

### Contents

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

<b>News from around the world</b> .....	2
<b>The liver - a complex diagnosis</b> by Helena Conibear .....	3
<b>Alcohol, the eternal fight for balance - Science will win by trusting in moderation</b> .....	7
<b>Green Ginger Wine – antioxidant rich Christmas cheer!</b> .....	8

#### Medical News

• Exploring the health and protective benefits of light to moderate alcohol consumption .....	8
• Moderate alcohol may protect against low bone density and osteoporotic fractures .....	9
• Alcohol, dementia and cognitive decline in the elderly: a systematic review	
• Light to moderate alcohol consumption and disability: variable benefits by health status	
• Alzheimer's – how are antioxidants protective? .....	10
• Differing health effects related to quantity and frequency of drinking	
• Moderate drinking not linked with higher risk of irregular heart beat for women .....	11
• Alcohol consumption, type of alcoholic beverage and risk of colorectal cancer at specific subsites	
• Drinking patterns and myocardial infarction: a linear dose-response model .....	12
• Alcohol drinking and cardiovascular risk in a population with high mean alcohol consumption	
• Abstracts from the scientific sessions of the American Heart Association, November 9-12, 2008 by R. Curtis Ellison .....	13
• Alcohol consumption and risk of microvascular complications in type 1 diabetes patients .....	14
• Binge drinking may raise stroke risk	

#### Social and Policy News

• 'Know Your Limits' update .....	16
• County-wide phase of community alcohol project launched	
• ASA wants stricter controls placed on online alcohol advertising in UK	
• UK can now sell lower alcohol wines	

• UK government continues pressure on alcohol .....	17
• UK Draft Policing and Crime Bill	
• Alcohol use amongst children is rooted in complex societal issues, says DCSF report .....	18
• Alcohol Focus Scotland launches new campaign .....	19
• New Drinkaware CEO	
• Anti Drink drive awareness campaign launched in Ireland	
• The European Public Health Symposium	
• EU spirits producers social responsibility activity report .....	20
• Diageo NI launches responsible drinking campaign	
• Schumacher promotes responsible drinking	
• Italy courting young adults wine drinkers .....	21
• Wine route initiative in Spain	
• Stella launches 'Get Home Safe' festive campaign	
• Éduc'alcohol: Alcohol Combinations .....	22
• Motivations for young people in US	
• Australian Government anti-binge drinking campaign .....	23
• Australian youth priorities – the influence of family and friends	
• Argentina: Survey shows 18-19 year old drinking habits .....	24
• Age of first drink in Australia	
• 'Everyone Hates Drink Drivers' – campaign Southern Australia	
• Counseling on alcohol key to teens' sexual health .....	25
• Effects of acute alcohol consumption on ratings of attractiveness of facial stimuli: evidence of long-term encoding	
• Families, friends, schools and neighbourhoods influence adolescent alcohol misuse .....	26
• College student drinking patterns during the first 4 years	
• Parents comfortable with alcohol screening in pediatricians' offices .....	27
• 5th International Wine and Heart Summit	
• Report finds extensive use of illicit alcohol .....	28
• Beer and health publication	

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

E: [info@Aim-Digest.com](mailto:info@Aim-Digest.com)  
Web sites: [www.aim-digest.com](http://www.aim-digest.com)  
[www.drinkingandyou.com](http://www.drinkingandyou.com)

## AIM Subscription Levels:

**Individual:** GBP £ 600-  
USD \$1,200-  
Euro 900-

**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](mailto: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](mailto:peter.duff@aim-digest.com)

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

Alison Rees - Deputy Editor  
E: [alison.rees@aim-digest.com](mailto:alison.rees@aim-digest.com)

Sherry Webster – Finance and  
Administration Director  
T: +44 (0)1225 471444  
E: [sherry.webster@aim-digest.com](mailto: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.

## Nepal

With effect from November, the sale of tobacco products and alcoholic beverages in Nepal is regulated by the government. Under new regulations, grocery and department outlets must build a separate section to sell tobacco and liquor products and obtain a licence that is renewable yearly to display the products. Adults are only allowed to buy alcohol between 10 am and 10pm and must provide proof of age.

## Sweden

Conservative MP Jan R Andersson has called for a review of Swedish alcohol policy. He argues that many of the measures to reduce damaging levels of alcohol consumption are ineffective. Andersson expressed concern that alcohol consumption statistics are misleading, and suggests that actual consumption is higher than figures presented by the University of Stockholm.

He commented that if Swedes are consuming more alcohol because of cheap imported spirits then he is in favour of cutting alcohol taxes in order to convince Swedes to buy their alcohol from the Systembolaget.

Kenneth Johansson, chairman of the Standing Committee on Health and Welfare in Sweden, has stated that he is not in favour of a reduction in alcohol tax.

## UK

Binge drinkers in Hertfordshire and in eight other pilot areas in the UK are being offered the chance to reduce their fines in exchange for attending an alcohol re-education course. Young people issued £80 Fixed Penalty Notices are allowed to pay half if they attend the course provided by a local drug and alcohol agency. Police say it has helped contribute to a dramatic fall in alcohol-related disorder. The Home Office has provided £1 million for this scheme of alcohol course referral instead of a fixed penalty fine. New arrest referral pilots are aimed at non-dependant 'binge drinkers' who commit offences.

