

Contents

(Click on an item/ page no. to be taken directly to your choice of article)

In this edition, our lead article reviews a paper by Fiona Measham of Lancaster University which investigates the patterns of drinking in the UK of 11-17 year olds and explores the potential reasons behind the early indications that alcohol consumption by youth and young adults has declined since the turn of the century.

Medical articles include a review of a report

Australian Cancer Institute, New South Wales on 'Alcohol as a cause of cancer', and Harvey Finkel MD looks at recent incidences where 'Medical science has changed its mind'.

Medical News includes two studies examining the positive effects of following a mediterranean diet and two studies on the anti ageing properties of resveratrol.

The turning tides of intoxication: young people's drinking in Britain in the 2000s by Helena Conibear, Executive Director, Alcohol in Moderation	2
AIM launches new educational sections to its UK consumer website	5
Alcohol as a cause of cancer - findings from the Australian Cancer Institute, New South Wales	6
Medical science changes its mind By Harvey E. Finkel, MD	8

Medical News

• Mediterranean diet cuts cancer risk	
• Does consuming a Mediterranean diet reduce the risk of late onset diabetes?	10
• What happens when red wine meets red meat?	
• Two studies on the anti ageing effects of Resveratrol	11
• Grape-derived polyphenolics may be effective in Alzheimer's Disease prevention	12
• Reports from the White Wine and Health Congress	13

Social and Policy News

• BBPA Voluntary code on drinks promotions and happy hours withdrawn	15
• UK Licensing Act has no impact on drink-fuelled violence for most - finds Local Government Associations	

• Roll out for successful alcohol enforcement scheme in England	
• Launch of binge drinking advertising campaign for England	16
• Alcohol squad to target 10 worst UK towns	
• Affluent drinkers are 'in denial'	17
• Scottish Government publishes proposals to cut alcohol misuse	
• Irish Minister launches new stronger codes of practice on alcohol marketing, communications and sponsorship	18
• A realistic attempt to reduce alcohol related hospital admissions in the UK	
• US - FTC report on alcohol marketing finds over 90% compliance	19
• FTC urges adults to say 'Let's make it a safe summer'	
• Proposed New York underage drinking legislation focuses on server training	
• Drinkwise and Australian government to launch Australia's first generational change campaign to tackle risky drinking	20
• Alcohol and violence: Exploring patterns and responses – ICAP Publication	
• Quality Alcohol Harm Reduction Conference Barcelona	21
• Consumer advice for cancer sufferers - Book Review	

AIM Digest
PO Box 2282
BATH, BA1 2QY, UK
T: +44 (0)1225 471444
F: +44 (0)1225 427444

E: info@Aim-Digest.com
Web sites: www.aim-digest.com
www.drinkingandyou.com

Annual Subscription to AIM:

GBP £ 600-
USD \$1,200-
Euro 900-

Corporate Subscription Levels:

Silver GBP 1,500-
USD \$3,000-
Euro 2,300-

Gold GBP £3,000-
USD \$5,000-
Euro 4,500-

Platinum level available on request.

Please contact Sherry.Webster@aim-digest.com for information about AIM's sponsorship levels.

Please make cheques/drafts in British pounds sterling, dollars or Euros payable to AIM Digest at the above address

Peter Duff – Chairman,
T: +44 (0)1225 471444
E: peter.duff@aim-digest.com

Helena Conibear – Executive Director,
T: +44 (0)1300 341601
E: helena.conibear@aim-digest.com

Alison Rees - Deputy Editor
E: alison.rees@aim-digest.com

Sherry Webster – Finance and Administration Director

T: +44 (0)1225 471444
E: sherry.webster@aim-digest.com

The publisher takes reasonable care to ensure the accuracy of quotations and other information contained herein, but is not responsible for any errors or omissions. Opinions and recommendations quoted herein are usually excerpted, digested or condensed, may be edited for continuity, and are only part of the opinions and recommendations expressed in the original sources, which should be consulted for details.

© AIM Digest 2001. All rights reserved.
Material may be reproduced with attribution to AIM.

Published by: AIM Digest,
PO Box 2282, BATH, BA1 2QY.

Brazil

A new law that forbids drivers from consuming any alcohol in Brazil has resulted in a 25% drop in alcoholic beverage sales in the pubs and restaurants of Rio de Janeiro, according to the Hotels, Pubs and Restaurants Association of Rio (SindRio). The law became effective on June 19, and bigger falls in beverage sales are expected in the coming weeks, in spite of the losses, SindRio supports the new regulation.

Seven drunk drivers were arrested in Rio in the first ten days since the new rule came into effect, while the figure for the whole country was 296. An additional 665 drivers have been fined.

The new law stipulates the suspension of driving license for a year and a fine of 955 reais (597 U.S. dollars) for a driver caught with any amount of alcohol in the blood. If the amount of alcohol exceeds 6 ml per litre of blood, the driver is arrested. The police believe that the fines and arrests will change behaviour and reduce accidents caused by drunken driving.

US

Anheuser-Busch is stopping production of caffeinated alcoholic beverages in the US in order to settle an investigation involving 11 state attorneys general. The attorneys general had said they were concerned about the mistaken belief that caffeine in the drinks would counter the intoxicating effects of alcohol. AB issued a statement saying it would reformulate the recipes for the drinks, dropping caffeine as an ingredient.

Australia

The heads of Australia's four main alcohol manufacturing and distribution companies have rejected moves to put health warnings on alcohol containers, arguing that consumers should be responsible for their own actions. They do however, acknowledge that binge drinking is a serious problem facing Australian society alongside parents and older people buying alcohol for younger people. Foster's, Lion Nathan, Woolworths and Coles also said higher taxes were not the solution, with the federal government attempting to tackle misuse with increased taxes on ready-to-drink beverages.

France

Paris police have imposed an alcohol ban in the park surrounding the Eiffel Tower. Selling or drinking alcohol is now forbidden from 4pm to 7am in the Champ-de-Mars, the green area around the tower leading up to the Trocadero. Drinkers face a £30 fine, while anyone caught selling alcohol must pay £595.

The French are increasingly worried about the rise of "le binge drinking," particularly among the younger generation, a fact reflected in the most recent ESPAD figures for France. Police said the new rule was introduced to "stop the unbridled consumption of alcohol in public with the arrival of summer days." A similar alcohol ban has been imposed on other districts in Paris, but only from 9pm.

The turning tides of intoxication: young people's drinking in Britain in the 2000s

by Helena Conibear, Executive Director, Alcohol in Moderation

An interesting and detailed paper by Fiona Measham of Lancaster University looks into the patterns of drinking, predominantly amongst 11-17 year olds, in the UK and explores the potential reasons behind the early indications that alcohol consumption by youth and young adults has declined since the turn of the century.

In the study, young people in the age range 11 - 17 are focused on, as experimentation with alcohol usually starts at this age and good data is available through secondary school surveys. In order to contextualise these changes and identify possible future trends, data are also provided on young adults aged 18-25.

Evidence of declining, or stable consumption trends

Measham finds that, overall alcohol consumption per capita for the UK is both average for the European Union and also has remained stable over the last fifteen years:

- Alcohol consumption per capita aged 15 and over was 10.39 litres of pure alcohol in 1991, 10.39 litres in 2001.
- The General Household Survey shows that the proportion of adults who are weekly drinkers and frequent drinkers (five or more times per week) has remained stable during the early years of the twenty first century (Goddard, 2006). Immoderate consumption (above the daily benchmarks of 4/3 units for men/women) and binge drinking (more than double these daily benchmarks, i.e. 8/6 units) by

British adults peaked around 2001 and in more recent years has declined slightly (Goddard, 2006).

- Amongst 16-24 year olds, the four key indicators of weekly drinking, frequent drinking, immoderate drinking and binge drinking have all fallen for both women and men since 1998. Of note, is that young men drinking more than 21 units of alcohol a week fell from 41% in 2000 to 27% in 2005, and the proportion of young women drinking more than 14 units of alcohol a week fell from 33 to 24% (Goddard, 2006).
- Whilst the amount of alcohol consumed by past week drinkers (aged 11-17) increased in the 1990s and has stabilised at this higher level (of between 10 and 11 units a week), there is evidence that the number of occasional (non weekly) teenage drinkers and abstaining teenagers has also increased. For example, the percentage of young people who reported drinking alcohol in the previous week increased from 1990 to 2001 in each of the year groups from 11 to 15 then reduced back to 1990 levels, with 40% of 15 year olds reporting drinking alcohol in the previous week in 1990, increasing to 52% in 2001 then falling back to 41% in 2006 (The Information Centre, 2007).
- Secondary school abstainers have steadily risen from 36% of pupils in 1990 to 46% in 2006.

Still cool to get drunk

Attitudes towards intoxication are distinctly favourable amongst British youth compared with other countries in Europe and elsewhere, but interestingly, Measham pinpoints the early teens showing a significant shift in attitude from seeing drunkenness at primary school as bad to more acceptable during the course of secondary school. For example, just 3% of 11 year olds think it is okay to try getting drunk or be drunk weekly, rising to 48% of 15 year olds and 32% thinking it's okay to get drunk once a week (The Information Centre, 2005).

Other research cited by Measham looks at 14 -17 year olds reporting a range of positive reasons for wanting to get drunk, seeing getting drunk as a normal and unproblematic thing to do. Three key positive motivations were given:

- increasing confidence and enjoyment in social situations;
- getting a "buzz", having something to do or forgetting one's problems;
- social norms and influences including peer influence, gaining respect and enhanced image.

The three groups of outcomes – health, safety and legal – suggested that **"the youngest of drinkers and those drinking in unsupervised locations are the groups most at risk from serious harm"**.

The study cites a recently published survey (Talbot and Crabbe, 2008) commissioned by Positive Futures,

of 1,250 of 10-19 living in deprived communities found that age 13 was a “tipping point” with 42% of respondents beginning to drink alcohol by 13.

Report Findings

Why are fewer underage youth drinking?

