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QUEBEC

The Quebec government is planning to introduce a stricter law concerning alcohol limits for drivers in spring 2010. The new law would reduce the legal limit for drinking from 80 milligrams of alcohol per 100 millilitres of blood, to 50 mg. The police would be able to seize the car of drivers over the limit for a 24-hour period.

GERMANY

According to Germany’s Federal Statistics Office, Destatis, just under 18 million patients in Germany were hospitalised for inpatient treatment in 2008. The leading diagnoses for inpatient hospital care were heart failure (350,700 cases), psychic and behavioural disorders caused by alcohol (333,800 cases) and angina pectoris (268,900 cases).

The number of young people aged 10 to 20 who were hospitalised for inpatient treatment of acute alcohol intoxication increased by 11% to around 25,700 in 2008 compared to 2007.

In the age group 10 to under 15 years, girls accounted for 53% of the inpatients treated for acute alcohol intoxication.

In the age group 15 to under 20 years, 64% of the inpatients treated for acute alcohol intoxication were men.

BELARUS

The Council of the Republic in Belarus has approved the draft law banning consumption of alcoholic drinks in public places, including streets, stadiums, parks and public transport.

RUSSIA

A bill proposing a total prohibition of beer advertising on TV, radio, and during cinema and video shows has been introduced to the State Duma.

In order to tackle alcohol related harm, the Russian Government is also considering restoring the State Monopoly. The investigating commission will report with its conclusions and recommendation in March 2010. The Deputy Igor Sechin, an ally of Vladimir Putin, is leading the project which proposes strict regulations, including a ban on internet sales and strict controls on marketing.

ISRAEL

Israel’s Prime Minister Benjamin Netanyahu has pledged NIS 27 million to tackle heavy drinking by young people. He stated “We face an epidemic. In the last three years there has been a 15% rise in alcohol use in Israel. One-third of all young people between the ages of 12-18 report that they became intoxicated in the past year...Approximately 20% of sixth grade boys claim that they consume an alcoholic drink once a week. ..We must act against this”.

Netanyahu listed three immediate steps that his government will take 1) initiate a legislative change to restrict the sale of alcohol to minors, expand the ban on alcohol use, and seriously increase the penalty for those who break the law in this respect. 2) increase enforcement of the prohibition against alcohol sales in many places. 3) create a public atmosphere which is against alcohol use, especially amongst youth, by means of various public educational activities.
As UK Alcohol consumption continues decline in 2009, why aren’t hospital admissions and alcohol attributable fractions falling?

By Helena Conibear

Following consistent reductions of consumption by all ages in the UK since 2004, new figures suggest that alcohol consumption is falling at the fastest rate for more than 60 years.

Provisional figures for 2009, based on sales, suggest consumption fell by 8% to 3.81 litres per head in the first half of 2009 compared with 4.15 litres per head in the same period of 2008. The last time the nation’s alcohol consumption fell by more than this was during 1948 when it fell by 11% over the course of the year. If this trend continues, UK consumption will be 14% lower than in 2004 this year.

This offers encouraging news for those working in alcohol policy that a combination of well enforced underage prevention age schemes in retail, server training and community partnerships in the on trade, effective enforcement of drink drive and consumer communications regarding responsible drinking appear to be changing the social norms in the UK towards increasing moderate and responsible enjoyment of alcohol. It should be emphasised that more than 90% of the UK adult population do already drink in moderation the majority of the time. For example, the average consumption of a UK female is a modest 9 units of 8g a week (due to new calculation methods introduced in 2008, allowing for bigger pour size and alcohol levels in wine, this has been readjusted up from 6 units).

For a detailed analysis on UK consumption trends by the Joseph Rowntree Trust, read: http://www.jrf.org.uk/sites/files/jrf/UK-alcohol-trends-FULL.pdf

This calls into question the public health debate as to why alcohol related hospital admissions appear to be rising in the UK when consumption is declining, contrary to public health predictions that if total alcohol consumption decreased, alcohol related misuse and mortality would decrease (The Lederman theory) in proportion to the fall.

One reason is due to the new alcohol attributable fractions now used by the Department of Health, which have radically changed the calculations used by hospitals regarding the association of alcohol consumption with admissions and deaths. (Alcohol Attributable Fractions (AAFs) are annually applied to Hospital Episode Statistics. (www.nwph.net/nwpho/Publications/AlcoholAttributableFractions.pdf). The new methods presume an automatic fraction of heart disease and late onset diabetes for example, will automatically be due to alcohol consumption, irrespective of the patients alcohol use, or pattern of drinking. Recent research (reported in AIM November 09) also suggests that obesity is set to overtake alcohol as the primary cause of cirrhosis in the UK, yet cirrhosis is automatically attributed to alcohol misuse.

Mean alcohol consumption in the last week in women in Great Britain, 1992-2006

Trends in the proportion of boys and girls aged 11 to 15 years in England who drank in the last week, 1998 to 2007, by gender
The trend in figures allows for an increasing call for an emphasis on targeted measures in the UK to specifically reduce alcohol misuse amongst the vulnerable and reoffending groups - rather than the current public health emphasis on reducing everyone’s alcohol consumption, and presumption that we are all drinking to excess. These targeted approaches include measures to deter repeat drink-drivers and drink driving per se, continued successful measures to reduce underage purchase, educational outreaches to parents and school children, programmes for those dependent on alcohol and effective public private partnerships to improve the drinking environment and exclude anti social elements.

As AIM’s databank on social and policy initiatives shows, (via www.alcoholinmoderation.com) many effective initiatives are in place in the UK, such as Best Bar None, Pub Watch, CAP and Challenge 21 (25) for example, offering tangible results. The balance needs to be redressed in 2010 towards recognising that most Britons enjoy drinking in moderation, to relax, socialise and unwind and that the public health goal should not be for all to drink less, but to target those who harm themselves or others due to over consumption, or any consumption in certain circumstances.

Number of defendants proceeded against at magistrates court for selling alcohol to persons aged under 18, in England and Wales from 2003 to 2007 (Statistics for 2008 are planned for publication at the end of January 2010).

Source: Evidence and Analysis Unit-Office for Criminal Justice Reform Ref: IOS 043-09

New AIM Social Scientific and Medical Council Members

Following the sad death of long term serving AIM Council member, Al de Lorimer last month (see obituary in AIM October 2009) and the retirement of Professor Geoff Lowe, formerly Professor of Clinical Psychology at Hull University, AIM has welcomed three new Social, Scientific and Medical Council members in November 2009. We thank Geoff Lowe for his commitment to AIM and wish him happiness in Yorkshire.

Giovanni de MD, PhD. Director, ‘RE ARTU’ Research Laboratories, ‘John Paul II’ Center for High Technology Research and Education in Biomedical Sciences, Catholic University Campobasso, Italy.

Dr De Gaetano is Director of a study of 25,000 Italians and their GP’s that aims to understand the equilibrium between genetics and environment, and its consequences on cardiovascular and cancer disease.

Participants are analysed every three years regarding their health, diet, medicinal use and lifestyle habits. These Epidemiological studies are very important in our understanding of all cause mortality, longevity and the role of lifestyle habits such as BMI, drinking, diet, exercise and smoking.

Lynn Gretkowski MD Obstetrics and Gynaecology, Faculty member Stanford University California.

Having received her undergraduate and medical degrees at Princeton and UMDNJ and trained in Obstetrics and Gynaeology at Stanford University, Dr.
Lynn Gretkowski currently practices obstetrics and gynaecology in Mountainview, California and is an Adjunct Clinical Faculty member at Stanford University. Lynn has a deep interest in alcohol and health and will be a valued spokesperson for AIM on alcohol and women specifically.

Adrian Furnham, Professor in Psychology and occupational psychology at University College London.

Two studies in November offer more evidence that moderate alcohol consumption is protective for older populations.

A Spanish study involving 15,500 men and 26,000 women has reaffirmed many dozens of previous studies that drinking a little alcohol every day cuts the risk of heart disease in men by more than a third, irrespective of type of drink. Female drinkers did not benefit to the same extent.

The study was conducted in Spain, a country with relatively high rates of alcohol consumption and low rates of coronary heart disease. The research involved men and women aged between 29 and 69, who were asked to document their lifetime drinking habits and were followed for 10 years.

Crucially the research team claim to have eliminated the “sick abstainers” risk by differentiating between those who had never drunk and those whom ill-health had forced to quit. This has been used in the past to explain fewer heart-related deaths among drinkers on the basis that those who are unhealthy to start with are less likely to drink.

The researchers, led by the Basque Public Health Department, placed the participants into six categories - from never having drunk to drinking more than 90g of alcohol each day. This would be the equivalent of consuming about eight bottles of wine a week, or 28 pints of lager.

For those drinking little, the risk was reduced by 35%. However, for those men who more than moderately, the risk fell to less than 50%. CHD risk has to be put in context with the increased risk of many cancers and cirrhosis as well as Cardiomyopathy, a disease of the heart muscle, for example, which increases markedly at consumption levels at above 30g a day for men.

The same benefits were not seen in women, who suffer fewer heart problems than men to start with. Researchers speculated this difference could be down to the fact that women process alcohol differently, and that female hormones protect against the disease in younger age groups.