## Uruguay

A decree that reduced the maximum blood-alcohol limit for drivers from 0.8 to 0.5 grams per litre came into force in Uruguay in November. The fine for driving over the limit is about Pesos 3800 (around USD 180) and loss of a driving license for 6 months. From 16 March 2009, the maximum blood-alcohol limit allowed for drivers will be 0.3 grams per litre.

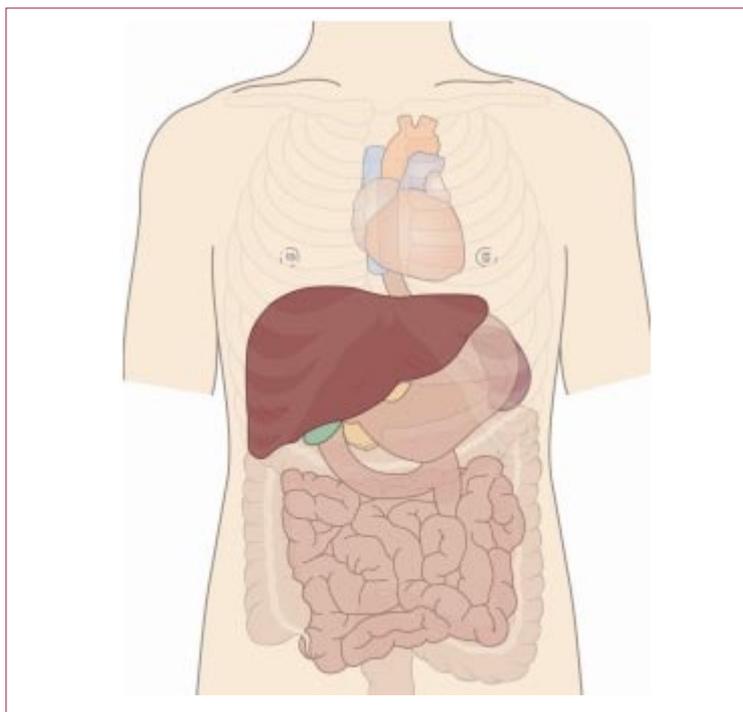
## Germany

The German Government's Drug Commissioner, Sabine Bätzing wants to introduce warning labels on alcohol bottles to warn pregnant women about the health threats of alcohol. Mme Bätzing wants to bottles to display a special pictogram before the general election in 2009.

## The liver - a complex diagnosis by Helena Conibear

Ask a lay person about the effect of heavy drinking on the body and they will invariably reply cirrhosis of the liver.

The liver is a vital organ, involved in the processing of fats, sugars, proteins and vitamins and in the regulation of blood clotting. It plays a central role in the body's defences, filtering toxins and microbes from the blood and marshalling an array of responses to trauma, stress or inflammation. The liver also has a remarkable capacity to regenerate and repair itself.



The liver is your largest internal organ. If you place your right hand over the area under the ribs on the right side of your body it will just about cover the area of your liver. The liver is the largest gland, and the largest solid organ in the body, weighing an average 1.8 kgs in men and 1.3 kgs in women. It holds approximately 13% (about one pint or 0.57 litres) of your total blood supply at any given moment and is estimated to have over 500 functions. One of the many jobs it has to deal with is breaking down, or 'metabolising', the alcohol you drink, first to the toxic substance acetaldehyde, then into harmless substances (carbon dioxide and water). The liver has become known as 'the canary of drinking' i.e. it becomes damaged if you drink excessively. Due to its huge functional reserve, fatty liver or cirrhosis can often be advanced before

any symptoms arise - hence liver disease is known as 'a silent disease'.

Drinking too much alcohol over a long period harms the liver and makes it very fatty, with the liver cells becoming bloated. This can result in swelling and inflammation of the liver - known as alcoholic hepatitis or alcoholic steatohepatitis - and can lead to scarring, known as fibrosis. Extensive scarring, combined with development of nodules, is known as cirrhosis (affecting between 10 and 20% of excessive drinkers) - a disease we have all come to associate with heavy long term drinking of alcohol - to such an extent, that any liver related illness is presumed by consumers to be due to excessive drinking - is this accurate or fair?

### How does the liver break down alcohol?

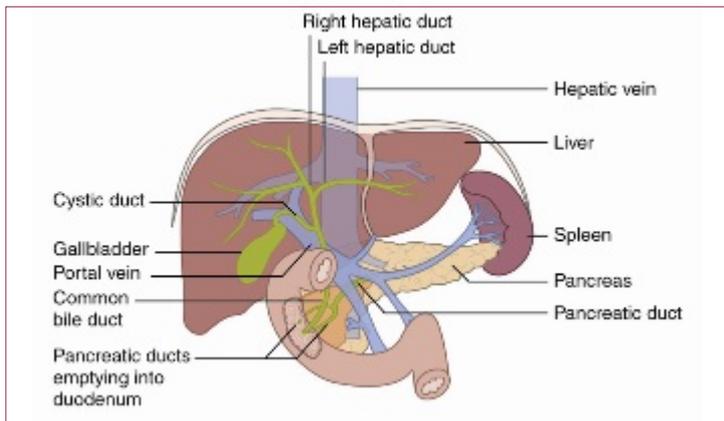
Alcohol is quickly soaked up through the lining of the stomach and the upper part of the gut (intestine) and into your blood stream. The higher the concentration of alcohol, the faster it will be absorbed. From there, the alcohol is carried to your liver as well as other organs and body tissue. Your brain is affected by the flow of alcohol which acts on the central nervous system, altering your physical coordination and mental judgement as you drink more.

