings, on the contrary, can make it difficult to talk safely with others because family members are present, and this can mean that treatment groups are not as effective as they could be; this can even lead to people distancing themselves

from treatment resources. In addition, digitalization can be a major hurdle to participation for those who are not familiar with it. Also, provision of online programs is experimental, which the evidence of its effectiveness is uncertain.

We must also mention that this survey discovered certain clients whose addiction symptoms improved during the COVID-19 pandemic. Some MHWCs stated that not being able to access their place of addictive behavior significantly affected the client's symptoms, with comments such as "The client said that he didn't go to the pachinko parlor because he was afraid of infection" and "the horse-racing track was closed, so it was the perfect environment for the client to stop gambling." Our results indicate that addiction symptoms do not always exacerbate under the pandemic such as COVID-19, but are decided upon a complex interplay of the subject of addiction, its availability, impact on the treatment resource each person is using, the role of the addictive behavior in the person's lifestyle, and physical dependence of the content of addiction. This means that in some cases, drastic changes in the society such as the issuance of a state of emergency can serve as an opportunity to improve addiction symptoms in some people.

3. Limitations of this study

The period covered by this study was limited mainly to the initial (first wave) and second (second wave) stages of the spread of COVID-19 infection. As of August 2021, when this paper was written, the spread of COVID-19 continues both in Japan and around the world, and state of emergency declarations have been issued several times, so the impact on subjects, MHWCs, self-help groups, and recovery support facilities are suspected to change. Thus, conducting annual surveys and making timely announcements as well as proposals based on the results may be ideal. In addition, this survey mainly obtained information in descriptive form in order to grasp an overview of the diverse challenges these facilities are facing. Thus, the survey was not designed to collect quantitative data such as frequency or distribution of the event. Therefore, the results must be interpreted with caution: frequent observation of a particular response does not necessarily indicate that the event occurred more frequently than others. In addition to the current qualitative study, future studies should be conducted in quantitative style to gain a dynamic understanding of the situation of support systems and impact on users due to COVID-19 and its prevention measures. In addition, the situation of peer-supported programs

and people with addiction discovered from our study were indirect information from MHWCs. Asking patients and peer-supported groups directly in future surveys may result in discovering more detailed and diverse impact these people/services face.

Conclusion

This survey is the first to report on domestic addiction support systems and the impact of the COVID-19 pandemic. We discovered that the pandemic has forced centers to cancel, scale back, or change the format of their support programs. The same is said to various self-help groups and other peer-supported groups, and this was preventing people with addiction and their families from recovering. As the impact of COVID-19 on society continues, many patients are expected to be affected, and we should also keep in mind that the those who have been in stable recovery for a long time through participation in treatment groups may even relapse. Both individual support for people with addiction and support to ensure the sustainability of treatment groups are needed at a national level. We hope that this paper will be of help to promote various initiatives.

There are no conflicts of interest to disclose in relation to this paper.

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表 1　センターが実施する依存症関連事業への影響

	個別相談事業	当事者向け回復プログラム事業	家族教室などの家族支援事業
	(n＝69)	(n＝59)	(n＝60)
事業の一部の休止・延期・中止・短縮	30	45	50
来所を電話/オンラインへ切り替え	13	3	3
感染対策（換気・消毒・広い部屋）	4	7	5
グループから個別対応へ切り替え	1	2	2
人数制限	—	5	4
外部スタッフ受け入れ停止	—	3	1
新規受付停止	—	1	1

Table 1: Impact on the MHWC's Addiction-related Programs
Individual consultation programs
Recovery programs for people with addiction
Family support programs such as family groups
(n=69) (n=59) (n=60)
Partial suspension, postponement, cancellation, or shortening of programs
30 45 50
Switching to telephone/online consultations
13 3 3
Infection control measures (ventilation, disinfection, larger rooms)
4 7 5

Switching from group to individual support
1 2 2
Limiting the number of people
5 4
Suspending the acceptance of outside staff
3 1
Suspending new applications
1 1

