the relative lack of prognostic meaning for the various subtypes on follow-up, indicates that the ICDA-8 diagnostic scheme adds little to the original diagnosis of alcoholism.

Another way of attempting to subdivide alcoholics is based on the presence or absence of prior psychiatric disorders. The reasoning behind this approach is that an individual who demonstrates the probability of two psychiatric problems is unlikely to follow the general course of either one. Therefore, if one wishes to establish the cause, course and best treatment for a group of alcoholics, it is best to have as homogeneous a population as possible and unwise to attempt to make generalizations from men with mixed diagnoses.

In summary, while valid generalizations about alcoholics can be found, possible subtypes of this disorder should be recognized. In thinking about military alcoholics, such factors as officer vs. enlisted status, sex, job type, clinical pictures and primary vs. secondary illness must be considered.

**TREATMENT AND PREVENTION ISSUES**

I have outlined for you studies which have dealt with the probable rate of alcohol problems in the armed services, the rates of hospitalization for alcoholism in the service, and the possible clinical subtypes. The characteristics of alcoholics have been examined from different perspectives and the results discussed. There is also data which reflects on the activities of the service in attempting to fight this major health problem.

In approaching any new or longstanding illness, there are a number of steps which can be taken. It is my bias that all interference has potential for causing harm—no matter how innocuous the procedure may be. From this perspective, I would urge that a treatment or prevention program instituted to respond to a crisis begin with careful documentation of its actions. One step is to determine the state of the problem, how severe and widespread it is. Second, all goals and procedures need to be clearly defined—it can’t be assumed that everyone is talking about the same thing. Third, it should be recognized that results count, and that some day we will be asked to stand or fall on our records. Therefore, it is important that treatment programs plan for evaluation from day one by establishing good record keeping and adequate procedures for follow-up.

The armed services have responded to a variety of pressures in establishing alcohol treatment programs. Their interest, while genuine, appears to be fading slightly, but those actively involved in alcohol treatment are doing their best to remind the military that great losses in

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