Your liver cannot store alcohol. It metabolises about 90 per cent of the alcohol you drink to eliminate it from your body (the rest is excreted through your urine and sweat). Your liver can process about 10g - or a small drink an hour, any remaining alcohol circulates in your blood until it can be broken down - this is what is measured to assess 'blood alcohol concentration' for drink drive limits for example. Your liver needs water to do its job, as alcohol acts as a diuretic (makes you pass urine), it dehydrates you. When the liver is processing alcohol it produces a toxic substance called acetaldehyde. Acetaldehyde is subsequently broken down into a harmless chemical called acetate, which is broken down further into carbon dioxide and water, which are excreted via the normal route! Regular heavy drinking over time can strain or disrupt this process, leading to alcoholic liver disease.

## What does your liver do?

### The liver;

- processes digested food from the intestine
- controls levels of fats, amino acids and glucose in the blood
- combats infections in the body - the liver plays a vital role in fighting infections by mobilising part of your body's defence mechanism called the macrophage system. The liver contains over half of the body's supply of macrophages, known as Kupffer cells, which literally destroy any bacteria that they come into contact with.
- neutralises and destroys drugs and toxins
- manufactures bile
- stores iron, vitamins and other essential chemicals
- breaks down food and turns it into energy
- manufactures, breaks down and regulates numerous hormones including sex hormones
- makes enzymes and proteins which are responsible for most chemical reactions in the body, for example, those involved in blood clotting and repair of damaged tissues.



The liver is dark reddish brown in colour and is divided into two main lobes (the much larger right and the smaller left) which are further subdivided into approximately 100,000 small lobes, or lobules. About 60% of the liver is made up of liver cells called hepatocytes which absorb nutrients and detoxify and remove harmful substances from the blood. A hepatocyte has an average lifespan of 150 days. There are approximately 202,000 in every milligram of your liver tissue. Two-thirds of the body of your liver is the parenchyma, which contains the hepatocytes, and the remainder is the biliary tract. It receives its blood supply via the hepatic artery and portal vein (which transports nutrients from your intestine, or gut).

## What is liver disease?

As the liver is such a complex organ, performing over 500 functions, it is not surprising that liver function can be damaged in a number of ways, through viral infection - Acute viral hepatitis A and Chronic viral hepatitis B and C in particular, through illegal drug use, legal drug overuse especially paracetamol or acetaminophen.

What many do not realise is that there are many types of cirrhosis including autoimmune, biliary, cryptogenic, post hepatic. There are also congenital liver diseases. The majority of liver cancer can be linked to cirrhosis of the liver. Many liver diseases eventually cause cirrhosis, most notably hepatitis B and C.

## When is alcohol implicated?

### Fatty Liver

Fatty liver is a condition in which too much fat builds up in the liver. You are more at risk of this if you tend to put on weight around your middle – ‘apple-shaped’ as opposed to ‘pear-shaped’. Fatty liver is also associated with high blood fat hyperlipidemia and diabetes

irrespective of any alcohol use. You can get a fatty liver without drinking. This is called ‘non-alcoholic fatty liver disease’ (NAFLD). NAFLD is a very common type of liver disease that may be present in up to one-third of Americans (associated with obesity and metabolic syndrome).

So, if you cut down on fatty foods and lose weight you will also lose fat from the liver. For the majority of people in the Western world, the root causes of becoming overweight are down to:

- eating too much, especially too much fatty food
- not doing enough exercise.

Research is increasingly proving a link between an increased risk of liver disease with obesity. Body weight determines the serum level of liver enzymes. Furthermore obesity is thought to slow intestinal motility, enabling bacterial overgrowth and other noxious factors in the intestine.

There should be little or no fat in a healthy liver. Too much of this fat can build up if you drink more than the liver can cope with, leading to fatty liver disease.

It is thought that if you are overweight and drinking too much, you increase the chances of damaging your liver. Alcoholic Fatty livers should return to normal if you drink within the sensible limit. If you carry on drinking above that limit you are running the risk of more serious damage.

## Alcoholic hepatitis

If you have a fatty liver and continue to drink, you have up to a one in four chance of getting alcoholic hepatitis. This is a condition where your liver becomes puffy, swollen and tender. Alcoholic hepatitis can happen to you at an early stage or after many years of excessive drinking. Up to 35% of heavy drinkers develop alcoholic hepatitis. Symptoms may include loss of appetite, nausea, vomiting, abdominal pain and tenderness, fever and jaundice. The damage may be reversible if you stop drinking. In its severe form, the disease may occur suddenly and it can quickly lead to life-threatening complications.