表 2　自助グループ・民間支援団体への影響

カテゴリー	回答（抜粋）
ミーティングの中止（n＝50）	・ほとんどの自助グループが，緊急事態宣言下で，ミーティング会場が閉鎖となり借りれなくなっていた． ・NA や断酒会などは，感染予防のために集まりを中止したり，会場の貸し出しができなく中止になることがあった． ・宣言が解除されても，ミーティング会場の確保が難しく，感染防止対策を徹底した中で施設で実施したり，オンラインでのミーティングを実施していた様子．
参加人数を減らす・場所を変える・頻度を減らす・時間を短くするなどして開催（n＝25）	・人数制限によりミーティングに参加する機会，時間が減った． ・病院は院外グループ参加不可． ・ミーティング・例会を中止またはオンライン実施にしたり，会場を変更したりするところが増えた．
ミーティング参加者の減少（n＝5）	・外出自粛の風潮から，相談やグループ等への参加自体が少ない印象がある． ・例会の休止，実施形態の変更（オンライン例会など），参加者の減少などの影響が出ているとの声が聞かれている．
オンライン化による弊害（n＝5）	・ミーティングをオンラインに切り替えるなどの工夫をしたところもあったが，メンバーによってはネット環境がない人がいたり，自宅では他の家族がいる中で安心して参加できないメンバーもいたと聞いている． ・オンラインミーティングを開催したグループもあったが，端末がなくて参加できない人，安全面を危惧して参加しない人がいた（参加者に不公平が生じた）．
ミーティングは開催しなかったが電話などで当事者間で連絡をとっていた（n＝3）	・緊急事態宣言中は，当事者ミーティング，家族ミーティングがほとんど開けず，仲間同士がつながれなかったため，電話で連絡を取り合い，状況を確認していた様子． ・オンラインが難しいグループは定例開催日に会長が電話で状況の確認などをしていた．
訪問や来所相談の制限（n＝3）	・一時，ミーティング活動や医療機関へ出向くメッセージ活動を中止していた．
その他	・感染対策の観点からミーティングの匿名性が確保できない（n＝1）． ・活動中止によりスリップした（n＝1）． ・開催頻度を増やしてミーティングを実施していた（n＝1）． ・集合型のイベントを中止していた（n＝1）． ・活動資金が集まらず施設運営が困難になる（n＝1）． ・特になし（n＝3）．

NA：ナルコティクスアノニマス

Table 2: Impact on Self-help Groups and Private Support Organizations
Category
Excerpts from responses
Cancellation of meetings (n=50)
・Most self-help groups were unable to rent meeting venues due to the closure of venues under the state of emergency declaration.
・NA and AA groups canceled meetings to prevent infection, and in some cases, venues were unable to be rented and meetings were canceled.
・Even after the restrictions had been lifted, it was difficult to secure meeting venues,

so meetings were held at facilities with thorough infection prevention measures in place, or online meetings were used.

Held with reduced numbers of participants, at different locations, less frequently, or for shorter periods of time (n=25)

・The number of opportunities and time spent at meetings decreased due to restrictions on the number of participants.

・Hospital meetings were not open to groups from outside the hospital.

・More and more groups canceled meetings, held them online, or changed the venue.

Decrease in meeting participants (n=5)

・There was an impression of fewer people participating in consultations and groups, etc., due to the trend of refraining from going out.

・There have been reports of the effects of suspending regular meetings, changing the format (online regular meetings, etc.), and a decrease in participants.

Negative effects of going online (n=5).

・Although some groups made efforts to switch to online meetings, some members did not have Internet access, and others were unable to participate in a relaxed manner at home because of other family members being present.

・Some groups held online meetings, but there were people who were unable to participate due to a lack of devices, and others who did not participate due to concerns about safety (this created unfairness for participants).

Although meetings were not held, they communicated with each other by phone, etc., (n=3)

・During the state of emergency, it was almost impossible to hold meetings for addicts or family meetings, and people were unable to connect with each other, so they were communicating by phone to check on each other's situation.

・For groups that had difficulty holding online meetings, the chairperson would call to check on the situation, etc., on the regular meeting day.

Limitations on home visits and consultations at the office (n=3)

・For a time, activities such as visiting medical institutions and meetings were suspended.

Others

・From the perspective of infection control, it was not possible to ensure anonymity at meetings (n=1).

・Activities were suspended (n=1).

・Meetings were held more frequently (n=1).

・MHWCs had to cancel group events (n=1).