Whilst this urban regeneration and development of the “24-hour city” has been targeted primarily at young adults aged 17-25 in the evenings and at weekends (Hadfield, 2006), both older and younger demographic groups have been discouraged from using city centre facilities at night. For underage drinkers a range of measures included in the Licensing Act 2003, Police and Justice Act 2006, local bye-laws, as well as growing use of proof of age schemes such as Challenge 21, and increased penalties for individual serving staff, have resulted in local authorities and the police having greater powers to prosecute staff and close premises which persistently sell alcohol to under 18s.

From 2004-2006, the national test-purchase failure rate fell from around 50% to around 20% (HM Government, 2007). Consequently young people are less able to purchase alcohol in off-licenses or purchase and consume alcohol in licensed venues and are subject to increased regulation and surveillance on the street through CCTV, on the spot fines, alcohol ASBOs, alcohol confiscation zones, group dispersal, and so forth. This further restricts the possibilities of young people drinking in public parks and other public spaces previously favoured by teenagers (e.g. Brain and Parker, 1997). There is evidence that these changes may have impacted on

young people’s consumption: for example, the SDD schools survey found that the proportion of young people purchasing alcohol from off licences fell from 27% in 1996 to 17% in 2000 and has since remained at this level whereas buying alcohol from friends and relatives increased from 9% in 1998 to 17% in 2000, and has since remained stable (The Information Centre, 2005)’.

Changing social trends

‘The mid 1990s saw the resurgence of licensed leisure, it is perhaps no surprise to see a diversification away from such predominantly alcohol-based leisure, as each generation attempts to distinguish itself pharmacologically as well as stylistically from the generation before.... Young people face limited access to private accommodation with growing numbers financially dependent on their parents into adulthood, resulting in limited private social space, whilst facing exclusion from licensed premises, greater surveillance on the streets and a host of restrictions in public space from playing ball games to wearing “hoodies” and also drinking alcohol. The Positive Futures survey, for example, found that streets and local parks were the most usual drinking place for 32% of 10 to 19 year olds (Talbot and Crabbe, 2008)’.

Beware marginalisation and social exclusion of youth

‘Research with 98 street drinkers aged 16-25 found a general awareness and concern about the risks of such street drinking in terms of health, safety and victimisation, but it was the under 18s who felt excessively targeted by police intervention (Galloway et al., 2007).

This resulted in the displacement of underage drinking to less visible, more isolated and therefore potentially more dangerous outdoor locations. Given that most street drinkers saw outdoor drinking as “a forced choice resulting from exclusion from indoor drinking locations” (Galloway et al., 2007)

A key priority in terms of harm minimisation is the provision of safe social spaces for young people who are increasingly excluded from licensed premises and who face increased regulation, criminalisation and public humiliation on the streets’.

The report concludes:

‘The 2000s could be characterised as the calm after the storm in terms of young people’s drinking. By and large the millennium has seen the turning of the tide in terms of the practices and preferences of intoxication in the wake of enormous changes to the drinks and leisure industries, the night time economy, the regulation of leisure in the last 15 years and in the roles and realities of life for young people growing up in today’s uncertain times. Concerns about young people’s drinking arose out of certain changes in drinking attitudes and behaviours, in particular increased sessional consumption of alcohol and the pursuit of determined drunkenness. Whilst it appears that some of the most dramatic increases of the 1990s have now diminished, it is not yet clear whether the most recent figures represent the beginning of a significant downturn in consumption, nor why this might be occurring. Stricter serving practices in both on and off licensed premises, increased regulation of

outdoor space and a reduction in promotional and retail practices which might appeal to under 18s might all have played a part, along with a cultural reaction against the worst excesses of the binge drinking phenomenon and a related reticence to report heavy consumption. However, indicators that young adult consumption is also levelling off suggest that the frenzied alcohol-oriented leisure of recent years has run its course. Whilst the government, public health and drinks industries may claim success for their ongoing anti binge drinking and anti drunkenness

campaigns, the turning tide was evident before this. Underlying this note of optimism, however, is a concern for the minority of young people whose sessional consumption remains at high levels and who are consequently exposed to greater risks in terms of not only their own health but also through their drinking environment. Young people's drinking has to be contextualised in the changing nature of their relationship to public space and their greater reliance on others for access to alcohol. With the privatisation of some public space and the increased regulation

and criminalisation of young people's low level disorder, public drinking and anti social behaviour (Squires, 2008), there are fewer choices for young people to socialise together away from the parental home without surveillance. Thus whilst the spectacle of conspicuous consumption of alcohol by young people is becoming less apparent: whether young people retreat into their own and others' homes, or to more isolated and possibly more dangerous open spaces is not yet apparent. The irony is that government policy to reduce underage drinking may have the perverse effect of accelerating the aforementioned polarisation process and turning today's persistent young drinkers into tomorrow's furtive heavy drinkers'.

Source: The turning tides of intoxication: young people's drinking in Britain in the 2000s. Journal: Health Education 2008 Vol.108 Iss. 3; 207 - 222 DOI: 10.1108/09654280810867088

Units of alcohol consumed in last seven days by pupils in the SDD survey, 2001-06						
	Percentage					
	2001	2002	2003	2004	2005	2006
No alcohol consumed in the last week	77.2	79.3	78.5	80.4	81.0	82.6
More than 0 but less than 4 units of alcohol drunk in last week	8.0	6.1	7.0	6.0	5.9	5.4
4 to less than 8 units of alcohol drunk in last week	5.2	4.9	5.4	4.4	4.8	3.9
8 to less than 12 units of alcohol drunk in last week	3.4	3.3	3.2	3.1	2.7	2.3
12 to less than 20 units of alcohol drunk in the last week	3.3	3.5	3.4	3.1	2.9	3.0
20 or more units of alcohol drunk in the last week	3.0	2.9	2.5	3.0	2.7	2.8

Data taken from the Smoking, drinking and drug use among young people in England in 2001-06 surveys published by the NHS information Centre and Department of Health.

The table shows the percentage of young people not drinking any alcohol in the last seven days has increased over the last five years, from 77.2% in 2001 to 82.6% in 2006. Also the percentage of pupils drinking less than eight units has similarly decreased from 13.22% in 2001 to 9.3% in 2006. However the percentage of pupils drinking eight or more units in the last seven days has remained fairly stable between 2001 and 2006.

AIM launches new educational sections to its UK consumer website



AIM has launched three new educational sections to its UK www.drinkingandyou.com consumer information website.

The new areas include Educational Resources for both Parents and Teachers, and advice for Under 18s. Interactive male and female forms describing the effects of alcohol on different parts of the body have also been added in the Alcohol and Health section.

'Parental Advice' suggests ways of talking about alcohol to young children, teenagers and young adults with links to further sources of information.

'Teachers Resources' gives access to resources which have been researched and developed by specialists for teachers to make alcohol education interactive and informative.

The Under 18s section highlights the effects of alcohol on teenage bodies and recommends other sites suitable for 11-17 year olds.

AIM is grateful to EFRD and EdComs for their cooperation and to our UK website partner Waitrose (The John Lewis Partnership).

Alcohol as a cause of cancer - findings from the Australian Cancer Institute, New South Wales

by Helena Conibear, Executive Director, Alcohol in Moderation

The comprehensive 200 page report into the drinking patterns, habits and behaviours of consumers of alcohol in New South Wales is introduced by James F Bishop MD MMed MBBS FRACP FRCPA Chief Cancer Officer. He states 'Cancer is increasing in our society and has become the major burden of disease, outstripping cardiovascular disease. It is also now the major cause of premature deaths, and the major cause of death, in the 45 to 65 year old age group'.

Cancer could be prevented in about 35% of cases by modifying behaviour to largely avoid known cancer risk factors. Top of the list is tobacco as the major cause of preventable disease in NSW. However, a diet rich in processed or red meat, salt or salted fish, and obesity are known risk factors for cancer. Alternatively, physical activity, and a diet rich in fibre, fruit and vegetables leading to ideal body weight are known to protect against cancer.

Seventy-seven percent of NSW adults drink alcohol and are likely to associate it with celebrations, family gatherings and good times. However, it is now quite clear that alcohol is carcinogenic for some types of cancer. Alcohol is classified as a cancer causing agent by the International Agency for Research on Cancer. It already imposes a significant health burden on our population with anti-social behaviour and trauma associated with excessive risky drinking. This report concentrates on alcohol causing cancer'.

Methodology of the study

A systematic literature search was undertaken to identify existing systematic reviews which examine the link between alcohol and specific cancer types. From this search, 634 reviews were identified of which 31 met the inclusion/exclusion criteria. Of these 31, seven were identified as key or supportive reviews, based on currency and quality. Whilst all 31 reviews were evaluated, the findings of the seven key papers were considered in detail. A second literature search was undertaken to identify original papers published subsequent to the key review for each cancer type. This search identified 1,149 citations, of which 58 were briefly reviewed to update and augment the key systematic reviews.

Key findings

The report finds that: according to published evidence from eight studies, moderate alcohol consumption corresponding to approximately two drinks of alcohol per day does not increase the risk of cancer in general. However, the average intake of approximately four drinks per day increases the risk of cancer by 22%. High alcohol consumption averaging approximately eight drinks per day increases the risk of cancer at any site by 90%.

Alcohol consumption and cancers of the upper aero-digestive tract

When alcohol intake is doubled to an average of around four drinks per day, the risk of cancer of the oral

cavity and pharynx, oesophagus, and larynx is more than twice that of a non-drinker. At high levels of alcohol consumption, around eight drinks per day, the risk of upper aero-digestive tract cancers is approximately 4-6 times that of a non-drinker.

Alcohol and lung cancer

The available evidence from 23 studies suggests there does not appear to be an association between moderate alcohol consumption and lung cancer. However, it is possible that high levels of alcohol intake of around six or more drinks per day increases the risk of lung cancer and this risk appears independent of risk from tobacco smoking.

Alcohol and prostate cancer

Evidence from 33 studies suggests there is no relationship between moderate alcohol intake and risk of prostate cancer. However, there is some evidence of an increased risk of up to 24% seen at higher levels of alcohol consumption of around four or more drinks per day

Alcohol consumption and ovarian cancer

There is conflicting evidence in the literature for the association between alcohol consumption and risk of ovarian cancer with reports of an increased, decreased, and no change in risk. Data from 15 studies indicates that alcohol consumption does not increase the risk of ovarian cancer.