A second study, published by the Office for National Statistics in the UK (ONS), found that pensioners who enjoyed a few drinks every week, had a 23% lower risk of mortality than teetotallers. Examining the lifestyle of those who had died during the study, researchers found that 59% of those men never consumed alcohol. However among those who drank within the Government’s recommended guidelines, the figure was 46%. Among women, 53% of those who had died, never consumed alcohol, compared to 33% who drank less than 14 units a week.


For more information, visit http://www.statistics.gov.uk/hub/index.html
AIM MEDICAL NEWS

Moderate consumption of alcoholic beverages may protect against type 2 diabetes

A meta-analysis by the Centre for Addiction and Mental Health in Toronto, Canada examined the relationship between the consumption of alcoholic beverages and the risk of type 2 diabetes.

20 cohort studies with longitudinal design and the quantitative measurement of alcohol intake were included. For the first time, lifetime abstention was used as the reference category and the data were adjusted for the ‘sick-quitter’ effect. The dose-response relationship in men and women as well as the development of type 2 diabetes were explored using lifetime abstainers as the reference group.

An U-shaped association was found for both sexes. For women, at 24g of alcohol/day, the protective effect from developing type 2 diabetes was seen to be the greatest, with a risk reduction of 40% compared to lifetime abstainers. This benefit was observed up to a daily intake of just below 50g/day. For men, the protective effect was highest at 22g/day, with a risk reduction of 13% compared to lifetime abstainers and was observed up to an intake of 60g/day.

The authors discuss various biological mechanisms for such a risk reduction, including increases in insulin sensitivity after moderate consumption of alcoholic beverages, changes in levels of metabolites of alcohol, increases in HDL cholesterol concentration and the anti-inflammatory effect of alcohol.

The authors conclude that this meta analysis confirms previous research findings that moderate consumption of alcoholic beverages is protective for type 2 diabetes in men and women.


Timing of heavy alcohol consumption in pregnancy has different effects on child behaviour problems

A new study from Perth's Telethon Institute for Child Health Research has found evidence that the amount and timing of alcohol consumption in pregnancy affects child behaviour in different ways.

The analysis, led by Colleen O'Leary, was drawn from a random sample of more than 2,000 mothers who completed a questionnaire three months after the baby’s delivery, and were then followed up when the child was 2, 5 and 8 years of age.

In this study low levels of alcohol did not increase the risk of harm to the baby. However, the evidence clearly shows that the risk to the baby increases with increasing amounts consumed.

Those who drank 3–4 standard drinks (14g) per occasion during that first trimester were twice as likely to report those types of behavioural issues for their child. Exposure to these levels of alcohol in late pregnancy increased the risk of aggressive types of behaviours in the child.

The authors conclude that both the timing and the intensity of alcohol exposure in the womb affect the type of behaviour problems expressed. Moderate heavy exposure was classified as drinking 3-4 standard drinks per occasion- that's about two normal glasses of wine-and no more than a bottle of wine drunk over a week. Heavy drinking included women who were drinking the equivalent of more than a bottle of wine per week.

O'Leary stated that it is important that women who had consumed alcohol while pregnant are not panicked by the findings, but suggested that health professionals can assist by talking to women of child bearing age about their alcohol consumption and encouraging pregnant women and women planning a pregnancy to abstain from alcohol.

Source: O'Leary, Nassar, Zubrick, Kurinczuk, Stanley and Bower, Evidence of a complex association between dose, pattern and timing of prenatal alcohol exposure and child behaviour problems. The study is published online in the international journal Addiction.
Alcohol consumption-associated breast cancer incidence and potential effect modifiers - The Japan public health center-based prospective study

Authors of a study published in the International Journal of Cancer state that ‘Epidemiological studies have evaluated whether the impact of alcohol intake on breast cancer risk is modified by use of exogenous estrogens, folate intake, body weight, and smoking status, but results have been inconsistent. Further, effect modification by intake of isoflavones and alcohol-induced facial flushing, which are prevalent in Asian populations, have not been investigated’.

The study investigated the association between alcohol intake and breast cancer risk and whether the association is modified by these factors among 50,757 pre- and post-menopausal women (aged 40-69y) in the population-based Japan Public Health Center-based Prospective Study.

Alcohol consumption and other related factors were assessed using self-reported questionnaires. Through to the end of 2006, 572 patients were identified. Relative risks (RRs) and 95% confidence intervals (CIs) were estimated by hazard ratios derived from Cox proportional hazards regression models.

Compared with never-drinkers, regular alcohol drinkers (>150 g of ethanol/week) had a higher risk of the development of breast cancer; the multivariable-adjusted RRs were 1.75 (95% CI =1.16-2.65; p trend = 0.035) for overall, 1.78 (95% CI =1.09-2.90) for premenopausal, and 1.21 (95% CI =0.53-2.75) for postmenopausal women.

There was no statistical evidence for effect modification by menopausal status, use of exogenous estrogens, intakes of isoflavone and folate, body weight, alcohol-induced facial flushing, or smoking.

Excessive alcohol intake was associated with an increase in the risk of breast cancer in this population. There was no statistical evidence for effect modification.

Source: Alcohol consumption-associated breast cancer incidence and potential effect modifiers - The Japan public health center-based prospective study. International Journal of Cancer, Published Online.

Regular and moderate red and white wine consumption improve arterial function in type 2 diabetics

At the Congress of the European Society of Cardiology in Barcelona in September 2009, a German study from University of Cologne, Germany was presented. The aim was to examine whether the regular and moderate consumption of wine has an effect on circulating endothelial progenitor cells and endothelial function of blood vessels.

Circulating endothelial progenitor cells play an important role for the regeneration and function of blood vessels. Several studies have identified an inverse relationship between the number of circulating endothelial progenitor cells and cardiovascular risk factors.

The study included 27 obese type 2 diabetic men with an average age of 63 years. Their mean body mass index (BMI) was 35. After a four-week period of strict abstinence from alcoholic beverages, participants consumed 300 ml of dry red wine with their meals daily for a period of six weeks. After another “washout” period of 6 weeks where the participants remained abstinent, they were switched to 300ml of white wine per day. No additional alcoholic beverages were allowed.

The findings show that red as well as white wine consumption resulted in an increase in the number of circulating endothelial progenitor cells and thus might contribute to an improvement of peripheral endothelial function and a reduced cardiovascular risk.

Alcoholic ‘energy’ drinks could raise risks from intoxication

According to new laboratory research, a cup of coffee won't help drinkers sober up and might instead, make it harder for them to assess their level of intoxication. The mouse study, which was reported in the journal Behavioral Neuroscience, also suggests that popular caffeinated “alcohol-energy” drinks don't neutralise alcohol intoxication.

“The myth about coffee’s sobering powers is particularly important to debunk because the co-use of caffeine and alcohol could actually lead to poor decisions with disastrous outcomes,” said co-author Thomas Gould, PhD, of Temple University, extending the research to what it means for humans.

“People who have consumed only alcohol, who feel tired and intoxicated, may be more likely to acknowledge that they are drunk,” he added. “Conversely, people who have consumed both alcohol and caffeine may feel awake and competent enough to handle potentially harmful situations, such as driving while intoxicated or placing themselves in dangerous social situations.”

In the laboratory, caffeine made mice more alert but did not reverse the learning problems caused by alcohol, including their ability to avoid things they should have known could hurt them, according to the study.

Scientists gave groups of young adult mice various doses, both separately and together, of caffeine and of ethanol (pure alcohol) at levels known to induce intoxication. The doses of caffeine were the equivalent of one up to six or eight cups of coffee for humans. Control mice were given saline solution.

Gould and co-author Danielle Gulick, PhD, then tested three key aspects of behaviour: the ability to learn which part of a maze to avoid after exposure to a bright light or loud sound; anxiety, reflected by time spent exploring the maze’s open areas; and general locomotion.

Ethanol, as expected, increased locomotion and reduced anxiety and learning in proportion to the dose given. In other words, intoxicated animals were more relaxed and moved around more but learned significantly less well than control mice to avoid the part of the maze with the unpleasant stimuli.

By itself, caffeine increased anxiety and reduced both learning and locomotion. Compared to the control animals, mice given caffeine were significantly more inhibited, less mobile and less savvy about avoiding the unpleasant stimuli.

When the drugs were given together, ethanol blocked caffeine’s ability to make the mice more anxious. Conversely, caffeine did not reverse ethanol’s negative effect on learning. As a result, alcohol calmed the caffeine jitters, leaving an animal more relaxed but less able to avoid threats – a combination that the authors speculated could make people more likely to believe they are not drunk or not impaired enough to have problems functioning.

“The alcohol-energy drink combinations have skyrocketed in popularity,” Gould noted. He cited other evidence that these drinks produce deficits in general cognitive ability and raise the odds of alcohol-related problems such as drunken-driving citations, sexual misconduct, and needing medical assistance.

“The bottom line is that, despite the appeal of being able to stay up all night and drink, all evidence points to serious risks associated with caffeine-alcohol combinations,” he concluded.

In the US, The Food and Drug Administration is looking into the safety and legality of combination alcohol-caffeine beverages. In November, it sent letters to 30 manufacturers asking for evidence that such drinks are safe and legal under FDA regulations. To date, the FDA has only approved caffeine as an additive in soft drinks at concentrations less than 200 parts per million and has not approved adding caffeine at any level to alcoholic beverages. Under the Federal Food, Drug and Cosmetic Act, a substance added intentionally to food (such as caffeine in alcoholic beverages) is deemed unsafe and is unlawful unless its particular use has been approved by FDA regulation or is generally recognised as safe.

