Armed service problems with alcohol have existed since the first soldier took up his weapon. I deal here, therefore, not with a new topic, but with a short review of problems which have existed for a long time but which have not been adequately studied until recent years. Most of the data I will relate comes from the United States Navy, but the findings probably generalize to other branches of the service. Due to space limitations, I have referenced mostly my own works, each of which has a bibliography which I hope you will use. My discussion will cover epidemiology, subtypes of alcoholism and treatment and prevention issues.

**EPIDEMIOLOGY**

It is not possible to review all articles on the epidemiology of alcohol problems in the United States armed services, and the reader is encouraged to seek other references. The discussion here is divided into data on drinking practices and the studies of hospitalized alcoholics.

—*Studies of Drinking Problems*

The first major report of interest was published in January of 1973, by Dr. Donald Cahalan and his associates, describing patterns of alcohol use and abuse in the United States Army.¹ A random sample of 383 officers, 495 petty officers and 5,579 enlisted men completed a questionnaire in 1972 on drinking practices and problems which occurred over the prior three years. The results were then compared with civilian findings on both quantity-frequency and problem drinking measures. Heavy drinking was defined as consuming five or more drinks at a time on four or more days per week, while problem drinking was diagnosed if at least one of the following alcohol-related difficulties had occurred: personal interrelationship problems; police difficulties, including driving; health problems; job problems; or any service-related disciplinary difficulties involving alcohol.


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