Alcohol consumption and breast cancer

Intense research has been directed at understanding the relationship between breast cancer and the consumption of alcohol. In NSW, breast cancer accounts for approximately 27% of all cancers in women.

A large body of evidence estimated the risk of breast cancer between 11 and 22% higher in women who drink alcohol compared with non-drinkers. For each additional alcoholic drink per day, the excess risk of breast cancer is approximately 10 to 12%. The increased risk associated with alcohol consumption is not influenced by menopausal status or nationality, and does not appear to differ with type of alcoholic beverage consumed.

A mounting body of evidence has indicated that low folate intake is also associated with elevated risk of several cancers, including breast cancer. Evidence to date indicates that modest intakes of folate may reduce the increased risks of breast cancer associated with alcohol consumption.

Alcohol consumption and colorectal cancer

Whilst there is no significant relationship between alcohol consumption and risk of cancers of the colon and rectum in women, high alcohol intake in men is associated with a 64% increased risk of colon cancer and a 79% increased risk of rectal cancer.

Alcohol consumption and liver cancer

There is convincing evidence that heavy alcohol consumption increases the risk of primary liver cancer. The most probable mechanism is through the development of liver cirrhosis, although other pathways may also play a role. According to data from 20 studies, alcohol intake of approximately two drinks per day increases the risk of liver cancer by 17% compared with non-drinkers. Risk of liver cancer is increased by 36% with alcohol intake averaging four drinks per day. Heavy alcohol consumption such as eight drinks per day increased the risk of liver cancer by 86%.

Alcohol consumption and other cancers

A considerable body of evidence has shown that alcohol does not appear to be a risk factor for cancers of the pancreas, endometrium, and bladder. Likewise, the evidence does not support an association between alcohol consumption and risk of melanoma and cancers of small intestine, gallbladder, cervix, and kidney. However, data were available for only one or two studies for each of these cancer sites and therefore further research is needed to confirm these findings.

Although there is some evidence that alcohol consumption may be associated with a decreased risk of thyroid cancer, it is difficult to reliably interpret these results because of the associations between thyroid cancer, iodine intake,

cigarette smoking and other factors.

There is some evidence from a pooled analysis that alcohol consumption decreases the risk of non-Hodgkin lymphoma. However, the studies included in the analysis were not identified systematically and therefore it is possible that the results may be biased.

The report concludes:

‘In conclusion, alcohol is one of the most well established causes of cancer and causes a considerable burden of disease in terms of both mortality and morbidity. While the mechanisms of action of alcohol-related risks and benefits await further clarification, the overwhelming public health message is that high daily alcohol intake can have an adverse affect on health and for those who do drink alcohol, it is important to do so in moderation. While the total elimination of alcohol consumption is not realistic, there should be increased community awareness and understanding of the extent and impacts of ‘risk drinking behaviour’.

The report can be downloaded via: http://www.cancerinstitute.org.au/cancer_inst/publications/pdfs/pm-2008-03_alcohol-as-a-cause-of-cancer.pdf

Medical science changes its mind By Harvey E. Finkel, MD

The scientific process is the opposite of dogma. Continual reexamination and correction are expected, desired. Restudying questions by other hands often refines, improves precision, but seldom leads to upheaval of what are accepted as basic general truths. We shall herein consider three recent examples of medical science corrigenda. They might at first glance seem to constitute “180s,” but upon closer examination they really deepen our understanding by exploration of particular facets of the issues under study.

We all know that the liver is the canary of the body with reference to alcohol, the organ that is first damaged by any excess of consumption.

Illness and death from abuse of alcohol usually result from liver disease. It would, therefore, be, to understate, astonishing to learn that alcohol could benefit the liver. A report eight years ago did astonish and mystify by demonstrating that regeneration of rat livers was enhanced by light alcohol consumption, as compared to the livers of abstemious rats.

Now we have researchers from the Mayo Clinic, Duke University, and Kanazawa University Hospital in Japan reporting that “light to moderate alcohol consumption may protect against the development of hypertransaminasemia,” that is, against elevations of blood levels of transaminase. (Such an elevation is a sign of liver damage.) Studying nearly 1200 men without liver disease, Suzuki, et al., found over five years that those who drank

moderately had less evidence of liver damage than those who did not drink at all or who drank minimally. Heavy drinkers showed the most damage—no surprise.

The J-shaped curve still rules, as was also reported in a Danish study of liver disease some years ago. Age and obesity were thought to play roles, but I found those aspects of the data confusing. Neither study gave any hint of a possible mechanism of alcohol’s benefit. Nevertheless, the findings are intriguing, counterintuitive, and, dare I say, encouraging. The cardiovascular benefits of moderate drinking are voluminously documented, most dramatically as the French paradox, so it is surprising to see publication of human research that reports an adverse effect of moderate alcohol consumption upon the heart.

A group in Rome reports that alcohol abolishes ischemic preconditioning of the heart. Ischemia, insufficiency of blood supply due to arterial narrowing, when severely involving the coronary arteries that bring oxygen to the heart muscle, may cause a heart attack. Lesser episodes of ischemia have been thought by some to precondition the heart: get it somehow accommodated to ischemia so as to reduce the damage from a later, larger insult, a sort of training to weather the blow. (This may sound to some like the contention that one would tolerate sitting in a pot of boiling water if placed there when the water was still cold.) The Romans fed half the volunteers five ounces of gin (40 grams of ethyl alcohol) 30 minutes before treatment for

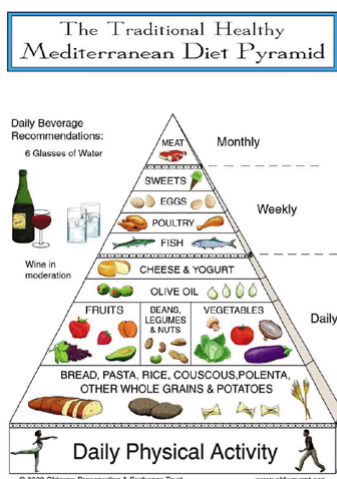
isolated coronary artery narrowing. The other half received five ounces of water! Measurements revealed that ischemic preconditioning was abolished in the group receiving alcohol. My instinct and my consultant cardiologist are reserving our alarm until more studies have been done.

One doesn’t often think of teeth being affected by alcohol, unless of a fist as a vector. A special case is that of individuals who have wine in their mouths for much of the time, for example, a wine buyer who must taste many wines every day. The teeth of such folk are at risk of dissolution by the acidity of wine. Now, however, we are presented with a most interesting study showing that grape polyphenols, the same class of compounds that is so often reported beneficial to health, may effectively prevent dental caries (cavities). Here it is not the alcohol that’s the effective agent, but components of grape skins and seeds, which become components of wine and, more concentrated and cheaply available, of pomace.

The primary microbial culprit in the pathogenesis of dental caries is the oral bacterium *Streptococcus mutans*, which possesses at least two specific virulence traits for the formation of the biofilms on the surface of teeth that cause cavities: ability to synthesize particular polysaccharides; ability to produce and tolerate acids.

Studying the effects of the phenolic compounds of pinot noir, cabernet franc, baco noir, and noiret on *S. mutans*, scientists at the University of Rochester and the New York State

Mediterranean diet cuts cancer risk



Agricultural Experiment Station of Cornell University at Geneva, New York, found both essential virulence traits to be effectively disrupted, oddly without compromising bacterial viability. Prophylactic potential may be enormous. How about preventive use of a pomace extract?

We should be thankful for such studies as these three, which alter, refine, illuminate, and open paths to the future.

References

Zhang M, Gong Y, Corbin I, et al. Light ethanol consumption enhances liver regeneration after partial hepatectomy in rats. *Gastroenterology* 2000; 119: 1333-1339.

Suzuki A, Angulo P, St. Sauver J, et al. Light to moderate alcohol consumption is associated with lower frequency of hypertransaminasemia. *Am J Gastroenterol* 2007; 102: 1912-1919.

Becker U, Deis A, Sorensen TI, et al. Prediction of risk of liver disease by alcohol intake, sex, and age: A prospective population study. *Hepatology* 1996; 12: 1025-1029.

Nicoli G, Altamura L, Fabretti A, et al. Ethanol abolishes ischemic preconditioning in humans. *J Am Coll Cardiol* 2008; 51: 271-275.

Spasser HF. Wine and dental health. *AIM Digest* 2005; 15: 11 (Jul/Aug).

Thimothe J, Bonsi IA, Padilla-Zakour OI, et al. Chemical characterization of red wine grapes (*Vitis vinifera* and *Vitis interspecific hybrids*) and pomace phenolic extracts and their biologic activity against *Streptococcus mutans*. *J Agric Food Chem* 2007; 55: 10200-10207.

Research by Dr Dimitrios Trichopoulos, professor of cancer prevention and epidemiology at Harvard University into the lifestyle habits of over 26,000 Greek men and women over an eight year period, conducted as a part of the European Prospective Investigation into Cancer (EPIC) and nutrition, has found that adopting elements of the Mediterranean diet reduces the risk of cancer significantly. EPIC is a unique ongoing study looking at dietary habits and other biological and lifestyle characteristics of more than half a million people in Europe before a diagnosis of cancer and other chronic diseases.

In the largest study in a Mediterranean population to look at cancer risk in relation to diet, researchers monitored the detailed dietary records of the participants. The researchers collected information from interviewer-administered questionnaires and used a 9-point scale to describe how well a participant's diet adhered to the traditional Mediterranean pattern. Food groups were classified as good and protective against cancer or bad and increasing cancer risk based on the latest research. Each

person was given a score of one if they consumed lots of "good" foods or had a low consumption of "bad" foods. They scored zero for a high consumption of "bad" foods or low consumption of "good" foods.

This latest study from scientists at Harvard University is one of the largest to date which examines the potential impact on cancer of the various parts of this diet. The study monitored the prevalence of all types of cancer from stomach and bowel to liver, cervix and brain tumours in both men and women, and took into account other risk factors, such as smoking and lifestyle.

Food from nine food groups were measured - monosaturated and saturated fats, fruits, vegetables, legumes such as peas and lentils, cereals such as wholegrain bread and pasta, meat, dairy food, fish and alcohol.