Source: “Effects of Ethanol and Caffeine on Behavior in C57BL/6 Mice in the Plus-Maze Discriminative Avoidance Task,” Danielle Gulick, PhD, and Thomas J. Gould, PhD, Temple University; Behavioral Neuroscience, Vol. 123, No. 6.3 Dec 2009
Are brief alcohol interventions likely to be effective in routine primary care practice?

A number of meta-analyses have demonstrated the modest efficacy of brief interventions (BI) for non-dependent unhealthy alcohol use in primary care settings. Whether this level of efficacy can be expected when BIs are delivered outside of research studies is not known.

This systematic review identified 22 randomised trials including over 5800 patients. Investigators classified the trials on a spectrum from tightly controlled (efficacy design) to real world (effectiveness design) studies. The scale considered whether patients presented to health care with a range of conditions, whether practices delivered a full range of medical services, whether practitioners routinely worked in the service rather than being funded by the trial, and whether the intervention could be delivered within standard visit times.

* Participants who received BI drank approximately 3 standard drinks per week less than those who did not.

* Longer duration of intervention was not significantly associated with a larger effect.

* The effect of BI on drinking was similar in studies regardless of whether they were tightly controlled or had more real world characteristics.

Comments by Michael Levy, PhD: ‘This meta-analytic study showed the benefit of BI in reducing alcohol consumption in both controlled and real world primary care settings. It seems logical to assume similar results could be achieved in community treatment programmes. Since BI in the studies reviewed was designed to achieve a reduction in alcohol consumption, treatment programmes could consider implementing BI for patients who are not interested in achieving abstinence but who want to reduce their intake’.


Hops compound may prevent prostate cancer

Xanthohumol is a natural compound derived from hops. It belongs to the group of flavonoids that are found in many plants, fruit, vegetables and spices. It is thought that Xanthohumol blocks the effects of the male hormone testosterone, therefore aiding in the prevention of prostate cancer.

“We hope that one day we can demonstrate that xanthohumol prevents prostate cancer development, first in animal models and then in humans, but we are just at the beginning,” said Clarissa Gerhauser, Ph.D., group leader of cancer chemoprevention in the Division of Epigenomics and Cancer Risk Factors at the German Cancer Research Center, in Heidelberg, Germany.

Studies to date have shown that xanthohumol blocks the action of estrogen by binding to its receptor, which may lead to prevention of breast cancer. Since testosterone receptors act similarly to that of estrogen — by binding, then stimulating hormone-dependent effects, such as gene expression and cell growth — the researchers examined whether xanthohumol might not only block the effects of estrogen, but also of the male hormone androgen.

Gerhauser and colleagues stimulated hormone-dependent prostate cancer cells with testosterone, which led to a massive secretion of prostate specific antigen (PSA). PSA is used for screening and early detection of prostate cancer in men. Cells were then treated with testosterone and xanthohumol and the effects were examined.

“Xanthohumol prevented the receptor from translocating to the cell nucleus, thus inhibiting its potential to stimulate the secretion of PSA and other hormone-dependent effects,” she said.

Molecular modeling results showed that xanthohumol directly binds to the androgen receptor structure.

The researchers suggest that this compound may have beneficial effects in animals — when they measured the anti-androgenic potential of xanthohumol in a rat model, they found that although xanthohumol was not able to prevent an increase in prostate weight after testosterone treatment, it could reduce testosterone-increased seminal vesicle weight.

“Although the prostate weights were not changed, xanthohumol still reduced the effects of hormone signaling, such as gene expression, measured in the prostate tissue,” said Gerhauser.

Source: Gerhauser presented these findings at the American Association for Cancer Research Frontiers in Cancer Prevention Research Conference, held in Houston, Dec. 6-9, 2009.
A mobile phone ‘alcohol tracker’ is launched by NHS

This year, festive drinkers in the UK will be able to keep track of their alcohol habits through an interactive mobile phone application. The initiative is part of the government’s £9m Know Your Limits marketing campaign to encourage safer drinking.

The Department of Health’s downloadable tracker allows drinkers to get a personalised chart of their consumption to see if they are drinking too much.

The alcohol tracker is available free across the UK, although users will need internet access on their phones.

Public health minister Gillian Merron said: "It is all too easy to lose track of how much you drink. So as the festive parties build up, this innovative tool will help people keep tabs on their drinking - wherever they are... Sticking within the recommended limits means you reduce the risk of serious conditions such as mouth cancer and strokes.”

The application, which can be downloaded from the NHS Choices website www.nhs.uk for Windows phones or from iTunes, requires drinkers to enter the number of drinks they consume each day. The tracker can be downloaded on to mobile phones. It will then provide personalised graphs tracking drinking habits and make it clear by how much a person should cut down.

For people without internet access, there is text service available which will give advice about drinking guidelines. To access this service, text ‘unit’ to 64746.

Screening and brief interventions: learning and examples across England

A report examining learning from screening and brief intervention projects across England has been released. The report findings were presented by HubCAPP manager Sarah Ward at the recent Inebria conference. The report examined key outcomes and learning from 25 different screening and brief intervention projects, also known in England as Identification and Brief Advice (IBA).

Brief intervention training and projects have been increasingly commissioned over recent years as IBA has been promoted by the national alcohol strategy and a growing international evidence base. However, the successful delivery of IBA has been mostly shown to be effective in Primary Care, with understanding more varied in other key settings such as hospitals, sexual health clinics, pharmacies, criminal justice settings and the workplace. The assessment of existing projects and the current SIPS research programme are therefore important in ensuring the development and delivery of effective IBA projects and training.

The report and alcohol leads have identified a number of challenges to effectively delivering IBA. Demanding practitioner workloads, under-recognition of alcohol misuse. The AERC Alcohol Academy is currently organising an event for alcohol leads to look at how IBA can be commissioned and delivered effectively.

UK Mandatory code for alcohol retailers passes into law, but terms not yet set

The mandatory code of practice for alcohol retailers was passed through law as the Policing and Crime Act 2009. The future of the code had recently looked uncertain against industry, economic and political pressures. However, although the code has been legislated, its terms have not been set so are still to be agreed.

When out for consultation, the code proposed a range of measures. These included stopping ‘buy one get one free’ deals and the requirements for point of sale information. The Home Office are now reported to be considering the consultation responses and ‘strong concerns from the licensed trade who are concerned about responsible premises being caught up with the less responsible ones’ before deciding the code’s conditions.
New guidance to support schools in PSHE

In the UK, the Department for Children, Schools and Families (DCSF) has opened a consultation on new drug and alcohol guidance for schools. The guidance includes extensive information relating to the role of schools in providing education on drugs and alcohol; important as the delivery of Personal, Social, Health and Economic Education (PSHE).

PSHE – which includes drug, alcohol and sex and relationships education – will become a compulsory subject for all school aged children in England in 2011. This guidance will then form the basis of new guidance on statutory drugs education as part of PSHE. The revised guidance also in part fulfils a commitment from the Youth Alcohol Action Plan to implement the recommendations of the drug and alcohol education review, and outlines the Chief Medical Officer’s advice and key guidelines on young people and alcohol, announced earlier this year.

The public consultation on the guidance Drugs: Guidance for Schools can be found on the consultations page of the DCSF website. The consultation closes on 15 February 2009.

Outreach to parents

The DCSF will also launch its campaign on 13th January to encourage parents to talk to their children early enough about alcohol. An advertising campaign will link to existing resources that encourage parent/child dialogue in the UK.

Drinkaware Christmas alcohol awareness campaign in UK

The UK charity Drinkaware is running an online alcohol awareness campaign, which encourages people to complete a ‘What’s the nation drinking?’ survey on its website. This will be promoted with live events and online advertising. The campaign is aimed at drinkers aged between 25 and 44. It will report its results in early 2010. Consumers can use the online Drinkaware unit calculator to judge how much they are drinking and compare this to the average amount drunk in the UK.

As part of the campaign, a seven-square-metre touch screen in London’s Covent Garden has been set up that links to a festive version of the charity’s unit calculator on the Drinkaware website. The screen allows people to enter what they have had to drink in the past 24 hours, compare their drinking to the rest of the nation and see how their calorie intake from alcohol fares against other festive food treats. Similar events will take place in Glasgow, Leeds and Birmingham.

UK THINK! Christmas Drink Drive campaign

The UK Christmas drink drive campaign focuses on personal consequences. The ‘Moment of Doubt” consequences advertisement is aired on TV and is supported by radio, online, national press and in-pub support, consisting of washroom panels and quiz machines activity.

The aim of the Christmas 2009 campaign is to highlight to young men what the impact of losing their car for at least 12 months, as a consequence of a drink driving conviction, would have on their lifestyles. The campaign highlights that one or two drinks is not worth the risk, reminding drivers what is at stake using the line, ‘Lose your licence for drink driving this Christmas and your car will be out of reach for at least 12 months’.

The police aim to carry out a record number of road side breath tests this Christmas.

Drinkaware poll - most UK teenagers drink alcohol at home

More than 60% of 16 and 17-year-olds who drink alcohol consume it at home, research has shown. Overall, 63% drink most frequently at home and 41% say they have got alcohol from their parents. Almost 49% have seen their parents drunk, despite 51% saying they listen to their parents about drinking.