## Alcoholic Cirrhosis

The final stage of alcoholic liver disease is cirrhosis. This is usually the result of long-term, continuous damage to the liver. Irregular bumps, known as nodules, replace the smooth liver tissue and the liver becomes harder. The effect of this, together with continued scarring from fibrosis, means that the liver will run out of healthy cells to support normal functions. This can lead to complete liver failure.

Between 10 and 20% of heavy drinkers develop cirrhosis, usually after 10 or more years of high levels of drinking, but may be much less. Symptoms of cirrhosis are completely silent. The damage from cirrhosis is not reversible, but patients who stop drinking can live near normal lives.

Many heavy drinkers will progress from fatty liver to alcoholic hepatitis and finally to alcoholic cirrhosis, though the progression may vary from patient to patient. The risk of developing cirrhosis is particularly high for people who drink heavily and have another chronic liver disease such as viral hepatitis C. Those with cirrhosis of the liver of any cause are also at higher risk of development of liver cancer, nearly always fatal. In addition to causing liver damage by excess, alcohol, at least when abused, inhibits liver regeneration

(healing) from any damage, by viral hepatitis, toxin, medication overdose (acetaminophen), hemochromatosis (hereditary iron overload), or alcohol itself.

## Deaths from liver disease

It is very important to keep the important issue of liver disease death in proportion with mortality from other causes. The most recent UK figures show that 81 women per million died from any kind of liver disease in the UK (2005) and 156 men, this relates to 1205 heart related deaths (IHD and CVD) per million women and 2019 per million men. According to data from the U.S. Acute Liver Failure Study Group registry of more than 700 patients with acute liver failure across the US, acetaminophen (paracetamol) poisoning (over the counter pain killers) are implicated in nearly 50% of all acute liver failure in the US.

The American Liver Foundation ALF warns that an estimated 16,780 Americans will die of liver cancer in 2008 – an increase of 580 deaths from the disease since 2006. Over four million Americans have been infected with the hepatitis C virus and another 1.4 million have chronic hepatitis B. It is further estimated that 10-20% of all Americans have fatty liver disease. *“The increase in liver cancer is due to the near epidemic rates of many liver diseases. The hepatitis C virus, for example, is the fourth leading cause of liver cancer-related deaths in the U.S”* according to the ALF.

Hence, to conclude, like the liver itself, reasons for rises in liver disease in countries such as the UK and US are complex and due to a variety of causes. There is no doubt that if you drink heavily you increase your risk, not only of alcoholic liver disease, but for many cancers and all cause mortality. If you combine heavy drinking with obesity, poor diet and a sedentary lifestyle, the risks increase further. The message, as ever, is to enjoy drinking in moderation, and if you believe you are drinking too heavily, cut back, and with care, your liver can recover.

*Thanks to Marsha Morgan, Reader in Medicine and Honorary Consultant Physician, The Centre for Hepatology, Royal Free & University College Medical School, for her help in the editing of this article.*

## Advice from the experts:

*“Our manuscript’s findings lend support to the growing scientific interest in the role of drinking patterns on many health and social outcomes. Our findings may also have important public-health implications for the kind of advice given to both the population at large and to women in particular. The suggestion is, if you drink, drink in moderation and with food, and spread the consumption over a long period of time, rather than a short period such as a weekend.”*

Source: Stranges, S et al, Differential Effects of Alcohol Drinking Pattern on Liver Enzymes in Men and Women. *Alcoholism: Clinical & Experimental Research*. 28(6): 2004.

*‘It is important to highlight, that if you have been abusing your liver through excessive eating and drinking, that it has a great ability to heal itself - Transient and isolated over-indulgence may irritate the liver, but, with its enormous regenerative capacity, it quickly heals. Repetitive major insults over the years, however, are likely to lead to lasting damage, in sequential order of gravity: fatty liver (hepatic steatosis) inflammation (alcoholic hepatitis), and, finally, cirrhosis. In each case, structural abnormalities are accompanied by disorder of the vital almost unimaginable complex of liver functions. While the degree of damage is in general proportional to the quantity of alcohol imbibed, there are wide individual differences in susceptibility’. Harvey Finkel M.D.*

(Dr. Finkel is clinical professor of medicine at Boston University Medical Center. He writes and lectures- internationally on the influences of wine upon health. He is a member of AIM Council).