The researchers found that people who followed more closely a traditional Mediterranean diet had a lower incidence of cancer, including a 9% reduction in risk achieved by eating more "unsaturated" fats such as olive oil.

Eating less red meat, and more peas, beans and lentils, the risk of cancer was reduced by 12%. Importantly lower risk wasn't only seen by completely adopting the traditional Mediterranean diet but closer conformity to it also reduced the participants' cancer risk. And the more changes made the bigger the effect.

Source: Conformity to traditional Mediterranean diet and cancer incidence: the Greek EPIC cohort. *British Journal of Cancer*. 2008. 99(1).

Does consuming a Mediterranean diet reduce the risk of late onset diabetes?

A new study from Spain attempts to assess the relation between adherence to a Mediterranean diet and the incidence of diabetes among initially healthy participants. Estimates of relative risk were adjusted for sex, age, years of university education, total energy intake, body mass index, physical activity, sedentary habits, smoking, family history of diabetes, and personal history of hypertension. Participants were 13,380 Spanish university graduates without diabetes at baseline who were followed up for 4.4 years.

The Dietary habits were assessed at baseline with a validated 136 item food frequency questionnaire (such as legumes, olive oil, dairy, red meat, alcohol intake) which was scored on a nine point index. New cases of diabetes confirmed through medical reports and an additional detailed

questionnaire posted to those who self reported a new diagnosis of diabetes by a doctor during follow-up. There were 33 confirmed cases of type 2 diabetes.

The study found that participants who adhered closely to a Mediterranean diet had a lower risk of diabetes. The incidence rate ratios adjusted for sex and age were 0.41 (95% confidence interval 0.19 to 0.87) for those with moderate adherence (score 3-6) and 0.17 (0.04 to 0.75) for those with the highest adherence (score 7-9) compared with those with low adherence (score <3). In the fully adjusted analyses the results were similar. A two point increase in the score was associated with a 35% relative reduction in the risk of diabetes (incidence rate ratio 0.65,

0.44 to 0.95), ie even adhering to a few elements of the Mediterranean diet reduces the risk of late onset diabetes.

Professor R. Curtis Ellison comments:

Certainly, the high-scorers on the Mediterranean Diet drank a little more alcohol, but they had even more striking differences in many other aspects of diet. While the study supports earlier work of Trichopolou and the Harvard studies, there were only 33 cases of diabetes in this cohort of over 13,000 Spaniards and therefore it cannot add very much to current findings. Live a healthy lifestyle and do not get fat, and you have much lower risk of diabetes.

Source: *BMJ*, doi: 10.1136/bmj.39561.501007.BE, Research Adherence to Mediterranean diet and risk of developing diabetes: prospective cohort study

What happens when red wine meets red meat?

New research suggests that when red wine is consumed alongside red meat, chemicals in the stomach may thwart the formation of harmful substances released during digestion of fat in the meat

Researchers attribute the documented benefits of moderate wine consumption—including protection against cancer and heart disease—to its high levels of polyphenols, compounds also found in fruits and vegetables.

Polyphenols are powerful antioxidants, substances that suppress destructive chemical reactions promoted by oxygen. But

because the body doesn't absorb polyphenols easily; scientists puzzle over how and where they exert their benefits. The researchers say they found one answer in tests with laboratory rats fed either red turkey meat or the same meat with red wine concentrate. Wine concentrate substantially reduced formation of two byproducts of fat digestion, malondialdehyde and hydro peroxide, which are toxic to cells, the investigators said. The group claimed that red turkey meat is particularly prone to the harmful reactions, but that past research has found them to be common in meat

products, red meat in particular.

The stomach appears to act as a "bioreactor" that facilitates wine's beneficial effects, the researchers wrote. The polyphenols work not only to prevent generation of toxic compounds, but also to inhibit their entry to the blood stream, they added.

Source: American Chemical Society's *Journal of Agricultural and Food Chemistry*. *J. Agric. Food Chem.*, 56 (13), 5002–5007, 2008. 10.1021/jf703700d. The Stomach as a "Bioreactor": When Red Meat Meets Red Wine

Two studies on the anti ageing effects of Resveratrol

Two recent studies have investigated whether resveratrol mimics the effects of calorie-restriction and inhibits various aspects of the ageing process.

It is already known that keeping mice on a calorie-restricted diet of 30%–50% below normal, or restricting them to feeding every other day, can show a delay in the onset of age-related diseases, improved stress resistance and slower decline in function. Such a restrictive diet is unlikely to be acceptable or safe in humans and so research has focused on finding chemical compounds that can produce similar physiological and genetic changes as dietary restriction.

A study by Jamie Barger et al. published in the open-access journal *Public Library of Science One*, adds to a growing body of research linking resveratrol and red wine consumption to a range of beneficial health effects, including brain and mental health, and cardiovascular health.

Previous *in vitro* and *in vivo* studies with resveratrol suggest that the compound may help prevent the negative effects of high-calorie diets and has anti-inflammatory and anti-cancer potential, however it has been suggested that in order to gain such benefits from dietary sources, one would have to drink 350 to 1250 litres of red wine. Moreover, resveratrol supplements would not be effective since a daily dose in the region of 2500mg would be required to mimic the effects observed in other studies.

The amount of resveratrol in a bottle of red wine can vary between

types of grapes and growing seasons, and can vary between 0.2 and 5.8 milligrams per litre. But nearly all dark red wines - merlot, cabernet, zinfandel, shiraz and pinot noir - contain resveratrol.

The new study suggests that low doses of resveratrol in the diet of middle-aged mice may influence on the genetic levers of aging and may confer special protection on the heart.

“Our findings that a low dose of resveratrol partially mimics calorie restriction at the gene expression level and leads to prevention of some age-related parameters suggests that clinical trials with resveratrol should be conducted to test the relevance of these findings to humans,” wrote lead author Jamie Barger from LifeGen Technologies in Wisconsin.

The researchers fed middle-aged mice (14-months) a control diet, a low dose of resveratrol (4.9 mg kg⁻¹ day⁻¹), or a calorie restricted (CR) diet, and followed the animals until old age (30 months).

The found that animals in the calorie-restriction and low-dose resveratrol groups had altered gene expression profiles in 90 and 92 percent, respectively, in the heart.

The new findings, say the study’s authors, were associated with prevention of the decline in heart function associated with ageing.

In short, a glass of wine or food that contain even small doses of resveratrol are likely to represent “a robust intervention in the retardation of cardiac ageing,” wrote the authors.

Source: *Public Library of Science One* 3(6): e2264. doi:10.1371/journal.pone.0002264

“A Low Dose of Dietary Resveratrol Partially Mimics Caloric Restriction and Retards Aging Parameters in Mice” Authors: J.L. Barger et al.

The second study by KJ Pearson et al sought to confirm that resveratrol has anti-ageing properties that protect the heart, bones and eyes from ageing in laboratory mice when given in large enough doses over a long period. The study found resveratrol did not actually extends life, only that it improves the quality of life.

The researchers sought to determine whether the effects of resveratrol in mice were similar to the health benefits shown by dietary restriction. Previous mice studies have shown that resveratrol improves the health and survival of obese mice fed a high-calorie diet. So, in this study, the researchers set about seeing if resveratrol could improve the health of non-obese mice, and if so, if this was due to the ability of the chemical to mimic the effects of dietary restriction.

The researchers report five main results of their study:

- Genetically, resveratrol mimics the “transcriptional effects” of dietary restriction. For this part of the study, the researchers performed genetic tests on the nucleic acid and genes extracted from liver, muscle and fat of the mice.
- Resveratrol delays functional decline. The researchers performed eleven tests on both the live mice and some after natural death. These ranged from tests of co-ordination to bone strength and volume, bone density (tested by CT scan) and

looking for any cataracts. In most cases, the treated mice on a standard diet were healthier than the non-treated mice.

- Resveratrol improved vascular function. This was tested by looking at cholesterol levels, blood vessel hardening, and by measuring oxidative stress in the dissected blood vessels.
- Resveratrol did not increase overall survival or maximum lifespan in the mice on a standard diet. In the mice fed a high-calorie diet, resveratrol increased remaining life span of one-year-old mice by an average of 26% for the group given low-dose resveratrol compared with

the control group. Those given a high-dose of resveratrol increased their life span by an average of 25%. This survival gain was not significantly different from that of non-obese standard diet control mice.

- Resveratrol had no effect on histopathological changes (those seen under the microscope), in the heart, kidneys, liver, spleen, lungs and pancreas.

The researchers conclude that their findings indicate that resveratrol treatment has a range of beneficial effects in mice but does not increase the lifespan of freely feeding animals when started midlife. **“From a health point of view, the quality of**

life of these mice at the end of their days is much better. It suggests that resveratrol may extend productive, independent life, rather than just extending life span,” Dr de Cabo said.

The scientists believe resveratrol works by mimicking the effects of a calorie-restricted diet, which is known from animal studies to prolong life and stimulate anti-ageing mechanisms in the body, which help to prevent tissues from being damaged or degraded through wear and tear.

Source: Pearson KJ, Baur JA, Lewis KN, et al. Resveratrol Delays Age-Related Deterioration and Mimics Transcriptional Aspects of Dietary Restriction without Extending Life Span. *Cell Metab* 2008; Jul 4

Grape-derived polyphenolics may be effective in Alzheimer’s Disease prevention

A new study suggests that a red grape seed extract could help protect against memory loss due to Alzheimer’s disease, following research in mice.

Rodents prone to developing Alzheimer’s-like brain changes showed better cognitive function at 11 months of age - when they would have been expected to already have some memory impairment - if they were given the grape seed polyphenolic extract in their drinking water, Dr. Giulio Maria Pasinetti of the Mount Sinai School of Medicine and colleagues found.

The mice in the study received levels of polyphenols equivalent to what a person would consume with a daily glass or two of red wine.

While the health benefits of moderate red wine consumption are fairly clear, Pasinetti noted in an

interview, “moderate consumption of alcohol in the form of red wine might have potential complications for people with maybe metabolic disorders or cardiovascular disorders.”