Overall, 47% of 16 and 17-year-olds drink at least once a week, with 60% believing it is a normal part of socialising and ‘being young’.

The poll of more than 1,000 teenagers was carried out by the charity Drinkaware. It has launched a new section of its website - www.drinkaware.co.uk/parents - offering parents tips on talking to their children about alcohol.
Scotland plans to cut drink drive limit

Road safety was one of the powers that Westminster retained following devolution, but earlier this year the Calman Commission recommended that the Scots should be able to set both drink-drive and speed limits. The Commission’s recommendations have been accepted by the Government at Westminster, which will have major implications for motorists.

The Scottish Government is expected to introduce legislation next year to reduce the drink drive limit in Scotland from 80 milligrams of alcohol per 100 millilitres of blood to 50mg. Northern Ireland is also expected to adopt the lower limit.

Offenders in A&E to be banned from local pubs

A new scheme has been announced in Swansea to exclude people who assault hospital staff from the city’s pubs and bars.

The plan to ban heavy drinkers who abuse medical staff has been announced by the Safer Swansea Partnership as part of its annual Call Time on Violent Crime campaign launched at the start of the Christmas party season.

This initiative follows a scheme in Cardiff in which drunken people injured or involved in violence who require hospital treatment are being asked to reveal the location of their last drink on licences premises.

Driver Friendly – and initiative rewarding designated drivers

December 2009 sees the launch of the department for Transport new partnership campaign – Driver Friendly, a new partnership marketing initiative, will also form part of the campaign. This is designed to improve the in-pub experience of designated drivers by offering them free or discounted soft drinks and other benefits during their night out. The Driver Friendly campaign is supported by soft drinks manufacturers and pub chains across the country with offers on soft drinks for designated drivers in more than 8,000 pubs nationwide and a variety of other promotions including discounts and free drinks. Coca Cola are a lead partner for the December launch and the long-term aim is that Driver Friendly will become a widely acknowledged symbol of support for the driver in pubs, bars, clubs and restaurants throughout the country.

Possible BAC reduction in UK

At the launch of the Driver Friendly campaign Transport Secretary Andrew Adonis announced that an independent expert has been appointed to examine possible changes to the law on drink and drug driving. This follows Northern Ireland and Scotland also proposing a BAC reduction to the EU norm of 50mg per 100ml blood.

Sir Peter will provide advice on the merit of specific proposals for changes to the legislative regime for drink and drug driving.

For drink driving, a report will advise on the case for changes to the prescribed alcohol limit for driving - either reducing the current limit, or adding a new, lower limit, with an associated revised penalty regime. For drug driving, the study will advise on whether there is a need for new legislation. It is already illegal to drive while impaired by a drug but a new offence might make it illegal to drive with named drugs in the system at specified levels, in the way that it is already an offence to drive with a specified level of alcohol in the blood.

Sir Peter will provide this advice to the Department for Transport by the end of March 2010 and the Department will then consult on its findings and publish a final road safety strategy, but a Department for Transport spokesman said the Government had made great progress on tackling drink-driving and reducing the number of people killed in alcohol-related crashes by nearly three quarters since 1979 to 430 in 2008. “We’ve also cut the total number of people killed or seriously injured on the roads by more than a third since the mid-1990s – that means more than 19,000 fewer deaths or serious injuries in a year”. The UK has one of the lowest records in the world for drink drive related offences.
Scotland’s Alcohol bill introduced

The Scottish Government has introduced an Alcohol Bill. The main purposes of the Bill are to:
- Introduce a minimum sales price for a unit of alcohol (sections 1 & 2 of the Bill).
- Introduce a restriction for off-sales on supply of alcoholic drinks free of charge or at a reduced price (section 3). e.g. no more buy one get one free type offers
- Make provision in law with respect to the sale of alcohol to under 21s (section 8).
- Restrict the location of drinks promotions in off-sales premises (section 4).
- Introduce a requirement for licence holders to operate an age verification policy (section 5).
- Make provision in law with respect to the sale of alcohol to under 21s (section 8).

The Bill will be considered by the Health & Sport Committee who are taking evidence until 20th January 2010. Labour have already stated that they will not support minimum pricing for alcohol.

To read the bill, visit http://www.scottish.parliament.uk/s3/bills/34-AlcoholEtc/b34s3-introd.pdf

All whisky adverts to display responsible drinking message

All future Scotch whisky adverts and printed point of sale materials are to carry a responsible drinking message.

The Scotch Whisky Association (SWA) announced the new measures as part of the industry’s ongoing commitment to discourage the misuse of alcohol and help tackle Scotland’s problem drinking culture. The new requirement is part of a revised SWA Code of Practice for the Responsible Marketing and Promotion of Scotch Whisky. The Code’s provisions have also been extended to apply to Scotch Whisky adverts across the EU.

Under the revised SWA Code, every Scotch Whisky industry sponsorship is required to deliver an initiative that promotes responsible alcohol consumption.

Gavin Hewitt, the SWA’s Chief Executive, said: “Scotch Whisky distillers are determined to tackle alcohol misuse and support much of what is likely to be in the Scottish Government’s forthcoming Alcohol Bill”.

EU alcohol strategy

Sweden made tackling irresponsible drinking one of the key objectives of its EU presidency and put forward a list of recommendations on the subject. A coalition of 12 European health and safety groups, has backed the proposals.

The Brewers of Europe have called into question the effectiveness of the proposed measures, arguing that blanket price increases and advertising restrictions are not the answer to alcohol-related harm. Rodolphe de Looz-Corswarem, secretary general of the Brewers of Europe, stated “When Sweden’s own priorities of price increases and advertising bans have proved unsustainable in Sweden, we find it inappropriate that these two areas should be main focus points for a sustainable EU strategy going forward... What's effective when it comes to targeting alcohol misuse, and what we have been demonstrating through the EU Alcohol and Health Forum, is that targeted and locally-focused initiatives – in partnership with local stakeholders - work”.

The Council conclusions did call for national strategies or action plans tailored to national needs in recognition of the diversity in cultural habits related to alcohol in different member states. But the text also invites member states to consider the role of pricing policy, such as regulations on happy hours and special taxes on mixed drinks and drinks for free offers. It said that alcohol has become more affordable in the EU, and that pricing policy can affect consumption and misuse levels, especially among young people.

The text also called on member states and the Commission to engage with the alcohol beverage industry to ensure that regulations are enforced on how their products are manufactured, distributed and marketed. It also said improvements to the implementation of regulations on marketing should be considered to protect children and adolescents.
Online spirits drinks advertising shows 93% compliance

An independent review published by the European Advertising Standards Alliance (EASA) found a 93% compliance level for 368 brand websites and no breaches of the code for pop-up ads and banners for the spirits producers in thirteen European countries. The European Forum for Responsible Drinking (EFRD) welcomed the report as further evidence of strong industry compliance with industry codes of practice.

The annual alcohol advertising monitoring report was first launched in 2005 following a commitment to the former EU Commissioner for Health and Consumer Protection to demonstrate compliance to self-regulation. The compliance monitoring exercise is carried out by national Self-Regulatory Organisations under the umbrella of the European Advertising Standards Alliance; the work of the SROs is then reviewed by an independent expert panel.

This year, the panel consisted of Mr. Jack Law (Alcohol Focus Scotland, the national charity for alcohol issues), Mr. Arnaud Houdmont, (Generation Europe, representing young people across Europe), as well as Mr. Albert Recasens (Confianza Online, delivering a quality Trustmark for public and private websites in Spain).

Internet pop-up ads, banners and websites of spirit drink brands are benchmarked against national legislation, but more importantly, also against the spirits industry’s self-regulation rules - EFRD Common Standards on Commercial Communications- and, in particular, the EFRD Guidelines on New Media that came into force in June this year.

Guillaume de Guitaut, Chairman of EFRD commented “the high compliance rate shows that self-regulation of the European spirits industry continues to work, not only in the traditional media but also for advertising through the on-line media. In response to ongoing discussions about the effectiveness of self-regulation in the EU Alcohol and Health Forum, this report shows that industry continues to deliver on its advertising and monitoring commitments.”

Finns consume more alcohol than Nordic neighbours

According to the National Institute for Health and Welfare (THL) and other Nordic statistics agencies, Finnish people consumed more alcohol last year than citizens of any other Nordic country. Finland also suffers from more health and social problems due to alcohol than its Nordic neighbours. For instance, deaths and poisoning due to hard liquor are particularly problematic in Finland compared to other Nordic countries.

Last year Finns ages 15 years and older drank 12.5 litres of pure alcohol per capita annually. The number includes documented consumption, that is retail and licensed serving consumption, and undocumented consumption. Traditionally Danes have been the biggest drinkers in the Nordic region. Last year, however, Finns consumed 11.7 litres of pure alcohol per capita. Recorded consumption in the other Nordic countries ranged from 6.8 to 7.5 litres of pure alcohol yearly.

Finns 15 years and older drank 10.3 litres of pure alcohol per capita annually. For Danes, the number was 10.7 litres.

Finns also have a greater tendency to drink spirits than citizens of other Nordic countries. In Finland, spirits made up 2.7 litres of the pure alcohol consumed. In other Nordic countries, the number was between 1.1 and 1.7 litres.

Spirits account for 26% of the alcohol consumption in Finland. In other Nordic countries, spirits make up less than 20% of alcohol use.

