to duty from the hospital (74% vs. 28%), which may have reflected the older age of the alcoholics and the tendency of the military to return to duty more mature men with longer service histories. Once back on duty, 64% of the alcoholics successfully completed their enlistments and were recommended for reenlistment by their commanding officers. This high rate of return to duty and high rate of success once back at work resulted from hospital-based inpatient programs, with one exception, the special alcohol rehabilitation programs had not yet been established.

The advantage of a special alcohol rehabilitation facility was evaluated in 1969 in another study. A group of 164 men who had been returned to duty after going through the Alcohol Rehabilitation Center (ARC) at Long Beach, California, were matched on alcoholic diagnosis, date of return to duty, rank, and length of military service with a group of alcoholic men returned to duty after routine inpatient psychiatric treatment. There were 87 matched pairs; in 39 pairs, the Alcohol Rehabilitation Center and hospital treatment patients did equally well. Of the remaining 48 pairs, in 25 the Alcohol Rehabilitation Center men had better service performance, while in 23 the hospital-based treatment center patients did better. The overall improvement rate by these criteria was 42% with similar results for ARC and hospital treatment programs.

As the naval service alcohol treatment programs have expanded through the establishment of nonhospital based treatment facilities, it can be expected that less severe alcoholic men (and some who are probably not alcoholic at all) will be entering treatment. When this occurs, it can be expected that the rate of response to treatment will improve. The results should parallel those reported in most private industries, where 70% of men who receive alcoholic treatment report some high level of improvement. This high rate of response to therapy reflects the fact that men with relatively stable backgrounds and—some might say—less severe alcoholism, are entering care. Most men in an industrial as well as military setting have a job intact, are valued enough by their employer, here the military, to be referred for treatment, have an intact family, and have demonstrated some general strengths in the past. Also, due to screening procedures for jobs, most sociopaths (men with the worst prognoses of all) will have been screened out.

In summary then, it appears as if most military alcohol treatment programs follow a model similar to that presented for civilian treatment centers. They, in general, are working with good prognosis alcoholics and appear to be utilizing a good common sense approach and following industrial alcohol program lessons in dealing with alcohol problems. It is

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20 Ibid.