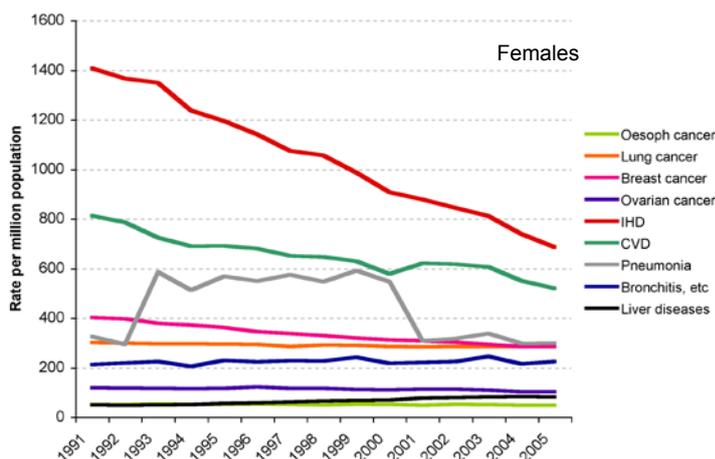
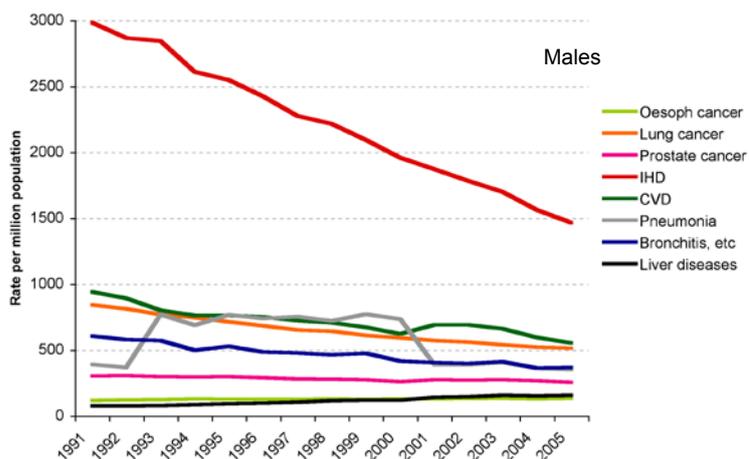
*‘The factors determining why fewer than 20% of heavy drinkers develop advanced alcoholic liver disease remain largely unknown. There is a weak relationship between disease risk and the dose and pattern of alcohol consumed. The risk of all stages of alcoholic liver disease is increased by obesity, probably reflecting the role of steatosis in the pathogenesis of more advanced disease. Compared with men, women develop disease at a lower intake due in part to their lower volume of distribution for alcohol, but also potentially to increased gut permeability to entotoxin. Recent studies suggest a non-gender-linked genetic component to disease susceptibility and recent case-control studies have suggested that polymorphisms of genes encoding cytokines and other immuno-regulatory molecules may exert a significant effect. The pattern of polymorphisms associated with risk suggests that antibody-mediated mechanisms play a role in disease pathogenesis. This has implications for treatment and for identifying high risk individuals at an early age’.*

Source: Day CP. Who gets alcoholic liver disease: nature or nurture? *Ctr Liver Res, J R Coll Physicians Lond* 2000; 34:557-62

## Age-standardised mortality rates by cause and sex, England and Wales, 1991-2005, rates per million population

Males – all ages	Oesoph cancer	Lung cancer	Prostate cancer	IHD	CVD	Pneumonia	Bronchitis, etc	Liver diseases
1991	117	842	302	2,984	940	391	606	76
2005	132	513	255	1,466	553	351	367	156

Females – all ages	Oesoph cancer	Lung cancer	Breast cancer	Ovarian cancer	IHD	CVD	Pneumonia	Bronchitis, etc	Liver diseases
1991	50	300	401	118	1,407	812	325	211	49
2005	48	290	284	102	686	519	298	224	81



## Alcohol, the eternal fight for balance - Science will win by trusting in moderation

by Professor Giovanni de Gaetano , Director of the Research Laboratories at the Catholic University of  
Campobasso, Italy

It all started with the French paradox. It was the early 90's when researchers realised that French people had better cardiovascular health despite their fat-rich diet. The key was believed to be found in their alcohol intake, red wine to be precise. It appeared to be a good pattern for which to ascribe the observed protection. Since then many things have changed. Scientists thought wine deserved more attention, taking it into account in order to "unveil" the French secret. They were right. Future studies would show how wine - especially red wine - has beneficial effects for health.

As well as the blood thinning effects of alcohol itself, red wine keeps at bay cardiovascular disease-researchers state, by offering protection to the arteries thus delaying some threatening disease such as atherosclerosis, for instance. However, wine does not take plaudits from everywhere. Detractors are ready to draw the line. Alcoholism represents the other side of the coin, they say. Thus we need to be careful when claiming benefits from wine intake. Where is the truth? How can people make their choice when authoritative scientists make opposing statements? To drink or not to drink, some would raise. The virtue is in the middle, ancient Romans would reply. In all likelihood they hit the mark.

It is necessary to go beyond the findings of the French paradox. Choose red wine, but in moderation and during meals. Now another question pops into the mind: how shall we define moderation? The problem is still a matter of debate. However, recent studies have tried to be more explicit by giving specific amounts people can refer to. The meta-analysis by researchers from the Research Laboratories at the Catholic University of Campobasso is one of these.

The research, published in the American Journal Archives of Internal Medicine a couple of years ago and quite frequently cited since then, assembled 34 scientific studies conducted during the past years worldwide using the statistic procedure of meta-analysis, allowing researchers to match data from different studies to achieve general results. In this way it has been possible to examine data concerning over a million of people, for which alcohol drinking habits were associated with all-cause mortality.