Each year, the Nordic countries collaborate in collecting and sharing statistics related to alcohol consumption.
Éduc’alcool circulates ‘Season’s Greetings’ cards in Quebec

The Canadian social aspect organisation Éduc’alcool has produced two new greeting cards (in French only), more than three-quarters of a million of which will be available free at display stands and in all SAQ outlets in the province. Electronic versions of the cards can be sent directly from the website by clicking on Virtual Cards in the home page menu.

The message for the 2009 campaign is Aux fêtes, il y a des choses qu’on préfère ne pas voir/savoir (During the Holidays, there are some things people prefer not to see/know). This continues along the same lines at the highly successful 2007 and 2008 campaigns. All the campaigns highlight the words and actions of people who drink too much and experience remorse when they sober up.

The purpose of the campaign is to make getting drunk less socially acceptable, even when it’s occasional and even during the Holiday Season. The cards focus on the consequences of what people say and do when they drink too much. Posters featuring the campaign theme will be going up in bar and restaurant restrooms across Quebec.

For more information visit www.http://www.educalcool.qc.ca

‘Party sans déraper’ campaign launched

Éduc’alcool is joining forces with Opération Nez Rouge to take the Party sans déraper Tour to high schools, colleges and universities across Quebec. The Tour is designed to educate students about alcohol abuse during Holiday Season partying, and to remind them that there’s no shame in calling Nez rouge if they have the slightest doubts about their ability to drive.

The Tour will visit close to 250 educational institutions around the province during November, promoting this year’s theme, ‘Before you ruin it all…call.’ The objective is to encourage moderation by devaluing excess, using the kind of humour and concepts that appeal to young people.

The message is clearly that if you drink too much, it can ruin an evening, and not just your own.

Students are given information on how to organise a safe party, they are reminded of the importance of drinking moderately (if they choose to drink), the dangers of drunk driving are spelled out, and they are provided with details about the Nez rouge drive home service. All kinds of tools are used to convey the message: students get to try out the Fatal Vision glasses, there are arrest simulations, recipes for alcohol-free punch and tips for party

organisers. The tone is light and fun, and the Tour works with the schools to make sure students know the consequences of drunk driving as well as the multiple benefits of responsible drinking.

Éduc’alcool and Opération Nez rouge have been collaborating on this project for 18 years.

For more information visit http://www.educalcool.qc.ca
The 4th meeting of the Dietary Guidelines Advisory Committee took place on November 4-5, 2009 and was attended via webinar.

Ethanol Subcommittee leader Dr. Eric Rimm discussed the issue of drinking patterns vs. average consumption. He presented three possible options to define drinking: 1) The Dietary Guidelines 2005 advice on average consumption of 2 drinks/day for men and 1 drink/day for women, 2) the upper limit for daily consumption also provided in the DG 2005 of 2 d/d for men and 1 d/d for women, and 3) a definition provided by the NIAAA in their new Rethinking Drinking 2009 publication that recommends a low-risk approach to drinking of no more than 14 drinks/week (4 drinks/day) for men and no more than 7 drinks/week (3 drinks/day) for women.

Dr Rimm also discussed other topics under review including Ethanol and Weight Gain; Ethanol and Cognitive Function; and Ethanol and Coronary Heart Disease (CHD)/Stroke.

The 5th Advisory Committee meeting is scheduled to take place in February 2010 for presentation of final Advisory Committee conclusions and there will also be an added 6th meeting in Spring 2010 where the completed Advisory Committee Report will be reviewed and approved prior to submission to the Departments of Agriculture (USDA) and Health and Human Services (HHS) for public comment. RE continues to monitor comments submitted to the Center for Nutrition Policy and Promotion (CNPP) responsible for the coordination of the scientific review process for USDA and HHS.

For more information, visit [http://www.cnpp.usda.gov/DietaryGuidelines.htm](http://www.cnpp.usda.gov/DietaryGuidelines.htm)

US designated driver campaign ‘Wanna go home with me tonight?’

Anheuser- Busch launched their designated driver campaign on 24 November. ‘Wanna Go Home with Me Tonight? I’m the Designated Driver’ encourages adults nationwide to sign up to be designated drivers at [www.facebook.com/buddesignateddriver.com](http://www.facebook.com/buddesignateddriver.com). In addition to listing practical party tips and compelling statistics, the Facebook application makes it fun and easy to organise rides for upcoming events, by allowing adults to volunteer to be the designated driver or having the application randomly select one for the group. The page also awards one designated driver each week with an MP3 player and case; showcases the campaign’s TV and radio commercials; and recognises designated drivers by placing special badges on their Facebook profiles. Friends can also award each other with these badges as a thank you for being the designated driver.

“The holiday season is a wonderful occasion to spend time with cherished friends and family, and while we want adults to have a fun time celebrating, we also want them to plan ahead for a safe-ride home,” said Kathy Casso, vice president of Corporate Social Responsibility at Anheuser-Busch. “We hope this year’s designated driver campaign will capture adults’ attention and encourage them to celebrate responsibly during their festivities.”

AB estimate that 148 million American adults have been a designated driver or have been driven home by one. The programme is supported by a full advertising campaign available in English and Spanish, including national TV commercials, radio commercials and print advertising, including a full-page ad in USA Today.
US National Drunk and Drugged Driving Prevention Month

In the US, December has been National Drunk and Drugged Driving Prevention Month (3D) since 1981. National Drunk and Drugged Driving Prevention Month is sponsored by the Centers for Disease Control and Prevention (CDC), which says that during December everyone should consider what he or she can personally do to stop impaired driving as well as what can be done by communities to make streets and highways safe from impaired drivers.

According to the National Highway Traffic Safety Administration, an average of 36 fatalities occur per day on America's roadways as a result of crashes involving an alcohol impaired driver. That number increases to 45 per day during the Christmas period and jumps to 54 per day over the New Year's holiday.

The NHTSA provides a “3-D Month Holiday Planner” for States and communities. The Centers for Disease Control and Prevention also offers additional information and resources to support the annual observance.

As part of National Drunk and Drugged Driving Prevention Month Beam Global Spirits & Wine, Inc. and the National Center for DWI Courts (NCDC) have joined forces to encourage safe driving over the holiday season, Beam Global and NCDC recommend designating a sober driver and not letting friends drive drunk to avoid a tragic crash or an arrest for impaired driving.

Other tips include:
- Calling a taxi or using mass transit to get home safely if you are impaired.
- Using your community’s sober rides program.
- Promptly reporting drunk drivers you see on the roadways to law enforcement.
- Wearing your seatbelt or using protective gear on your motorcycle to defend against an impaired driver.

“The holidays are a wonderful time to celebrate with friends and family, but it's important to make safety a priority,” said Bill Newlands, president, Beam Global Spirits & Wine U.S. “As the founding partner of NCDC, we know how critical it is to get drunk drivers off the road to keep our communities safe. As you celebrate the holidays and ring in the New Year, always have a designated driver if you choose to drink.”

“We are pleased to offer our support and voice to National Drunk and Drugged Driving Prevention Month,” stated David Wallace, director of the National Center for DWI Courts. "We hope this month raises awareness of this problem so that people celebrate safely and responsibly. With hardcore drunk drivers 20 times more likely to be involved in a fatal crash, we understand the importance of dedicating a month to raising awareness and preventing drunk and drugged driving.”

Mothers Against Drunk Driving’s (MADD) Tie One On for Safety event occurs between Thanksgiving and New Year’s Day, during which time more than 1,000 people die in traffic accidents nationally.

Tie One On For Safety asks Americans to place a MADD ribbon or window decal on their vehicles as a pledge to drive safe, sober and buckled up during the holidays and throughout the year. The message includes safety belts because they’re the best defense against a drunk driver. Activities to support the campaign are organized by a majority of MADD’s 400 offices across the country. They distribute more than 6 million ribbons and ribbon symbols each year.
US Transportation Secretary Ray LaHood and R. Gil Kerlikowske, Director of the White House Office of National Drug Control Policy, launched the ‘Over the Limit. Under Arrest’ national drunk and impaired driving crackdown involving thousands of law enforcement agencies during the holiday season.

Secretary LaHood also announced new data showing states with the best – and worst – improvement over the last year in addressing drunk driving behaviour.

“Drunk driving is a major public safety threat that still claims thousands of lives every year,” Secretary LaHood said. “Many states continue to step up their efforts to get drunk drivers off our roads, but the numbers tell us we have to do more. Drinking and driving is dangerous and unacceptable, and I’m asking law enforcement to stay vigilant during this busy holiday season.”

According to research by DOT’s National Highway Traffic Safety Administration (NHTSA), five states have shown great reductions in alcohol-impaired driving fatality rates from 2007 to 2008. Those include Vermont, Wisconsin, Maine, Nebraska and Minnesota. The states with the least progress are Idaho, Rhode Island, Wyoming, Kansas and New Hampshire. Driving with a blood alcohol level of .08 or higher is illegal in all 50 states and the District of Columbia.

“My message to drivers is this: if you decide to drink, find a safe and sober ride home or your chances of arrest are extremely high,” said Secretary LaHood. “Law enforcement officers will be out in full force during the upcoming holiday, especially at night and on the weekends, looking for the drunk drivers that put the rest of us at risk.”

This holiday enforcement crackdown is being supported by more than $7 million in national TV and radio advertising and runs from December 16 to January 3.