Pasinetti and his team investigated whether an extract of red grape seeds might prevent the progress of the disease in mice.

Mice received an amount equivalent to 1 gram of polyphenolic extract daily for humans, or plain water. After five months of treatment, the grape seed extract-fed mice had 30 to 50% less clumping of amyloid-beta protein in their brains.

Amyloid-beta protein clumping is a key step in the formation of the plaques and tangles within the brain seen in Alzheimer’s patients, so preventing it could conceivably help slow brain degeneration.

Animals treated with the extract also performed significantly better on a standard test of spatial learning memory than rodents who didn’t receive it. But the extract did not improve maze performance in control mice, suggesting that it improved cognitive function in the Alzheimer’s prone rodents by reducing brain damage due to plaque formation.

Pasinetti and his colleagues are now planning clinical trials to determine if polyphenolic extract could prevent or even treat Alzheimer’s in humans.

Source: *The Journal of Neuroscience*, June 18, 2008. Jun Wang, Lap Ho, Wei Zhao, Kenjiro Ono, Clark Rosensweig, Linghong Chen, Nelson Humala, David B. Teplow, and Giulio M. Pasinetti

Reports from the White Wine and Health Congress

The White Wine and Health Congress was held in Verona on 14th June, 2008. The following papers were presented:

White and heart attack

Can white wine protect against myocardial infarction? The answer is “yes”, at least in an animal model that simulates the condition. The results of a US study coordinated by Nilanjana Maulik of the Molecular Cardiology and Angiogenesis Laboratory at the University of Connecticut found that the administration of white wine to laboratory animals, before the insult, preserved cardiac function to a surprising extent.

Moreover, the infarct area was smaller and echocardiography revealed fewer signs of cardiac structural alterations in the animals that had consumed white wine than in those that had not done so. According to the authors, these cardioprotective effects are due to partial inhibition of apoptosis (the “cell suicide programme”) in cardiac cells by small molecules contained in white wine.

Reference: Journal of Agricultural and Food Chemistry in press. White wine induced cardioprotection against ischemia-reperfusion injury is mediated by life-extending Akt/foxo/nfkb survival pathway. Mahesh Thirunavukkarasu, Suresh Varma Penumathsa, Samson Mathews Samuel, Yuzo Akita, Lijun Zhan, Alberto A.E Bertelli, Guatam Maulik and Nilanjana Maulik.

White wine and the heart

Evidence elucidating the molecular basis of cardioprotection afforded by white wine was presented. Cardioprotection afforded by white wine consumption in animals is due to a considerable reduction in apoptosis (i.e. programmed cell death) in cardiac tissue. This is the conclusion of a group of U.S. researchers who have studied the effects of administering Soave white wine to laboratory animals. They claim that certain molecules, which go by the names of AKT, Nuclear Factor KB, FOXO and C NOS, are involved in this protective mechanism. Alberto Bertelli of the University of Milan, co-author of the study commented that “**This is an important finding because these molecules are real messengers that enter into the cell nucleus and modulate DNA. It is they, in a certain sense, that ‘convince’ cardiomyocytes to survive and continue to function**”.

Previous research on humans has demonstrated that regular physical activity activates the same molecules.

Reference: Journal of Agricultural and Food Chemistry in press. White wine induced cardioprotection against ischemia-reperfusion injury is mediated by life-extending Akt/foxo/nfkb survival pathway. Mahesh Thirunavukkarasu, Suresh Varma Penumathsa, Samson Mathews Samuel, Yuzo Akita, Lijun Zhan, Alberto A.E Bertelli, Guatam Maulik and Nilanjana Maulik.

White wine is just as good as red wine at protecting the heart’s energy

The cell powerhouses, which are visible only under a microscope and are called mitochondria, are protected better by white wine and some of its components than by red wine, finds a study.

In a direct comparison of the cardioprotection afforded by white wine and by red wine, a group of American researchers belonging to the Cardiovascular Research Center of the University of Connecticut, under the direction of Dipak Das, has discovered that the mitochondria of animals that have consumed white wine have better resistance to the damage caused by myocardial infarction than those of animals that have consumed red wine: they maintain their structure better and there is less oxidation. This protective effect is obtained thanks to two substances that are contained in white wine, tyrosol and hydroxytyrosol, in a higher proportion than resveratrol, which is a typical component of red wine.

Treatment with both types of wine – white and red – facilitated the recovery of cardiac function. The researchers concluded that “white wines that are rich in tyrosol and hydroxytyrosol can offer the same level of cardioprotection as reds containing resveratrol”.

AIM – Alcohol in Moderation was founded in 1991 as an independent organisation whose role is to communicate ‘The Sensible Drinking Message’ and to act as a conduit for information from the industry, its associations and relevant medical and scientific researchers, legislation, policy and campaigns.

AIM Mission Statement

- **To promote the sensible and responsible consumption of alcohol**
- **To encourage informed debate on alcohol issues**
- **To communicate and publicise relevant medical and scientific research in a clear and concise format via AIM Digest and the AIM Research Highlights**
- **To publish information via the ‘AIM Gateway to Responsible Drinking and Health’ on moderate drinking and health – comprehensively indexed and fully searchable without charge**
- **To communicate with consumers on responsible drinking and health via www.drinkingandyou.com and via publications based on national government guidelines**
- **To distribute AIM Digest without charge to the media, legislators and researchers involved in alcohol affairs**
- **To direct enquiries from the media and others towards full and accurate sources of information.**

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

Peter Duff,
AIM Chairman

Prof. Dwight B Heath,
Anthropologist, Brown University

Ellen Mack MD

Helena Conibear,
Executive Director

Prof. Oliver James,
Head of Medicine
University of Newcastle

Prof. Jean-Marc Orgogozo,
Institut de Cerveau University of
Bordeaux

Prof. Alan Crozier
Prof. of Plant Biochemistry and
Human Nutrition, University of
Glasgow

Christopher Jarnvall,
Publisher of Alcohol Update,
Sweden

Stanton Peele PhD,
Social Policy Consultant

Julian Brind, MW
Senior Consultant, Waitrose

Arthur Klatsky MD,
Kaiser Permanente Medical Center

Dr. Erik Skovenborg,
Scandinavian Medical Alcohol
Board

Prof. R Curtis Ellison,
Boston University School of
Medicine

Alfred de Lorimier MD,
Medical Friends of Wine

Creina S. Stockley MSc MBA,
The Australian Wine Research
Institute

Harvey Finkel MD,
Boston University School of
Medicine

Dr Geoff Lowe,
Honorary Senior Fellow in Clinical
Psychology, University of Hull and
chartered health psychologist

Dr. Thomas Stuttaford,
Medical Correspondent to the
Times and Author

Tedd Goldfinger, FACC, FCCP
Desert Cardiology of Tuscon
Heart Centre, University of Arizona

Dr. Philip Norrie,
GP, Wine/ Medical Historian and
Author

Dr. Elisabeth Whelan,
President American Council on
Science and Health

BBPA Voluntary code on drinks promotions and happy hours withdrawn

The British Beer and Pub Association (BBPA) has withdrawn its voluntary code regulating the promotion of cheap drinks and happy hours in the on trade following legal advice. The code was originally introduced three years ago, supporting the case that the industry are capable of self regulating, however there are legal concerns that it may breach competition law.

In response to the withdrawal of the code, Mark Hastings of the BBPA

said: “We are currently taking legal advice on the status of the BBPA code... It’s widely recognised that pubs have made enormous strides to tackle irresponsible promotions and we are confident they will continue to operate responsibly.”

Following the suspension of the standards, pubs and clubs will have to decide independently whether to avoid certain “irresponsible” promotions, rather than sign up to common standards.

UK Licensing Act has no impact on drink-fuelled violence for most - finds Local Government Associations

A survey by the Local Government Association (LGA) of councils, Primary Care Trusts and police authorities found that, whilst the new laws have been effective in simplifying and streamlining licensing laws, they have done little to reduce drink-related violence and have placed increased pressure on local services.

On a positive note, the report also concludes that the Act has had a positive effect in the way that public sector organisations work together, with three quarters of police authorities and PCTs thinking they now work more closely than before on licensing issues.

Sir Simon Milton, Chairman of the LGA comments: “An overhaul of alcohol licensing was long overdue and the new system has been very effective in pulling together and simplifying archaic licensing laws that dated back to the First World War...The new drinks laws have made no impact whatsoever on reducing the alcohol-related

violence that blights town centres and turns them into no-go areas on a Friday and Saturday night. The vast majority of local councils, police and hospitals have reported no change at all, with violent incidents generally just being shifted later into the evening..... The new system was burdened with exaggerated expectations as it was never a single solution to alcohol-related disorder..... It seems that we have a deep-rooted social and cultural problem in this country in the way that we view alcohol that cannot be addressed by one simple piece of legislation. It will take years, possibly decades of concerted action across the board”.

The survey was commissioned from TNS to carry out research into the increase understanding of the Licensing Act 2003. 120 telephone interviews took place of 51 local authorities, 49 Primary Care Trusts and 20 police authorities. The full survey is available via <http://www.lga.gov.uk/lga/aio/765217>

Roll out for successful alcohol enforcement scheme in England

A successful alcohol enforcement project in Cambridgeshire, operated by leading retailers in conjunction with local police, trading standards officers and schools, is to be rolled out around the country.

The Community Alcohol Partnership has operated in St Neot’s, Cambridgeshire since September last year, supported by the Retail of Alcohol Standards Group. It has contributed towards a significant decrease in anti-social behaviour and a substantial reduction in numbers of under-18s found in possession of alcohol. The work centres around better enforcement and improved education for young people about the law relating to alcohol.

The first phase of the roll-out began in Cambridge city centre. In the coming months the scheme will be extended to Reading, Kent and North Yorkshire.

Over 20 retailers have signed up to work with enforcement agencies and local schools in the central Cambridge scheme.

Nick Grant, Chairman of the Retail of Alcohol Standards Group, said: “The success of the St. Neot’s scheme shows what can be achieved when retailers, local enforcement agencies and schools work together to enforce the law. We’re pleased colleagues in Cambridge want to follow suit and we look forward to launching other community alcohol partnerships in the coming months.”

