not possible as yet to document the effectiveness of these programs definitively, but the mechanism for these evaluations has been established and data is presently being gathered.

Prevention of alcoholism, on the other hand, is much more difficult to evaluate. Most prevention programs utilize education and early identification of cases. Adequate evaluation of the effectiveness of these programs would depend upon random assignment of individuals to prevention and non-prevention programs and prospective following up of people over the next five to ten years. These are very costly studies and I know of none being carried out within the military service.

Nonetheless, the military is using a realistic approach to the problem. The changes in administrative guidelines for handling alcoholics and attempts at assuring alcoholics who enter treatment that their careers will not be retarded have encouraged early identification as one prevention mechanism. A number of the armed services are also considering elimination of inexpensive liquor, frequent happy hours, and the near requirement that people attend cocktail parties where liquor flows freely. These common sense approaches to prevention should continue, and it is hoped that the military services will institute more formal prevention programs, a strong component of which would be prospective evaluation studies.

SUMMARY AND CONCLUSION

This paper has documented the fact that alcohol problems are not new to the military, and that it has only been in the last five to ten years that military services in this country have turned resources to the treatment and prevention of these problems. Because the average individual in the military service is a male between the age of 18 and 25, studies have demonstrated that alcohol-related life difficulties occur frequently in the service. Rates of problems, while not dramatically higher than the general population once one controls for socio-economic strata, are at slightly higher rates in the service and represent major losses in money and manpower to the military.

The rate of officially diagnosed alcoholism in the service is also slightly higher than that seen in the civilian population. The statistics reported here are changing over the years as administrative procedures are being revised and more treatment centers are being made available. It appears as if there are relevant subtypes of alcoholics based on prior psychiatric problems and sex as well as military pay grade standings. Finally, military service treatment programs are as effective as industrial setting treatment programs anywhere in the world.

This brief discussion of a vast topic has been presented in an attempt to whet the appetite of the reader. To gain an adequate understanding of the scope and proper handling of alcohol problems in the