The state-by-state report is available from http://www-nrd.nhtsa.dot.gov/Pubs/811250.PDF


Recent investigations estimate that yearly alcohol abuse costs in Estonia surpass those of revenues from alcohol excise by EEK 2bn (EUR 127.82mn USD 191.84mn). The yearly cost from alcohol abuse is estimated at EEK 2,231bn or EEK 1,661 per capita, and accounted for 1.1% of the GDP in 2006. Direct costs from alcohol abuse reached EEK 717mn and indirect costs (from fatalities, health care costs, lost productivity and other) EEK 2.4bn to EEK 3.9bn in 2006.

Estonia’s top three brewers: A. Le Coq, Saku Olletehas, and Viru Olu have stated that they are willing to stop the production of the strongest brands of beer, such as 8% and 10% beers, in an effort to support the strategy to reduce drinking in this country. The move would bring down the strong beer alc. volume to 7% by volume.

Veli Pekka Tennila, CEO of Saku Olletehas, says the brewers have in principle agreed to stop making and marketing the strongest beers from 2010. Ott Licht, CEO of Viru Olu, says despite the 10% alc. by volume ceiling on beers today in Estonia, imported beers include 12% alc. vol. beers. The share of imported beers accounts for 13% of the market. The Institute of Market Research estimates that beer with alcohol content by volume above 6% accounted for nearly 21% of the total of 128mn litres produced in Estonia in 2008.
ID scanning network considered for Queensland pubs and clubs

A network of ID scanners linking nightclubs and pubs may be introduced in Queensland, Australia, to prevent banned, intoxicated and unruly patrons from moving from one venue to another.

A parliamentary committee reviewing alcohol-related violence has released an interim report on the progress of the inquiry and raised the possibility of the introduction of a system of ID scanners which could be networked to allow venues within a precinct to share information, including scans of patrons’ IDs and CCTV images.

The final report and recommendations are not due for release until March 2010. But in the meantime, the interim report says ‘This would aid venues to effect bans where patrons have caused a disturbance or are unduly intoxicated. Some positive anecdotal evidence has been provided from venue owners and managers and police that this technology has had an impact in reducing the level of alcohol-related violence in licensed venues. This has been attributed to the fact that patrons know that their identification details have been collected by the venue and will be provided to police if an offence is committed.’

Older teenage drinking condoned by parents in Australia

According to the latest MBF Healthwatch survey, half of Australian adults and 63% of Australians on a higher income believe 15 to 17 year olds should be allowed to consume alcohol under parental supervision at home.

Bupa Australia Chief Medical Officer, Dr Christine Bennett, said "Our survey suggests many Australians believe it’s acceptable to buy alcohol for teenagers and allow them to drink under parental supervision at home."

The MBF Healthwatch survey results also showed that people’s acceptance of supervised underage drinking was closely linked to their incomes:

- 63% of people earning more than $100,000 supported supervised drinking
- 53% of people earning between $70,001 to $100,000
- 48% of people earning $40,001 to $70,000.

59% of adults in Western Australia thought 15 to 17 year olds should be allowed to consume alcohol under parental supervision at home. This compares with only 46% of adults residing in New South Wales and the Australian Capital Territory, 52% in Tasmania, 51% Queensland and Victoria, and 49% in South Australia and the Northern Territory.

“Given that social drinking is a common part of the Australian culture, our challenge is to help our young people learn how to enjoy alcohol in a socially responsible way and protect them from harm now and in the long-term,” Dr Bennett said.

“That will mean educating young people about the risks of underage drinking and, as parents and a community, being good role models.”

The MBF Healthwatch survey was conducted by research consultancy TNS dedicated healthcare research division. More than 1200 people were surveyed in the study.

Russia: Ban may be introduced on sales of alcohol at night

Draft laws for the Governmental Regulation of Production and Turnover of Ethanol, Alcoholic Drinks and On Restrictions of Retail Sales and Consumption of Beer and Beer-containing Drinks have been submitted to the State Duma. The documents include a proposed ban on sales of alcohol from 9 pm until 11 am except for catering sector.

The Ministry of Industry and Trade and the Ministry of the Interior report the bills to be too strict, unreasonably restricting the rights of citizens and criminalising beer production and sales. Ministry of Trade proposes the ban from 11pm till 8am., Ministry of Interior suggests the bills to be rejected and the restricting functions to be given to regional authorities. National Institute of System Research of Business expects the ban to have largest impact on small stores and stalls.
How groups prevent violence: analysing CCTV footage of night-time violence

A new study by researchers at Lancaster University suggests that, in potentially violent situations, group members spend most of their time trying to stop perpetrators from acting violently. Violence is most likely to be prevented if a number of group members intervene and each supports the other’s intervention.

Psychologists Mark Levine, Paul Taylor and Rachel Best carried out an analysis of CCTV footage of drinkers in a city centre. In each of the 42 incidents they analysed, the perpetrator, the victim and the bystanders were identified. They then recorded the behaviours of each person in turn, and whether they were trying to escalate or de-escalate the violence. Their results showed that:

* Contrary to popular belief, group members are trying to bring aggressive behaviour under control rather than encourage violence.

* Contrary to conventional psychological wisdom, larger groups did not result in more aggressive (or anti-social) behaviour. In fact, as group size increased, the group members attempted significantly more de-escalating (or prosocial) behaviours than anti-social behaviours.

* If only one person tries to intervene (even though other people are present) then incidents tend to end in violence. When multiple group members intervene in a mutually supportive way, then violence tends to be prevented.

Taken together, the evidence shows that groups are trying to bring aggressive behaviour under control; that increasing group size leads to a greater expression of this norm against the use of violence, and that successful violence prevention requires the co-ordinated action of the group rather than the action of a single powerful individual.

Dr Mark Levine explained “For most people, violence is hard, not easy. Groups try to prevent violence from happening or stop it getting out of control. Despite the likelihood of having consumed alcohol, and despite the threat of being victims of violence themselves – the people in our study were still trying to behave in a socially responsible way. Moreover, they were more likely to do so as the size of the group increased.”

He added “When it comes to practical strategies for tackling public violence, we should think about groups as part of the solution and not part of the problem. We should harness the power of the group to produce pro-social behaviour. There is plenty of evidence that group members already try to take responsibility for the behaviour of people in the group. We need to support groups to discourage those in their midst who are thinking about behaving in a violent or anti-social way.”

For more information, visit http://www.esrcsocietytoday.ac.uk

Asia Pacific Breweries launch ‘responsible drinking’ website

Asia Pacific Breweries (APB), the joint-venture between Heineken and Fraser & Neave, has launched a website dedicated to promoting and educating the public on responsible drinking.

www.Drink-Savvy.com is the first of its kind by an Asian brewer, and aims to actively involve stakeholders in the Asia Pacific region to ‘learn about, value and enjoy drinking responsibly’.

“We want to do more than merely educate stakeholders, provide practical information about alcohol and describe how we can use it responsibly,” said Roland Pirmez, CEO of APB.

“We believe it is important that we engage consumers to adopt positive drinking attitudes and to practise responsible drinking through Drink-Savvy.com and its related activities.”

The website features facts about alcohol and its effects on the body through the section ‘Alcohol Savvy’ and advice on drinking responsibly via ‘Savvy Tips’.
Binge drinking youths have low expectations of happiness as they age

New study identifies link between anticipated unhappiness in old age and young men’s binge drinking in old age and young men’s binge drinking

Young men who believe that happiness declines with age are more likely to engage in risky health behaviors such as binge drinking. Their misguided negative view of the aging process may act as a disincentive to behave ‘sensibly’ and encourage them to make the most of the present in anticipation of ‘miserable’ old age. These findings, by Dr. John Garry and Dr. Maria Lohan from Queen’s University Belfast, Northern Ireland, are published online in Springer’s Journal of Happiness Studies.

Although the harmful effects of excessive drinking, smoking, poor diet and lack of exercise are widely publicised, significant numbers of young people binge-drink, smoke, and avoid fruit and vegetables as well as regular exercise. Could it be that young people’s risky health behaviors are linked to their perception of declining happiness with advancing age?

Garry and Lohan analyzed data from face-to-face interviews with over 1,000 citizens of Northern Ireland aged over 15 years. The participants were asked about their alcohol consumption, their fruit and vegetable intakes, whether or not they smoked, and how often they took part in vigorous exercise. The respondents were also asked to report how happy they currently felt, as well as to estimate how happy they expected to be at the age of 30 and 70. Those who were over 30 and/or 70 were asked to think back at how happy they were then. The authors also asked them to indicate how happy the average person of their age at age 30 is and how happy at age 70.

Young people wrongly believed that ageing is associated with a decline in happiness. Indeed, young people estimated that happiness decreased with age, whereas in actual fact there was no difference between the self-reported happiness levels of young people and old people.

Just over half the respondents were categorised as binge drinkers 59% of males and 45% of females. In particular, young men who were pessimistic about future happiness were more likely to binge-drink.

The authors believe their findings could help inform health campaigns aimed at reducing risky health behaviors in young people. They conclude: “Our findings confirm, in the case of binge drinking by men, that risky health behavior in youth is associated with an underestimation of happiness in old age. It may be worthwhile to emphasise, to young men in particular, the positive impact on their lives of reducing alcohol and inform them about happiness in old age.”