Launch of binge drinking advertising campaign for England

A new, hard-hitting national advertising campaign to drive home the serious consequences of binge drinking to 18 to 24 year olds was launched in June.

The £4 million campaign, which includes a range of television, radio, print and online adverts, is designed to challenge prevailing attitudes and change behaviour among young adults who binge drink. It poses the question: 'You wouldn't start a night like this, so why end it that way?'

The centrepiece of the campaign is two new television adverts that highlight the consequences of binge drinking by reversing the sequence of a night out gone wrong. The adverts show a man and woman getting ready at home for a night out. They end with the man leaving home bloody and damaged and the woman closing her front door with smeared make-up and vomit in her hair.

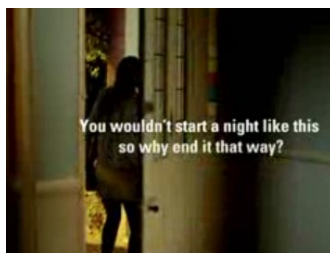
Home Secretary Jacqui Smith said: "This campaign reinforces Government action already underway to deal with excessive drinking, including tougher sanctions for licensees who sell to young people, new powers for the police to disperse disruptive drinkers and better education and information for everyone".

The new adverts were unveiled alongside an innovative window display on Long Acre in central London, which re-enacts scenes from the television campaign. The display ran for two weeks and was complemented by a viral video downloadable via a Bluetooth connection at the site. A team of

street marketers engaged the target audience face-to-face to reinforce the campaign messages. There are plans to recreate the shop window display in town centres up and down the country.

Deputy Assistant Commissioner of the Metropolitan Police Service and Association of Chief Police Officers lead for licensing Chris Allison said: "Nationally, police forces are taking tough action against alcohol-related crime. But we cannot simply police our way out of this problem. Any new initiative which grabs attention and stimulates action by parents, local agencies and young people themselves is welcome".

The binge drinking adverts are part of a wider £10 million Government public information campaign designed to raise awareness about the dangers of excessive drinking. The Department of Health 'Units' campaign was launched in May.



Alcohol squad to target 10 worst UK towns

A specialist squad is to be set up to help towns with the most drink-related hospital admissions fight their alcohol problems. Health Secretary Alan Johnson announced the formation of the National Alcohol Support Team during a speech on tackling health inequalities.

The 10 worst-affected towns or local authority areas across England will get targeted support by March next year. Ministers have set a target to reduce health inequalities by 10%, as measured by infant mortality and life expectancy at birth by 2010.

The Alcohol Support Team will be made up of civil servants who will advise primary care trusts about how they can tackle alcohol misuse in their areas. Measures could include introducing specialist alcohol nurses into A&E to offer support to patients for drinking-related problems, or offering safe drinking advice in settings such as sexual health clinics. The Department of Health highlighted evidence to show that for every eight people who received brief advice, one cut down on the amount of alcohol they drank. In addition to the 10 towns in this financial year, there will be around 18 in 2009-10, and at least 20 the following year. Funding for the team's work will come from a £34m budget to support communities in disadvantaged areas.

Affluent drinkers are 'in denial'

Problem levels of alcohol consumption typically associated with deprived communities are also common among the more affluent: An NHS Health Scotland study carried out by researchers at the University of Stirling found that half of those who took part drank twice the safe weekly limit and 75% also recorded at least one binge-drinking episode within a seven-day period.

The research was carried out between 2006 and 2008 and involved men and women over 18 years of age, from deprived and more affluent

backgrounds. It included people who drink at home, those who drink in local bars and bar workers.

Susan MacAskill, senior researcher from the Institute for Social Marketing at Stirling, said: "It's clear that drinking in Scotland has many positive aspects, with alcohol acting both as a relaxant and a social lubricant....However, when people were asked to itemise their drinking over the previous week, many were very surprised by how much they had really drunk."

Researchers discovered that those who drank at home typically poured

themselves far larger measures than they would receive in a bar. Generally, the study found that home drinkers regularly exceeded the recommended weekly alcohol intake but tended to spread their drinking more evenly and so did not display 'problem behaviour' or overt drunkenness.

Sally Haw, principal public health adviser at NHS Health Scotland, said: "Many people in Scotland distance themselves from the idea of problem drinking, often not realising that they too are drinking far more than is recommended".

Scottish Government publish proposals to cut alcohol misuse

The Scottish Government published its proposals to cut alcohol misuse on June 17th.

Key proposals in the consultation document 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach' include:

- Raising the minimum age for off-sales alcohol purchases to 21;
- Setting a minimum price at which a unit of alcohol can be sold;
- Ending 'three for the price of two' type promotions, which encourage impulse buying of extra alcohol;
- A 'social responsibility fee' for some alcohol retailers to help pay for the consequences of alcohol misuse and reduce the burden on the general taxpayer;
- Introducing alcohol-only checkouts in large off-sales

premises, so that alcohol, like cigarettes, is thought of as a special case and not 'just another product';

- Confirmation of a record £85 million increase in alcohol prevention, treatment and support services, bringing total spend to £120 million over the next three years (as previously announced as part of the Spending Review).

Commenting on this approach, Michael Thompson, the Portman Group's Head of Communications and External Affairs, said "Price-fixing will not deter binge drinkers or people who are dependent on alcohol. International evidence suggests that price is not the main factor in alcohol misuse. On the continent, where alcohol is far cheaper, they don't have the same health and social problems surrounding alcohol. We can

change the culture through proper police enforcement of alcohol laws, better education and by taking a tougher stance on rogue retailers."

On the Scottish Government's call for a 9pm watershed ban for tv advertising, Michael Thompson said "There are already strict regulations on the content and scheduling of alcohol ads. There is absolutely no alcohol advertising around programmes aimed at children. Audience profiling is a far more effective control than trying to predict when children may be watching television."

The consultation will run until September 9. The Scottish Government envisages legislating in time for many of the measures to coincide with the new Licensing Act coming into force on September 1, 2009.

Irish Minister launches new stronger codes of practice on alcohol marketing, communications and sponsorship

Ms Mary Wallace T.D., Minister of State at the Department of Health and Children in Ireland with special responsibility for Health Promotion and Food Safety has launched new strengthened Codes of Practice to control Alcohol Marketing, Communications and Sponsorship.

The Minister said that the Government was extremely concerned about the impact of alcohol advertising on young people in particular. The revised Codes are a move to control the content and volume of alcohol advertising across all media in Ireland.

A significant element of the new Codes will be the placing of an upper limit of 25% on the volume of all

alcohol advertising. This means that for the first time alcohol advertising will be limited to no more than 25% of available space or time in all Irish media i.e. TV, Radio, Cinema, Outdoor Advertising and the Print Media. New controls will also deal with alcohol advertising or sponsorship during the broadcasting of sports programmes.

The Minister also stated that the Department will commence a process to identify areas in relation to alcohol advertising, promotions and sponsorships where legislative measures might be necessary to afford greater protection to young people. This process would encompass areas outside of the scope of the

existing codes on advertising, for example, sportswear bearing alcohol companies' logos.

“Adherence to and implementation of the revised codes on Alcohol Marketing and Sponsorship will be one of the important factors for Government to consider in deciding what further measures might be necessary”, the Minister said.

The revised codes will have immediate effect for new contracts on 1st July, 2008 and for all existing contracts by 1st October, 2008.

The publication Alcohol Marketing, Communications and Sponsorship Codes of Practice can be found at http://www.dohc.ie/publications/alcohol_codes_practice.html

A realistic attempt to reduce alcohol related hospital admissions in the UK

The Department of Health have published “Health Inequalities: Progress and Next steps” which sets out the Government’s plans to tackle health disparities in the UK. Alcohol as affecting the disadvantaged, is discussed on pages 50-53.

‘The social pattern of problem drinking is complex, but disadvantaged communities do have higher levels of alcohol-related mortality, hospital admission, crime, absence from work, school exclusions, teenage pregnancy and road traffic accidents associated with greater levels of alcohol consumption. Within localities, individuals with greatest disadvantage – typically unemployed, low-income older smokers – have four to fifteen times greater alcohol-specific mortality and four to ten times greater alcohol-

specific admission to hospital than the most affluent’, states the report.

The report recommends brief interventions and better diagnosis for people demonstrating problem drinking behaviour in surgeries and hospitals. To support this, the Government will:

- Support Spearhead areas by providing information, advice and training to local planners and commissioners on needs assessment and good practice, including: – using local alcohol data to identify areas of concern and develop services that reduce the harm and costs of alcohol misuse – how to reinforce NHS action through social marketing campaigns and wider community action to support tougher enforcement on underage sales, as well as sharpened criminal justice for drunken behaviour.

- Tackling health inequalities; by focusing the local areas with the highest rates of alcohol-related hospital admissions. In these areas, a new National Support Team for Alcohol will provide in-depth analysis and direct support to ‘turn around’ local performance within a short period of time. Earlier identification by GPs and during A&E attendance of people who drink too much, followed up by advice and, where needed, treatment, have been shown to be the best way of reducing alcohol-related hospital admissions. The first 5–10 areas covered in 2008–2009 will be able to bid for additional funding over each of the next three years to support these types of local improvements. The whole document can be down loaded via http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307

US - FTC report on alcohol marketing finds over 90% compliance

A new Federal Trade Commission (FTC) report on alcohol marketing and youth examines industry efforts to reduce the likelihood that alcohol advertising will target those under the legal drinking age of 21. It also announces a new system for monitoring alcohol industry compliance with self-regulatory programmes. The report provides data on compliance with the industry's advertising placement standard, discusses the status of external review of advertising complaints, and provides information about the Commission's education programme to reduce teen access to alcohol.

This is the third FTC report on the status of alcohol industry self-regulation. It is based on data provided by 12 major alcohol suppliers in response to FTC orders and is the first report to present detailed information about how alcohol companies allocate their promotional budgets. It finds that about 42% of such expenditures are used for traditional television, radio, print, and outdoor advertising; about 40% are used to help wholesalers and retailers promote alcohol; about 16% are used for sponsorships; and 2% are directed to other efforts, such as Internet and digital advertising.