Conclusions clearly show that drinking in moderation (a couple of glasses of wine or beer a day) has beneficial effects on health. But that is not all: the study shows a positive effect of alcohol on an unquestionably hard parameter such as overall mortality. Alcohol as a life insurance? Not exactly.

The key word is moderation. The research also confirms that excessive consumption of alcohol is absolutely harmful, and the risk of death regardless of beverage type does not decrease at all. On the contrary: the risk definitely increases as levels of intake rise above moderation.

It's time to sweep away some doubts. My advice is to drink up to two glasses of red wine a day for the prevention of cardiovascular disease, this is known to everyone not only to the gourmards. Bearing this in mind, it is now important to make the same efforts once used to promote the beneficial effects of wine: to promote better patterns of drinking. We have to encourage the right way to drink wine and alcohol in general. That is little and often. Moderation remains the only option.

Reference: "Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies" Di Castelnuovo, A.; Costanzo, S.; Bagnardi, V.; Donati, M. B.; Iacoviello, L.; de Gaetano, G. Arch Intern Med, 2006. 166(22): p. 2437-45.

## Green Ginger Wine – antioxidant rich Christmas cheer!

Gordon J. Troup(a), Ruth Oliver(b), Laura O’Dea(b), John Boas(a), and Steven J. Langford (b)

a) School of Physics, and b) School of Chemistry, Monash University, Clayton, Victoria 3800, Australia

Green Ginger Wine (‘green’ in the sense of ‘fresh’) has been sold in the UK since 1740. These days there are two varieties, ‘original’ (O: 13.9% alc/vol) and ‘special’ (S: 18% alc/vol). Fresh ginger roots are crushed, and an extract made with wine spirit (mainly ethyl alcohol). Colourant and sugars are added, and maturing now takes place in stainless steel vessels.

The extract contains Gingerol, a single phenolic (related to capsaicin, the ‘hot’ in chillies). Therefore a free radical signal was expected to be observed by EPR, albeit smaller

than from polyphenols in grape wines. Also, the gingerol should have an antioxidant action.

EPR was carried out at 77K temperature with a Bruker spectrometer operating at X-band (~9.4 GHz.). The O and S samples had been cold evaporated to 20% of original volume to increase signal to noise ratio. A strong Mn<sup>2+</sup> signal, a small Fe<sup>3+</sup> signal, and the expected small free radical signal were observed. The Mn<sup>2+</sup> would contribute to antioxidant efficiency. The O and S spectra were identical, so only the O green

ginger wine antioxidant efficiency was determined, using the method described in [1] previously used.

The antioxidant efficiency measured was 94 +/- 2%. This is comparable with that of vitamins E and C measured by the same method.

Mn<sup>2+</sup> is necessary for us to make the antioxidant superoxide dismutase (SOD2). The antioxidant action of green ginger wine is meaningful and significant – remembering moderation at all times!:

[1] I Cheah, J.Kelly, S.J.Langford and G.J.Troup, Proc.27th Ann.Cond Matter Mater. Meeting, <http://aip.org.au/content/publications> (2003)

## Exploring the health and protective benefits of light to moderate alcohol consumption

A roundtable discussion chaired by Dr. Michael A. Collins and co-chaired by Dr. Kenneth J. Mukamal based on the Research Society on Alcoholism meetings in Chicago, Illinois in July 2007 is to be published.

The participants stated that in contrast to many years of important research and clinical attention to the pathological effects of alcohol misuse, the past several decades have seen the publication of a number of peer-reviewed studies indicating the beneficial effects of light-moderate, nonbinge consumption of varied alcoholic beverages, as well as experimental demonstrations that moderate alcohol exposure can initiate typically cytoprotective

mechanisms. A considerable body of epidemiology associates moderate alcohol consumption with significantly reduced risks of coronary heart disease and, albeit currently a less robust relationship, cerebrovascular (ischemic) stroke. Experimental studies with experimental rodent models and cultures (cardiac myocytes, endothelial cells) indicate that moderate alcohol exposure can promote anti-inflammatory processes involving adenosine receptors, protein kinase C (PKC), nitric oxide synthase, heat shock proteins, and others which could underlie cardioprotection. Also, brain functional comparisons between older moderate alcohol consumers and nondrinkers

have received more recent epidemiological study. In over half of nearly 45 reports since the early 1990s, significantly reduced risks of cognitive loss or dementia in moderate, nonbinge consumers of alcohol (wine, beer, liquor) have been observed, whereas increased risk has been seen only in a few studies. Physiological explanations for the apparent CNS benefits of moderate consumption have invoked alcohol’s cardiovascular and/or hematological effects, but there is also experimental evidence that moderate alcohol levels can exert direct “neuroprotective” actions

Reference: Results will be published in the February 2009 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

## Moderate alcohol may protect against low bone density and osteoporotic fractures

In order to assess the association of moderate alcohol use with bone density, osteoporotic fracture, and bone changes over time, researchers conducted a systematic review and meta-analysis of the literature published before May 2007. Thirty-three studies met content and quality criteria for inclusion in at least 1 of the analyses.