Binge Drinking: a confused concept and its contemporary history

A paper by Virginia Berridge, Rachel Herring and Betsy Thom discusses the contemporary history of the concept of binge drinking. In recent years there have been significant changes in how binge drinking is defined and conceptualised. Going on a ‘binge’ used to mean an extended period (days) of heavy drinking, while now it generally refers to a single drinking session leading to intoxication.

The authors argue that the definitional change is related to the shifts in the focus of alcohol policy and alcohol science, in particular in the last two decades, and also in the role of the dominant interest groups. The paper is a case study in the relationship between science and policy. The paper explore key themes, raise questions and point to a possible agenda for future research.

Source: Binge Drinking: A Confused Concept and its Contemporary History Social History of Medicine, Volume 22, Number 3 Pp. 597-607
Results of the independent evaluation of Kent Council Community Alcohol Partnership (KCAP) were announced on 24th November. This was the first County wide CAP in the UK. The report written by Dr Mark Oldfield of Kent University states that, KCAP appeared as an organised and well-managed approach to a difficult social problem.

During the period March and September 2009 KCAP pilot areas saw a decline in offences of criminal damage some 6% greater than in non pilot areas. Anti social behaviour fell in 6 out of the 7 identified public perception measures identified at the start of the scheme. The report notes how well CAP schemes highlighted the complex nature of addressing alcohol related issues of crime and anti social behaviour, and the importance of considering local factors in any implementation.

KCAP was launched in three areas of Edenbridge, Thanet and Canterbury. There were significant differences in the pilot areas with the 220 licensed outlets in Canterbury contrasting with the 25 or so in Edenbridge. Similarly the focus in Canterbury was mainly on the night time economy rather than under age drinking issues that are more suited to a CAP scheme.

Overall recorded crime in the pilot areas was down by 16% which was similar to the non pilot areas however the figures for two individual pilot areas were very encouraging.
- Edenbridge -46%
- Thanet and -19%
- Canterbury -11%

Criminal damage fell by 28% compared to 22% in the non pilot areas. Again individual area results where CAP was most effective showed a much bigger improvement.
- Edenbridge -43%
- Thanet and -36%
- Canterbury -16%

Public perception of anti social behaviour as already stated, saw an improvement on all but one of the identified measures.
Teenagers hanging around -4%
ICAP have released a book, with chapters written by different contributors as to how the industry can actively and positively contribute to reducing alcohol related harm. The book draws on successful programmes that are already making a difference and highlights partnerships between the private and public sector as a logical way forward.

The book has been produced as a published contribution by leading industry figures as a contribution to the World Health Organization's (WHO) global strategy to reduce the harmful use of alcohol. In 2010 of a draft global strategy to reduce harmful drinking will be finalised, based on all available evidence and existing best practices.

It explores areas where alcohol producers’ technical competence can and does make a positive contribution to reducing harmful drinking and where industry input has been welcomed by WHO. The book describes each of these areas: producing beer, wine, and spirits; addressing availability of noncommercial beverages; pricing, marketing, and selling beverage alcohol; encouraging responsible choices; and working with others. The final chapter sets out views of how alcohol producers can contribute to reducing harmful drinking in countries where they are present.

The messages recurring throughout the book are that reasonable regulation provides the context for good alcohol policy, excessive regulation often leads to unintended negative consequences—but the authors believe there are opportunities to do much more, if industry is trusted as a valid partner with consumer knowledge and marketing expertise.

The authors of the book propound that there are very few strategies for reducing harmful drinking that are applicable in ‘blanket form’ to many countries, due to the cultural, social, religious and family differences between not only EU member states, but all over the world. Hence in Africa up to 80% of alcohol consumed is ‘informal’ (i.e. sold through companies or shops), whereas a policy for France would be very different. Hence, while accepting that a universal framework to ensure that alcohol is marketing, produced and advertised in a responsible way can be developed, as can universal strategies for drink drive and preventing sales to those under the legal drinking age, realistically, a range of options is required “so that different countries and communities can select what combination of measures is likely to work best for them given their drinking culture and health priorities.”

The case for industry involvement

The book’s philosophical approach is reinforced by its handling of the fact that some advocacy groups and activists take the view that there is a fundamental conflict of interest between industry’s profit motive and its involvement in public policy. Alcohol producers certainly seek to be commercially successful in the marketplace, but that success is at least in part contingent on responsible consumption, argue the editors. The authors state that major alcohol producers understand that reducing harmful drinking is in the enlightened self-interest of their enterprises and their shareholders, as well as other stakeholders. While it has been argued that some of their profits derive from excessive or irresponsible drinking, the fact is that such behaviours create a negative image of drinking—and even of producing companies and their brands—that is bad for business. Moreover, left unaddressed, excessive or irresponsible drinking results in calls for high, even punitive, taxes and restrictions. Add to this the fact that people manage and operate alcohol producing companies, and they, too, wish to prevent harmful drinking and its ill effects, just as most citizens do. (Introduction, p. 7)

Thus, ICAP argues, alcohol producers have motivations on numerous levels—not all of them altruistic—to support a range of efforts to discourage harmful drinking and encourage responsible consumption. These efforts include self-regulatory mechanisms as well as appropriate government regulation in areas such as licensing, purchase age restrictions, drink-driving laws, and reasonable taxation.

Examples of successful measures

Ronald Simpson describes the economic and social contributions that major producers make to local economies and sustainable development; in addition to providing stable employment to significant segments of population and contributing to public revenue, this includes working with communities to maintain safe drinking water supplies, developing locally-made alternatives to potentially unsafe
illicit beverages, and partnering with government agencies to establish and maintain safety checks for all beverage alcohol.

**Understanding Alcohol Availability: Noncommercial Beverages**

Chapter 3 by Adrian Botha (South Africa) reviews the policy implications of the availability of ‘noncommercial alcohol,’ drinks whose manufacture, sale, and consumption are not reflected in the official statistics. For instance, there are numerous examples provided of popular traditional drinks produced around the world for home consumption or limited local trade, ranging from arrack in India to Cachaça in Brazil, Chang’aa in Kenya, and Samogon in Russia. These beverages tend to be cheaper than their legal counterparts since they avoid taxation and can be manufactured with low-cost ingredients, unchecked by official quality controls. In the many countries where such beverages are prevalent, any consideration of alcohol policy and interventions to address harmful drinking must consider the dynamics of the informal market.

In addition to traditional drinks, two other categories of noncommercial alcohol are of particular interest from a policy standpoint: mass-produced illicit alcohol and surrogate, or non-beverage, alcohol. The former includes counterfeit drinks packaged as legitimate commercial products, usually by local operators who capitalise on factors such as lack of legislation, poor enforcement of laws, and unfulfilled demand because of high prices or limited availability. ‘Surrogate alcohol’ refers to intoxicating liquids that are not intended for drinking. Such liquids derive, for example, from medicinal compounds, industrial spirits, automobile products, and cosmetics and are either used to manipulate the strength of beverage alcohol or consumed in its place, primarily by individuals of low socioeconomic status and problem drinkers. (Chapter 3, pp. 40–42). The book argues that non-commercial alcohol may represent a public health hazard. Both traditional and mass-produced illicit drinks can be of inconsistent quality. Although traditional beverages tend to be of high quality regarding the relationship between marketing and drinking patterns has led researchers to quite different conclusions—and a distinct lack of consensus. To summarise, “The proponents of greater government control of the drinks industry and its marketing efforts draw on a body of research that supports their position, while those who favor liberalization are able to counter this with a parallel flow of work indicating the opposite.”

Sinclair reviews the evidence on the effects of marketing on alcohol consumption and focuses on existing government and industry structures designed to ensure that marketing meets accepted moral and ethical standards. In most developed and some developing countries, governments have consumer protection laws that address marketing. Industry has also adopted a number of self-regulatory advertising and marketing codes, at both sector- (beer, wine, and spirits) and company-wide levels. Government regulation and industry self-regulation can complement each other; some form of co-regulation is becoming the norm around the world.

**Making responsible choices**

So much of the policy debate about reducing harmful drinking involves the concept of responsibility—on the part of consumers, producers, other members of the industry, and society as a whole. Without presuming to take on the large and largely philosophical debate about individual versus societal responsibility, in Chapter 7, Marjana Martinic takes the measured stance that “individual choice does play a significant role,” and that, “at the same time, there is a shared societal responsibility to help equip individuals with the skills necessary to make informed decisions, encouraging those who consume alcohol to do so safely and without endangering others and ensuring that one’s choice to drink—or not to drink—is respected.” (Chapter 7, p. 144)

Drawing on key insights about the regulated path of beverage alcohol from producer to the public, this discussion offers the premise that reducing harmful drinking can be achieved most usefully by addressing three areas: providing the skills that can help consumers make responsible choices; encouraging positive behaviors and discouraging risky and potentially harmful practices; and making drinking environments safer.
The focus of this part of the book is consumers, with an emphasis on drinking patterns and their relationship with outcomes, both good and bad. The chapter highlights the areas where producers and retailers in their different roles can help promote safer drinking and minimize harm. From consumer information and drinking guidelines to targeted interventions and “directional information” (e.g., in the form of campaigns and messaging that encourage consumers to act responsibly), this chapter provides a valuable overview of promising strategies and best practices.