With regard to advertising placement, the FTC found that more than 92% of radio, television, and print ads disseminated by the 12 suppliers met the 70% standard. Because placements that missed the target were concentrated in smaller media, more than 97% of total alcohol advertising "impressions"

(individual exposures to advertising) met the 70% standard. The report also notes that all three segments of the alcohol industry have now adopted systems for third-party review of advertising complaints.

In addition, the report provides an update on the FTC's 'We Don't Serve Teens' alcohol consumer education programme. Supported by a broad base of public and private organizations, including federal and state organisations, the alcohol and advertising industries, and consumer groups, 'We Don't Serve Teens' provides information about the importance of restricting underage access to alcohol. In 2007, 'We Don't Serve Teens' public service announcements (PSAs) generated more than 1.1 billion advertising impressions, with a market value of over \$9 million.

The report recommends that the industry adopt the 70% standard for event sponsorships, and that self-regulatory review boards accept complaints from competitors and anonymous complainants. It also found that a 70% placement standard has now been adopted for Internet advertising, at the agency's request. Finally, it announces a new monitoring system to help the agency assess the industry's efforts on an ongoing basis. Each year, the Commission will issue orders requiring two to four suppliers to provide information about advertising and marketing practices and compliance with self-regulatory guidelines.

FTC urges adults to say 'Let's make it a safe summer'

In June the Federal Trade Commission (FTC) launched its Safe Summer Campaign by urging parents and other adults to keep alcohol away from teen parties and other events. A web site (<http://www.dontserveteens.gov/safesummer.html>), developed in support of the campaign, contains a variety of materials and resources to assist communities in distributing information.



Proposed New York underage drinking legislation focuses on server training

A bill (A00537B) aimed at reducing both the numbers of DWIs as well as underage drinking received final passage in June 2008, in the New York Legislature and is awaiting action by Governor David Paterson. The Bill provides incentive for persons licensed to sell alcoholic beverages and persons serving them to undergo an alcohol beverage management course, and allows for reduction in liability insurance rates if licensee successfully completes the training course.

Content of the course will include instruction in criminal and civil liability for illegal sales of alcoholic beverages. For more information on the Bill, see: <http://assembly.state.ny.us/leg/?bn=A00537>.

Drinkwise and Australian government to launch Australia's first generational change campaign to tackle risky drinking

In June, DrinkWise Australia launched a campaign designed to influence a long term generational change towards responsible consumption of alcohol. Aimed at making 'drinking to get drunk' socially unacceptable for the next generation of potential drinkers. The campaign is jointly funded by DrinkWise Australia and the Australian Government's Department of Health and Ageing. The campaign focuses on influencing people's attitudes and behaviours towards alcohol. Parents will be empowered to positively influence their children's future drinking behaviour; so that the next generation may believe 'drinking to get drunk' is socially unacceptable. The campaign also aims to reverse the trend of teenagers drinking at an earlier age.

DrinkWise Chairman, Trish Worth, said that "Australian attitudes to risky drinking, including a culture which accepts heavy drinking as a 'rite of passage' for young people, needs to change. A long-term commitment is required not only from individuals but from society as a whole, including the alcohol industry, health professionals, the media and community organisations such as sporting clubs and schools.

"This phase of the campaign empowers and informs parents to ensure that children form their attitudes toward drinking from a young age. The long term aim is to make 'drinking to get drunk' socially unacceptable.....DrinkWise wants to spark a national conversation and debate about what is acceptable

and what is unacceptable drinking behaviour. The glorification of excessive drinking is a cultural trait we need to discourage."

DrinkWise CEO, Dr Mike MacAvoy, said, "The strategy behind the campaign was based on compelling evidence which supports a strong positive correlation between the way parents drink and how their children grow up to drink". He added that children form their attitudes towards alcohol a long time before they've had their first drink by observing how their parents, and other adults around them, drink "Parents, as well as grandparents, older siblings and other people they are close to, are the number one influence on their children and so the central message of the campaign is: 'KIDS ABSORB YOUR DRINKING'. Our research shows that parents underestimate the influence they have on their own children in terms of drinking behaviours but studies confirm that parents are the most important influence in this area".

TV advertisements air for six months and a new website for parents www.drinkwise.com.au has been launched.



Alcohol and violence: Exploring patterns and responses – ICAP Publication

Authors of a recent ICAP publication 'Alcohol and violence: Exploring the patterns and responses' state: 'Increasing attention is being paid to the question of what exactly is the nature of the association between alcohol and violence. This is the case both in terms of scientific and research efforts and also in terms of public discourse. Although most commentators agree that there is no simple causative relationship, there is certainly a need to better understand how some patterns of drinking intersect with some patterns of violence. This collection of papers is an attempt to contribute to that understanding'.

Each contribution presented provides a distinct disciplinary perspective from the author's area of expertise—anthropology, clinical psychology, human rights law, gender, public health, and violence. The first part of the monograph explores the factors that influence patterns of violence at both the individual and societal levels. The second part explores some practical responses toward preventing alcohol related violence. Finally, Joseph Asare and Ronald West have developed a set of international guidelines, amalgamated by ICAP and intended to enhance communications between first responders to alcohol-related violence, particularly between the health and law enforcement sectors. For more information, visit the ICAP website at www.icap.org.

Quality Alcohol Harm Reduction Conference Barcelona



Below are extracts from two interesting papers from Quest for Quality Alcohol Harm Reduction Conference Barcelona held in May.

The 'BOTELLÓN' - Youth and binge drinking in Spain

A paper was presented by Gonzalo Musitu Ochoa from the faculty of the Social Sciences at the Universidad Pablo de Olavide in Seville, Spain. He is also a member of the Scientific Committee of the Spanish Federation of Alcoholic Drinks that carried out research about the Botellón in Malaga, a city in Spain. The Botellón is a common leisure activity where young people meet in the open air to talk, relax and often drink alcohol or use other substances. The study investigated the socio-demographic profile, the habits of consumption and the motivations of the young people who participate in the Botellón. About 2500 young people were asked to fill in a questionnaire. Some interesting results came forward from this questionnaire, such as the preferred beverage of the young people participating in the Botellón, and other drugs used while being in Botellón.

- Mixed drinks (including wine mixes) are the most preferred beverage, 84% consume mixed drinks at the Botellón; beer comes second with 7%; juices and water come third with 5%; the rest is divided between distilled spirits, other alcohol beverages, liqueurs and wine
- Illegal drugs are often used during

the Botellón, 50% always use cannabis, 53% always smoke tobacco and 3.5%

always use cocaine.

- The average age of those attending the Botellón is 23.4 years and the male/female division is almost 50/50, with slightly more males (51%).
- The average number of drinks is between 3 and 4 per night, and most participants do not want to get drunk (94%)

The three most important reasons to participate in the Botellón (1) to be with friends, (2) the high price of the consumptions in bars and pubs, and (3) the space in the squares. According to Gonzalo Musitu Ochoa, the main reason for the youth to participate in binge drinking is rebellion against the norms of adult examples. The danger of these activities is the risk that young people get into harmful drinking and drug use. Therefore it is the responsibility of all citizens to help these young people to stay on the right track.

The Role of the Hospitality Industry

Jim Peters represents the Responsible Hospitality Institute (RHI), an organisation based in Santa Cruz, California in the USA. The organisation was founded 25 years ago and started by promoting the concept of responsible beverage service training. More recently, RHI's focus shifted to assisting cities plan, manage and police hospitality zones, areas with a concentration of dining and entertainment businesses.

Throughout the world the sharing of food, beverages, dance and music defines the human experience. Sociability creates and sustains relationships, and relationships are what define a city and its people. Hospitality is both the art and science of creating space for sociability. The commercial sector takes on many forms, such as bars, cafés, pubs, restaurants and nightclub. We have different names and forms of hospitality venues and they each serve us a different need and a different clientele. As people age, and change their life circumstances, their expectations change.

Singles (adolescents and young adults) are out to meet people, and seek environments that allow for mobility, inexpensive drinks (to lower social inhibitions), and music and dancing. Mingles (interest groups and couples) seek venues offering more seating to have conversations, since they are entering the workforce they have more money to spend on better quality food and drink, and seek better entertainment. Families shift their focus from public socializing to activities in the home while Jingles (parents with grown children, tourists and business travels) have more time and money to spend on socializing, but often on an earlier schedule.

There are differences among men and women as well. Various surveys by RHI indicate women are more likely to want clean and well-equipped restrooms, safe and good parking and entrances, identifiable staff, crowd control surveillance, dance music, light food, better alternatives etc. People's use of

alcohol also evolves with age, as experimentation often leads to risky behaviour. It is important to work with the hospitality industry to manage this risk. Hospitality and creating socializing opportunities are also central to the economic growth of a town or city. RHI's research in dozens of cities have identified six core elements necessary for a safe and vibrant hospitality zone:

- Music and Entertainment: Nurturing talent and venues for multi-generational entertainment;
- Community Policing: Adapting regulatory compliance and

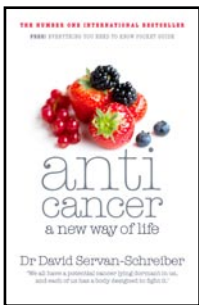
policing for an active nighttime economy;

- Security, Service and Safety: Internal policies and procedures in dining and entertainment businesses;
 - Multi-use Sidewalks: Managing the sidewalks as a venue, creating more activity, entertainment and seating;
 - Late-night Integrated Transportation: Assuring coordinated late night transportation options;
 - Quality of Life: Managing impacts from sound, trash, traffic, pedestrians and disorder.
- Working with the hospitality

industry to implement harm reduction strategies requires a shift from a focus on the product (alcohol) to the environment. In turn, it is the role of the server to apply the policies of the management, created by incentives in the community through regulations, enforcement and community standards, and driven by the basic need in all humans to gather, share food, beverages, music and dance. Creating safe and vibrant places to socialize is central to an effective harm reduction strategy.

To download the conference findings visit: <http://www.q4q.nl/4th/report%204th.pdf>

Consumer advice for cancer sufferers - Book Review



Dr David Servan-Schreiber, a French-born psychiatrist and neuroscientist who is clinical professor of psychiatry at the University of

Pittsburgh School of Medicine and co founded the Centre for Integrative Medicine at the University of Pittsburgh Medical Centre has published 'Anticancer: A new way of Life'.