In 4 studies assessing the relationship between alcohol consumption and bone density, femoral neck bone density increased 0.045 g/cm<sup>2</sup> for each drink per day over the range of 0–3 drinks per day.

In studies assessing the relationship between alcohol consumption and hip fracture risk, compared with abstainers, risk for hip fracture decreased for individuals consuming >0–0.5 drinks per day (5 studies; pooled relative risk [RR], 0.84\*), >0.5–1 drinks per day (11 studies; RR, 0.80) and >1–2 drinks per day (10 studies; RR, 0.91). Risk of hip fracture increased for individuals consuming >2 drinks per day (6 studies; RR, 1.39).

Several studies indicated that, compared with abstainers, moderate alcohol use was generally associated with decreased bone loss over time. The researchers note that the exact range of alcohol use to improve bone outcomes cannot be determined from the existing data, but the beneficial alcohol use levels reported in this study are, in general, consistent with current low-risk drinking recommendations.

Source: Berg KM, Kunins HV, Jackson JL, et al. Association between alcohol consumption and both osteoporotic fracture and bone density. *Am J Med.* 2008;121(5):406–418.

## Alcohol, dementia and cognitive decline in the elderly: a systematic review

The authors state that dementia and cognitive decline have been linked to cardiovascular risk.

To evaluate the evidence for any relationship between incident cognitive decline or dementia in the elderly and alcohol consumption, a systematic review and meta-analyses were carried out. Criteria for inclusion were longitudinal studies of subjects aged ≥65, with primary outcomes of incident dementia/cognitive decline.

The authors report that 23 studies were identified (20 epidemiological cohort, three retrospective matched case-control nested in a cohort). Meta-analyses suggest that small amounts of alcohol may be protective against dementia (random effects model, risk ratio [RR] 0.63; 95% CI 0.53–0.75) and Alzheimer's disease (RR 0.57; 0.44–0.74) but not for vascular dementia (RR 0.82; 0.50–1.35) or cognitive decline (RR 0.89; 0.67–1.17). However, studies varied, with differing lengths of follow up, measurement of alcohol intake, inclusion of true abstainers and assessment of potential confounders. The authors conclude that because of the heterogeneity in the data these findings should be interpreted with caution. However, there is some evidence to suggest that limited alcohol intake in earlier adult life may be protective against incident dementia later.

Source: Peters R, Peters J, Warner J, Beckett N, Bulpitt C. Alcohol, dementia and cognitive decline in the elderly: a systematic review. *Age & Ageing* 2008;37:505–512.

## Light to moderate alcohol consumption and disability: variable benefits by health status

A study published in November by the *American Journal of Epidemiology* examined whether light to moderate alcohol use was associated with lower risk of incident physical disability over two 5-year periods in 4,276 non-institutionalised adults in the United States, aged 50 years or older. The study used data from 3 waves of the National Health and Nutrition Examination Survey Epidemiologic Follow-up Study surveys from 1982 to 1992.

Light/moderate drinking (<15> drinking day or 4 per drinking day for women) was associated with reduced risk for incident disability or death over 5 years, compared with abstention (adjusted odds ratio = 0.77; P = 0.008). Among survivors, light/moderate drinking was associated with lower risk for incident disability, compared with abstention (adjusted odds ratio = 0.75; P = 0.009).

In stratified analyses, disability risk decreased with light/moderate drinking in a dose-dependent fashion in men and women with good or better self-reported health but not in men or women with fair or worse self-reported health.

The Study authors conclude that alcohol consumption in moderation might reduce the risk of developing physical disability in older adults in good health but not in those in poor health.

Source: *American Journal of Epidemiology* Advance Access published online on November 20, 2008

## Alzheimer's – how are antioxidants protective?

Alzheimer's researchers at UCLA, in collaboration with Mt. Sinai School of Medicine in New York, have discovered how red wine may reduce the incidence of the Alzheimer's disease. David Teplow, a UCLA professor of neurology, and colleagues suggest how polyphenols block the formation of proteins that build the toxic plaques thought to destroy brain cells, and further, how they reduce the toxicity of existing plaques, thus reducing cognitive deterioration.

Polyphenols comprise a chemical class with more than 8,000 members, many of which are found in high concentrations in wine, tea, dark beers, nuts, berries, cocoa and various plants. Past research has suggested that such polyphenols

may inhibit or prevent the buildup of toxic fibers composed primarily of two proteins — A $\beta$ 40 and A $\beta$ 42 — that deposit in the brain and form the plaques which have long been associated with Alzheimer's. This study sheds light on how polyphenols may work.

Teplow's lab has been studying how amyloid beta (A $\beta$ ) is involved in causing Alzheimer's. In this work, researchers monitored how A $\beta$ 40 and A $\beta$ 42 proteins folded up and stuck to each other to produce aggregates that killed nerve cells in mice. They then treated the proteins with a polyphenol compound extracted from grape seeds. They discovered that polyphenols blocked the formation of the toxic aggregates of A $\beta$  and also decreased

toxicity when they were combined with A $\beta$  before it was added to brain cells.