The authors present five models of how various sectors can successfully collaborate around the common goal of reducing harmful drinking, from identifying and sharing best practices to developing and implementing codes of practice, providing resources to develop and implement programmes, developing and implementing programmes, and, finally, partnership. Each model is illustrated by an example of an intervention that industry members are already implementing and that they are willing to replicate, scale up, and help adapt to different national, religious, and cultural contexts.

Among the examples is that of the Global Road Safety Partnership (GRSP), initiated by the World Bank in 1999 to bring together business, civil society, and government to improve road safety conditions around the world. To date, more than 200 organisations have contributed to the GRSP and its activities, and, in the 10 years since its inception, the partnership has become a global leader in road safety, with an unparalleled track record of facilitating road safety alliances around the globe. (Chapter 8, pp. 189–192)

For further information, visit www.ICAP.org

The ten point plan proposed for cooperation to reduce alcohol related harm

Providing high-quality and alternative-strength products—by striving to have production processes, product standards, and quality controls in place and by monitoring consumer trends to identify market-driven opportunities to produce lower-strength alcohol beverages to offer wide consumer choice

Data-sharing—by sharing non-commercially confidential data with WHO, national governments, and the public health community to help contribute to a better understanding of drinking patterns

Responsible innovation and packaging—by considering public health issues, such as avoiding products that might primarily appeal to those underage or that might encourage excessive consumption, in producers’ internal processes to develop new products and packaging

Counterfeiting—by enhancing collaboration with governments and other relevant authorities, providing training to customs and enforcement officers, and investing in and deploying relevant technologies

Illicit alcohol—by helping improve understanding of this sector and seeking to reduce potential risks (e.g. through supporting efforts to educate the public)

Responsible marketing and self-regulation—by strengthening self-regulatory codes and systems, expanding them around the world, evaluating their effectiveness, and promoting best practices that foster responsible retailing

Encouraging responsible retailing—by promoting responsible sales and service practices, responsible marketing, and responsible drinking in alcohol-serving establishments

Responsible drinking initiatives—through social marketing campaigns, consumer information, collaboration with the scientific and public health communities in identifying rigorous and effective methods to evaluate programmes, and working to help prevent alcohol-related harm in the workplace

Community partnerships—by supporting communities in addressing alcohol-related harm (e.g., through multi-stakeholder partnerships that mobilise communities to address underage access to alcohol)

Taxation and regulation—by working with governments to identify effective taxation policies and other measures (e.g., those that avoid fostering unrecorded cross-border trade, illicit production and smuggling, provide a fair and sustainable source of public revenue, and take into account public health issues) and by supporting appropriate regulation
ORGANISATIONS

EUROPE

UK
Alcohol Concern
First Floor 8 Shelton Street, London WC2 9JR
www.alcoholconcern.org.uk

Alcohol Education And Research Council
Abell House, John Islip Street, London SW1P 4LH
www.aerc.org.uk/

Bl - British Institute of Innkeeping
www.bi.org

The Medical Council on Alcohol
3 St. Andrews Place, London, NW1 4LB
www.m-c-a.org.uk

The Portman Group
7-10 Chandos Street, Cavendish Square, London W1G 9DJ
www.portman-group.org.uk

The Drinkaware Trust
7-10 Chandos Street, Cavendish Square, London W1G 9DQ
www.drinkaware.co.uk

Alcohol Focus Scotland
2nd Floor 166 Buchanan Street, Glasgow G1 2NH
www.alcohol-focus-scotland.org.uk

BBPA British Beer and Pub Association
Market Towers, 1, Nine Elms Lane, London SW8 SNQ
www.beerandpub.com

Wine & Spirit Education Trust
International Wine & Spirit Centre
39-45 Bermondsey Street
London SE1 3XF
www.wset.co.uk

The Wine and Spirit Trade Association
International Wine & Spirit Centre
39-45 Bermondsey Street
London SE1 3XF
www.wsta.co.uk

US
American Council On Science And Health
1995 Broadway, 2nd Floor, New York, NY 10023-5860
www.acsh.org

Beer Institute
122 C Street, NW #750,
Washington DC 20001
www.beerinstitute.org

California Association Of Winegrape Growers
601 University Avenue, Suite 135 - Sacramento, CA 95825
www.cawg.org

Distilled Spirits Council Of The US
1250 Eye Street, NW, Suite 400,
Washington DC 20005
www.dscus.org

Family Winemakers of California
520 Capitol Mall, #260
Sacramento, California 95814
www.wineamerica.org

ICAP
International Center for Alcohol Policies
1519 New Hampshire Avenue, NW
Washington DC 20036
www.icap.org

The Century Council
1310 G Street, NW, Suite 600,
Washington, DC 20005-3000
www.centurycouncil.org

Lodi-Woodbridge Winegrape Commission
2545 West Turner Road Lodi, CA 95242 USA
www.lodiwine.com

Brewers of Europe
Rue Carol 23-25, B-1060 Bruxelles
email: info@brewersofEurope.org
www.brewersofEurope.org

Deutscher Wein Akademie
GBH Gütenbergplatz 3-5, 55116 Mainz
www.dts.de

The European Federation Of Wine & Spirit Importers And Distributors (EFWSID)
Five Kings House
1 Queen Street Place
London EC4R 1XK
email: EFWSID@wsa.uk

EFRO - The European Forum for Responsible Drinking
Rue Belliard, 12, Bte S, B - 1040 Bruxelles
www.efro.org

Forum of Taste and Education
Livornostraat 13 b 5 rue de Livourne – Brussel
1050 Bruxelles, Belgium
email: fves@skynet.be

FIVIN
Plaza Penedés, 3, 3,08720 Vilafranc del Penedés,
Barcelona, Spain
www.fivin.org/

FIVS
International Federation of Wines & Spirits
18, rue d’Aguesseau, F-75008 - PARIS France
www.fivs.org

Forum on Taste and Education
Livornostraat 13 b 5 rue de Livourne – Brussel
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FORMA’206
(Radověd na lékařském výzkumu)
Sněmovní 9
118 00 Prague 1, Czech Republic
www.forsafe.eu

FORUM PSR
(Centro de Informações sobre Saúde e Alcool)
Sněmovní 9
118 00 Prague 1, Czech Republic
www.form-psr.c

CANADA
Fundacion Alcohol Y Sociedad
C/ Argensola nº 2, 2ª Izq. 28004 Madrid
www.alcoholysociedad.org

GODA
Gode Alkoholdninger, Kanonbaadsvej 8, DK-1437
Kebenhavn K, Denmark
www.goda.dk

HAFRAC
Rådshuset 8, 1118 Budapest
www.alcoholtelefonen-2340.hu

IREB
19, avenue Trudaine, 75009 Paris
www.ireb.com

MEAS
Memor House
1/3 Fitzwilliam Street Lower
Dublin 2, Ireland
www.meas.ie

OGPA
Observatorio Permanente sui Giovani e l’Alcool Viale di Val Fiorita 90, 00144 Rome, Italy
www.alcol.net

OIV
18 rue d’Aguesseau, 75008 Paris, France
www.oiv.int

STIVA
Benoordenhoutseweg 22-23, NL-2596 BA,
The Hague, The Netherlands
www.stiva.nl

Scandinavian Medical Alcohol Board
Vandværksvej 11 DK - 5690 Tommerup
www.sma-nordic.com

THE REST OF THE WORLD

Oldways Preservation & Exchange Trust
266 Beacon Street Boston, MA
www.oldwayspt.org

WineAmerica
The National Association of American Wineries
1212 New York Avenue, NW, Suite 425
Washington, DC 20005
www.wineamerica.org

south America
Proyecto Ciencia Vino y Salud
Fundación de ciencias Biológicas,
Casilla 114 D. Santiago, Chile
email: vinsalud@genes.biopuc.cl

Centro de Informacoes sobre Saúde e Alcool (CISA)
Rua do Rio 423-1208 - 04552-000 - Sao Paulo SP Brazil
www.cisa.org.br

MEXICO
FISAC
(Fundacion de Investigaciones Sociales A.C.)
Francisco Sosa 230. Coyotacan CP 04000 Mexico DF
-Mexico
www.alcoholinformate.org.mx

The Wine Institute
425 Market Street, Suite 1000, San Francisco, CA 94105, USA
www.wineinstitute.org/

CANADA
Centre for responsible drinking
www.responsibledrinking.ca

EDUC’Alcool
606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9
www.educalcool.qc.ca

Traffic Injury Research Foundation.
Suite 200, 171 Nepean Street, Ottawa, Ontario, Canada, K2P 0B4
www.trafficinjuryresearch.com

AUSTRALIA
The Australian Wine Research Institute
PO Box 197, Glen Osmond 5063, South Australia,
Australia, Tel. 61 8 8303 6600 Fax 61 8 303 6601
www.awri.com.au

DrinkWise Australia
Level 1, 34 Queen Street, Melbourne, VIC 3000,
www.drinkwise.com.au

NEW ZEALAND
ALAC
Level 13, 287 Alm House
36 Customhouse Quay, PO Box 5023
Wellington 6145
www.alcohol.org.nz/

AFRICA
Industry Association for Responsible
Alcohol Use (ARA)
PO Box 112, Bergvliet 7864, South Africa
www.ara.co.za

Taiwan Beverage Alcohol Forum (TBAF)
11F, 285, Zhonexiao East Road, Section 4,
Taipei 10692, Taiwan ROC
www.tbaf.org.tw