・It became difficult to operate facilities because activity funds could not be collected. (n=1).
・Nothing in particular (n=3).
NA: Narcotics Anonymous

表 3　精神保健福祉センターと自助グループや民間支援団体との連携状況への影響

カテゴリー	回答（抜粋）
開催しているグループの開催形態の変更（n＝14）	・グループ支援への参加人数を制限した． ・新しい開催方法でミーティングや分かち合いを行った． ・民間回復施設の入所者を対象にしたグループセッションを実施しているが，コロナウイルスの状況が落ち着くまでセッションを延期した．
機関同士の交流機会の減少・中止（n＝13）	・センターで行う回復プログラムに回復施設職員が参加する予定だったが，参加を見合わせた． ・ダルクとの連絡会が無期延期．当センターでの酒害相談員による相談の一時休止．連携がとりにくい状況． ・毎年 2 回連携会議を開催しており，支援者同士の顔合わせや情報交換の場になっているが，コロナウイルス感染症の影響により，今年度第 1 回目は中止となった．
自助グループの休止・中止（n＝13）	・共催で実施している市民向けのフォーラム・相談会が中止となるなどの影響が生じている． ・緊急事態宣言中は自助グループは中止せざるを得なかったが，回復施設は実施していたと聞いている． ・自助グループの活動休止．連絡がとれない期間があった．
自助グループ中止・休止により必要な人に紹介ができなかった（n＝11）	・自助グループの開催場所である公的施設が使用停止になり，やむなく一時休止になるグループがあり，相談者に紹介できない状況があった． ・ミーティング・例会を中止するところが増え，紹介できる自助グループが減った． ・自助グループや民間回復施設の活動に制限があり紹介しづらかったり，本人も集団に参加することを躊躇される傾向があった．
外部講師を呼べなかった（n＝3）	・自助グループのメンバーを家族教室の講師として招いていたが，感染症感染防止のためにキャンセルし，センター職員ができる内容にプログラムを変更した．
委員会・会議の中止（n＝3）	・アディクションフォーラム実行委員会を休会した．
変更を把握しにくく必要な人に紹介ができなかった（n＝2）	・再開したグループや会場の変更などの情報が遅れて入ってくるため，相談者を自助グループにつなぎづらい．
Web 開催となったが環境が整っておらず不便（n＝2）	・他のグループが Zoom での開催となり，当センターではセキュリティーの関係でパソコンを「本所（センター）から」貸与し利用しなくてはいけないため不便だった．
その他	・予防策を徹底した（n＝1）． ・新しい参加者の減少（n＝1）． ・連携が深まった（n＝1）． ・延期したため必要な人に紹介ができなかった（n＝1）． ・特に影響はない（n＝7）．

Table 3: Impact on Collaboration Between Mental Health and Welfare Centers and Self-help Groups and Private Support Organizations
Category
Excerpts from responses
Changes to the format of group activities that are being held (n=14)
・The number of people participating in group support was limited.
・We held meetings and sharing sessions using a new format.
・We previously held group sessions for people staying at private recovery facilities, but postponed the sessions until the coronavirus situation had calmed down.
Decrease/cancellation of opportunities for interaction between organizations (n=13)
・Staff from recovery facilities were scheduled to participate in recovery programs at

the MHWC, but they decided not to attend.
・Meetings with DARC have been postponed indefinitely. Consultation services at the MHWC by alcohol abuse counselors have been temporarily suspended. It is difficult to maintain cooperation.
・We typically hold a liaison meeting twice a year, which is a place for supporters to meet and exchange information, but due to the impact of the coronavirus infection, the first meeting of this year was canceled.
Self-help groups suspended or canceled (n=13)
・There were effects such as the cancellation of forums and consultation meetings for citizens that were being held jointly.
・I heard that self-help groups had to be canceled during the state of emergency, but that recovery activities were still being held.
・Self-help group activities were suspended. There was a period when we could not get in touch with them.
Due to the suspension or cancellation of self-help groups, it was not possible to make referrals when necessary (n=11)
・There were cases where public facilities used as venues for self-help groups were closed, and some groups were forced to temporarily suspend their activities, making it impossible to make referrals when necessary.
・As more and more meetings and regular meetings were canceled, the number of self-help groups that could be referred to decreased.
・There were restrictions on the activities of self-help groups and private recovery facilities, making it difficult to introduce them, and there was a tendency for the people themselves to hesitate to join groups.
External lecturers could not be invited (n=3)
・We had invited members of self-help groups to give lectures at family classes, but we had to cancel these due to the risk of infection, and changed the program to something that could be done by the MHWC staff themselves.
Cancellation of committees and meetings (n=3)
・The Addiction Forum Executive Committee was suspended.
It was difficult to keep up with information about changes, so it was not possible to refer people when necessary (n=2)
・It was difficult to connect people seeking advice to self-help groups because information about groups that had resumed and changes in venues came in late.
The meeting was held online, but the environment was not set up properly and it was inconvenient (n=2)

・Other groups were holding their meetings on Zoom, but at our MHWC, due to security reasons, we had to lend out computers from the main office (MHWC) for use, so it was inconvenient.

