The abuse of alcohol constitutes a significant and ever-increasing health problem in most countries throughout the world. Alcohol is being produced and consumed in larger and larger quantities. Between 1960 and 1972 estimated worldwide production increased by 19% for wine, 68% for beer, and 61% for liquor (Finnish Foundation for Alcohol Studies and World Health Organization, 1977). Concomitantly, availability of alcoholic beverages increased as a result of fewer restrictions on the time, place, and quantity of alcohol sales, as well as the addition of retail outlets. In Germany and Japan alcoholic beverages can even be obtained via automatic vending machines.

With the increase in production and availability came a significant increase in consumption. According to estimates of the Finnish Foundation for Alcohol Studies and the World Health Organization (1977), consumption of alcoholic beverages doubled in Australia and the United States between 1950 and 1972. During the same period the consumption of wine increased eightfold in Finland and twentyfold in the Netherlands. Increases in alcohol use have been particularly spectacular in some countries. For example, during the past 25 years Finland and West Germany have experi-
enced a 276% and 529% increase in per capita alcohol consumption, respectively (Moser, 1980).

Some population groups within countries are increasing consumption dramatically. The young, for example, are drinking much more than previously. The Fourth Special Report to the United States Congress on Alcohol and Health (DeLuca, 1981) reported that in 1978, 32% of 10th- to 12th-graders and over 24% of 15-year-olds were moderate to heavy drinkers. Overall, American adults (14 years of age and older) consume on the average 2.7 gallons of ethanol per person per year (approximately two standard drinks per day), a large amount considering that about one-third of the adult population is abstinent.

As consumption increases, alcohol-related problems are intensified. It is quite evident that level of consumption is related to alcohol dependence and physical and social problems. Adverse effects of drinking are noted in as many as 17% of drinkers who consume on the average as little as one or two drinks per day (Polich & Orvis, 1979). Serious health problems associated with heavy drinking are also on the rise. In several countries cirrhosis now ranks among the five leading causes of adult death (Schmidt, 1977). Turner, Mezey, and Kimball (1977a,b), in two comprehensive reviews, found that daily alcohol consumption of 150 g to 400 g is related to health impairments including damage to the liver, brain, pancreas, and fetus, as well as fragmented sleep, alcohol withdrawal syndrome, and hypertension.

Heavy drinkers are also more prone to injuries. In 1975, traffic accidents in the United States accounted for 45,853 deaths. Of these, one-half involved alcohol (Noble, 1978). The National Institute on Alcohol Abuse and Alcoholism (Noble, 1978) estimated that 25% of drivers in nonfatal accidents and 59% of those in fatal accidents had blood alcohol concentrations of over .10%. Alcohol has also been found to be associated with aviation crashes (Lacefield, 1975), industrial accidents (National Safety Council, 1976), drownings (Giertsen, 1970), and even accidental fires (Haberman & Baden, 1974). In addition, alcohol use is associated with several violent crimes—during the criminal act 13% to 50% of sex offenders, 24% to 72% of assault offenders, and 28% to 86% of homicide offenders are under the influence of alcohol (e.g., Amir, 1971; Hollis, 1974; Pittman & Handy, 1964).

PREVENTION VERSUS TREATMENT

In terms of the growing problem of alcohol abuse, treatment efforts have always fallen short in terms of keeping pace with the number of people who require treatment. The reasons are many and varied. Certainly too few