Dr Schreiber discovered he had a brain tumour at the age of 31 and after two operations and 13 months of chemotherapy, Servan-Schreiber studied all the research available on how to help the body defend itself against cancer - in particular anticancer foods. He has kept cancer at bay for seven years now after making these changes to his diet and lifestyle. His book explains how particular elements of a Mediterranean diet such as olive

oil, red wine and legumes actively fight cancer cells.

Servan-Schreiber tells his personal story and the cases he has encountered, alongside focusing on the disease and its mechanisms from a purely scientific and medical angle. He looks at the relationship between a body and its cancer, at the immune system, the new blood vessels necessary for cancer growth, and the roles played by nutrition, environmental toxins, emotions and physical activity in containing cancer.

Servan-Schreiber explains:

- How exactly foods like green tea, mushrooms, berries, dark chocolate and red wine act to support the immune system and actively fight cancer cells (and that sugar literally feeds cancer);
- How stress isn't bad for us - it's our response to stress that is crucial. It is feelings of helplessness and lack of support that are extremely harmful;

• How to develop a science-based Anticancer diet: small changes that make a big difference;

• The effects of environmental toxins and the top household products to replace.

The book comes with a pocket guide reproducing all the key information and an Anticancer shopping list to enable readers to easily check what foods to eat and what to avoid - detailing foods that specifically inhibit cell growth in certain cancers.

Dr David Servan-Schreiber makes a compelling case for playing a crucial part in your own health. 'Everyday at every meal we can choose food that will defend our bodies against the invasion of cancer... All of us have cancer cells in our bodies. But not all of us will develop cancer.'

Anticancer: A New Way of Life by David Servan-Schreiber is published in paperback by Penguin, priced £14.99.

ORGANISATIONS

UNITED KINGDOM

Alcohol Concern

First Floor 8 Shelton Street, London WC2 9JR
Tel: (0207) 395 4000 Fax: (0207) 395 4005
website www.alcoholconcern.org.uk

Alcohol Education And Research Council

Abell House, John Islip Street, London SW1P 4LH
Tel: (0207) 217 5276

The Medical Council on Alcohol

3 St. Andrew's Place, London, NW1 4LB
Tel: (0207) 487 4445 Fax: (0207) 9354479

The Portman Group

7-10 Chandos Street, Cavendish Square,
London W1G 9DQ
Tel: 020 7907 3700 Fax: 020 7907 3710
email: Info@portmangroup.org.uk
website: www.portman-group.org.uk

The Drinkaware Trust

7-10 Chandos Street, Cavendish Square,
London W1G 9DQ
Tel: 020 7307 7450 Fax: 0207 307 7460
email: info@drinkawaretrust.org.uk
website: www.drinkawaretrust.org.uk
www.drinkaware.co.uk

Alcohol Focus Scotland

2nd Floor 166 Buchanan Street, Glasgow G1 2NH
Tel: 0141-572 6700 Fax: 041-333 1606
website: www.alcohol-focus-scotland.org.uk

BBPA British Beer and Pub Association

Market Towers, 1, Nine Elms Lane, London, SW8
5NQ Tel: 020 7627 9191 Fax: 020 7627 9123
email: jwitheridge@beerandpub.com
website: www.beerandpub.com

Wine & Spirit Education Trust

International Wine & Spirit Centre
39-45 Bermondsey Street
London SE1 3XF
Telephone: 020 7089 3800 Fax: 020 7089 3845
Email: wset@wset.co.uk

The Wine and Spirit Trade Association

International Wine & Spirit Centre
39 - 45 Bermondsey Street
London SE1 3XF
tel: +44 (0)20 7089 3877 fax: +44 (0)20 7089 3870
Email: info@wsta.co.uk

EUROPE

Brewers of Europe

Rue Caroly 23-25, B-1060 Bruxelles Tel: (+32.2) 672
23 92 Fax: (+32.2) 660 94 02
email: info@brewersofEurope.org
website: www.brewersofEurope.org

Forum of Taste and Education

Livornostraat 13 b 5 rue de Livourne – Brussel 1050
Bruxelles, Belgium
Tel: 32 2 539 36 64 Fax: 32 2 537 81 56
email: forum.taste.education@skynet.be

Enterprise et Prevention

13, Rue Monsigny, 75002 Paris, France
Tel: 00-33-53-43-80-75
email: enterprise@wanadoo.fr
website: www.soifdevivre.com

IREB

19, avenue Trudaine, 75009 Paris
Tel: +33 (1) 48 74 82 19 Fax: +33 (1) 48 78 17 56
email: ireb@ireb.com website: www.ireb.com

OIV

18 rue d'Aguesseau, 75008 Paris, France
Tel: +33 (0) 1 44 94 80 94 Fax: +33 (0) 1 42 66 90 63
email: oiv@oiv.int website: www.oiv.int

STIVA

Benoordenhoutseweg 22-23, NL-2596 BA,
The Hague, The Netherlands
Tel: +31 (0)70 314 2480 Fax: +31(0) 70 314 2481
email: info@STIVA.nl
website: www.stiva.nl

Fundacion Alcohol Y Sociedad

Villalar, 4 1º izq. 28001 Madrid
Tel: + 34 91 745 08 44 Fax: + 34 91 561 8955
email: secretaria@alcoholysociedad.org
website: www.alcoholysociedad.org

Scandinavian Medical Alcohol Board

Vandværksvej 11 DK - 5690 Tommerup
Tel: 45 64 75 22 84 Fax: 45 64 75 28 44
email: smab@org
website: www.smab.org

Deutsche Wein Akademie GMBH

Gutenbergplatz 3-5, 55116 Mainz
Tel: 49-2641-9065801 (home office)
49-6131-282948 (head office) Fax: 49-2641-9065802
email: fradera@deutscheweinakademie.de
website: www.deutscheweinakademie.de

FIVIN

Plaza Penedés, 3, 3,08720 Vilafranca del Penedés,
Barcelona, Spain
Tel: 0034 (93) 890 45 45
Fax: 0034 (93) 890 46 11

GODA

Gode Alkoholdninger, Kattesundet 9, DK-1458
København K, Denmark Tel: 33 13 93 83
Fax: 33 13 03 84 email: info@goda.dk
website: www.goda.dk

FIVS International Federation of Wines & Spirits

18, rue d'Aguesseau, F-75008 - PARIS France
Tél. 33 01 42 68 82 48 Fax 33 01 40 06 06 98
email : fivs.ass@wanadoo.fr
website: www.fivs.org

EFRD The European Forum for Responsible Drinking

Place Stéphanie, 6, B -1050 Bruxelles
T: + 32.2.505.60.72
F: + 32.2.502.69.71
website: www.efrd.org

MEAS Limited

Merrion House
1/3 Fitzwilliam Street Lower
Dublin 2, Ireland
Tel: 00 353 1 611 4811 Fax: 00 353 1 611 4808
website: www.meas.ie
www.drinkaware.ie

The European Federation Of Wine & Spirit Importers

And Distributors (EFWSID)
Five Kings House
1 Queen Street Place
London EC4R 1XX
Tel +44 (0) 20 7248 5377 Fax +44(0) 20 7489 0322
email: EFWSID@wsa.org.uk

USA, CANADA, SOUTH AMERICA, AUSTRALIA

American Council On Science And Health

1995 Broadway, 2nd Floor, New York, NY 10023-5860
Tel: (212) 362-7044 Ext. 234 Fax: (212) 362-4919
email: kava@acsh.org website: www.acsh.org

Beer Institute

122 C Street, NW #750,
Washington DC 20001
Tel:(202) 737-2337 Fax: (202) 737-7004
email:info@beerinstitute.org
website: www.beerinstitute.org

Distilled Spirits Council Of The US

1250 Eye Street, NW, Suite 400,
Washington DC 20005
Tel:(202) 628-3544 website: www.discus.org

Proyecto Ciencia Vino Y Salud

Facultad de ciencias Biológicas,
Casilla 114 D. Santiago, Chile
Tel:/Fax: (56-23) 222 2577
email: vinsalud@genes.bio.puc.cl

Éduc' Alcoool

606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9
Canada Tel: (514) 875-7454
email: hsacy@educalcoool.qc.ca
website: www.educalcoool.qc.ca

FISAC

(Fundacion de Investigaciones Sociales A.C.) Francisco
Sosa 230. Coyoacan CP 04000 Mexico DF - Mexico
Tel:+52.5552 2194
Fax: +52 5554 0161
email: iybarra@fisac.org.mx
website:www.alcoholinformate.org.mx

The Wine Institute

425 Market Street, Suite 1000, San Francisco, CA
94105, USA Tel: (415) 512-0151 Fax: (415) 442-0742

Traffic Injury Research Foundation.

Suite 200, 171 Nepean Street, Ottawa, Ontario,
Canada, K2P 0B4 Tel: 613-238-5235
email: barbarak@trafficingjuryresearch.com
website:www.trafficingjuryresearch.com

ICAP

International Center for Alcohol Policies
1519 New Hampshire Avenue, NW
Washington DC 20036
Tel: (202) 986-1159 Fax: (202) 986-2080
website: www.icap.org

The Century Council

1310 G Street, NW, Suite 600,
Washington, DC 20005-3000
Tel: (202) 637-0077 Fax: (202) 637-0079
email: washde@centurycouncil.org
website: www.centurycouncil.org

California Association Of Winegrape Growers

601 University Avenue, Suite 135 Sacramento, CA
95825 email: karen@cawg.org
website: www.cawg.org

Lodi-Woodridge Winegrape Commission

2545 West Turner Road Lodi, CA 95242 USA
email:mark@lodiwine.com
website: www.lodiwine.com

Oldways Preservation & Exchange Trust

266 Beacon Street Boston, MA 02116 617.421.5500
Fax: 617.421.5511 website: www.oldwayspt.org

The Australian Wine Research Institute

PO Box 197, Glen Osmond 5064, South Australia,
Australia. Tel: 61 8 8303 6600 Fax: 61 6 303 6601
website: www.awri.com.au