Others

・We adopted thorough preventative measures (n=1).

・There was a decrease in new participants (n=1).

・Cooperation deepened (n=1).

・Because it was postponed, we were unable to introduce it to those who needed it (n=1).

・There was no particular impact (n=7).

表 4　相談者への影響

カテゴリー	回答（抜粋）
症状が悪化・スリップした（n＝39）	・自助グループが利用できない（n＝9）. ・在宅時間の増加（n＝7）. ・在宅勤務（n＝5）. ・休校（n＝5）. ・特定定額給付金（n＝3）. ・家族と一緒に過ごす時間が増えたことによる，人間関係の悪化（n＝2）. ・空き時間の増加（n＝1）. ・失業（n＝1）. ・その他（n＝2）. ・不明，理由記載なし（n＝5）.
医療機関や相談機関が利用できない（n＝7）	・医療機関の新規患者受入れ制限により受診できない. ・アルコール依存による身体症状が悪化していたが発熱していたことで受診が先延ばしになった. ・医療や支援機関，自助グループにつながりながら回復に向けて取り組まれていたアルコール依存症の方が転居され，コロナ下で医療や相談機関，自助グループの休止が続くなかで孤立し，依存症が悪化して自死.
軽快した（n＝6）	・感染が怖くてパチンコに行こうと思わなくなった．そのうちギャンブルのない生活に慣れた. ・コロナの影響で競馬場が閉まっていたため，ギャンブルをやめるために最適の環境となった. ・パチンコ店が閉めていた時期には，期間限定だろうという思いもあり，「どうせ今は行けない」と思うと，特にイライラすることなく穏やかに過ごせたという方が複数おられた.
依存対象が変わった（n＝2）	・ギャンブル依存の相談者がパチンコ店に行かないかわりに，ネットカジノやネットでのギャンブルに転向した. ・人との接触を避け，薬物の入手方法を変更したケース.
問題が目立つようになった（n＝2）	・家族が一緒にいる時間が増えたため本人の飲酒状況が家族の目につくようになった. ・リモートや大学の休校などの影響で酒量が増え，問題が表面化した内容の相談があった.

Table 4: Impact on Those Seeking Advice

Category

Excerpts from responses

Worsening of symptoms/slipping (n=39)

・Self-help groups were unavailable (n=9).

・Increase in time spent at home (n=7).

・Working from home (n=5).

- School closures (n=5)

- Special cash payment (n=3)

- Deterioration of relationships due to increased time spent with family (n=2)
- Increased free time (n=1)
- Unemployment (n=1)
- Other (n=2)
- Unknown, no reason given (n=5)

Medical institutions and consultation agencies could not be used (n=7)

・Unable to see a doctor due to restrictions on accepting new patients at medical institutions

・Physical symptoms of alcohol dependence had worsened, but seeing a doctor was postponed due to a fever

・An alcoholic who was working towards recovery while being connected to medical and support institutions and self-help groups moved house, and while medical and consultation institutions and self-help groups continued to be suspended due to the coronavirus, he became isolated and his addiction worsened, leading to suicide

Improved (n=6)

・I stopped going to the pachinko parlor because I was afraid of getting infected. Eventually, I got used to life without gambling.

・Because the horse-racing track was closed due to the coronavirus, it became the perfect environment for me to quit gambling.

・During the period when the pachinko parlors were closed, there were several people who thought that it was probably only for a limited time, and that they couldn't go anyway, so they were able to spend the time calmly without getting particularly frustrated.

The object of dependence changed (n=2)

・Instead of going to the pachinko parlor, the person who was dependent on gambling turned to online casinos and online gambling.

・A case where the person avoided contact with other people and changed the way they obtained drugs.

The problem became more evident (n=2)

・The person's drinking problem came to the attention of their family because they were spending more time together.

・There was consultation about the problem becoming more evident due to an increase in alcohol consumption as a result of remote work and university closures.