“What we found is pretty straightforward,” Teplow said. “If the A $\beta$  proteins can't assemble, toxic aggregates can't form, and thus there is no toxicity. Our work in the laboratory, and Mt. Sinai's Dr. Giulio Pasinetti's work in mice, suggest that administration of the compound to Alzheimer's patients might block the development of these toxic aggregates, prevent disease development and also ameliorate existing disease.”

Human clinical trials are expected to follow.

Source: Journal of Biological Chemistry, Nov 2008

## Differing health effects related to quantity and frequency of drinking

There is increasing appreciation of the importance of drinking patterns as they relate to health effects. In this analysis, researchers assessed the relationship between quantity and frequency of alcohol consumption and mortality by linking data from the 1988 National Health Interview Survey with the National Death Index through 2002. The cohort included 20,765 current drinkers age  $\geq$ 18 years. At 14-year follow up, 2547 had died.

Men who consumed  $\geq$ 5 drinks (compared with 1 drink) on drinking days had a relative risk (RR) of mortality of 1.30 for cardiovascular disease (nonsignificant), 1.53 for cancer, and 1.42 for other causes. Women who consumed  $\geq$ 5 drinks on drinking days had an RR of

mortality from other causes of 2.88.

Men with the highest consumption frequency (compared with the lowest) had an RR of 0.79 for cardiovascular disease, 1.23 for cancer, and 1.30 for other causes (nonsignificant). Relative risk for cancer in women with the highest consumption frequency ( $\geq$ 3 days per week) was 1.65.

Increasing frequency of drinking had no significant effect on total mortality risk for either men or women.

**Professor R Curtis Ellison comments:** The numbers of deaths in some of the higher alcohol-intake categories were rather small, especially for women, leading to

less precise estimates of effect. But the findings are interesting and noteworthy; for example, for men, quantity and frequency effects trended in opposite directions for cardiovascular disease. In addition, frequency of drinking was associated with risk for cancer death, but I am not aware of studies other than this one that showed an increase in cancer risk from more frequent drinking when adjusted for total intake.

Reference: Breslow RA, Graubard BI. Prospective study of alcohol consumption in the United States: Quantity, frequency, and cause-specific mortality. *Alcohol Clin Exp Res.* 2008; 32(3):513–521

## Moderate drinking not linked with higher risk of irregular heart beat for women

Women who have up to two alcoholic drinks per day do not appear to be at increased risk of atrial fibrillation (irregular heart beat), but drinking more than that amount is associated with a higher risk, according to a new study.

David Conen, M.D., M.P.H., of Brigham and Women's Hospital, Harvard Medical School, Boston, and University Hospital, Basel, Switzerland, and colleagues analysed data from a completed randomised controlled trial involving 34,715 women participating in the Women's Health Study, to assess the effects of regular alcohol

consumption on the risk of atrial fibrillation. The participants were older than 45 years and had no atrial fibrillation at the start of the study and underwent follow-up from 1993 to October 2006.

During a median (midpoint) follow-up of 12.4 years, there were 653 confirmed cases of new atrial fibrillation. Among women consuming no alcohol (n = 15,370), there were 294 events (1.9 %); for women consuming more than 0 and less than 1 drink per day (n = 15,758), there were 284 events (1.8%); for 1 to 2 drinks per day (n = 2,228), there were 35 events

(1.6%); and for women consuming 2 or more drinks per day (n = 1,359), there were 40 atrial fibrillation events (2.9%).

“While this finding needs to be interpreted with some caution because of the small number of women in some subgroups, it supports a possible threshold effect in the relationship between alcohol consumption and risk of atrial fibrillation among women,” the authors write.

Source: David Conen et al. Alcohol Consumption and Risk of Incident Atrial Fibrillation in Women. *JAMA*, 2008;300(21):2489-2496

## Alcohol consumption, type of alcoholic beverage and risk of colorectal cancer at specific subsites

Within the Netherlands Cohort Study on diet and cancer, researchers investigated associations between total alcohol consumption, specific alcoholic beverage consumption and risk of colorectal cancer (CRC). Results indicated that drinking more than 30.0 g/day was positively associated with the risk of CRC (HR: 1.32, 95% CI: 1.06–1.65).

This large prospective study identified 1,573 cases of colorectal cancer. The key findings were a slight increase in risk for consumers of 30 or more grams/day of alcohol,

about 2 1/2 typical US drinks, but no effect of smaller amounts. When adjusting for total alcohol intake, there were no differences from the type of beverage consumed: beer, wine, or spirits. There was a tendency for the increase in risk to be greater for rectosigmoid and rectal cancers than for those in the proximal colon.

The association with cancer occurring over an average follow up of 13 years was calculated from baseline alcohol intake, as no subsequent information on

drinking was obtained from these subjects. Further, no information was available on the pattern of drinking (regular or binge) or on other potential risk factors such as folate intake, which in many studies mediates the effect of alcohol on cancer. Still, this study has confirmed a number of earlier studies showing that heavier drinking may increase the risk of colorectal cancer.

Source: Bongaerts BWC, van den Brandt PA, Goldbohm RA, de Goeij AFPM, Weijnenberg MP. Alcohol consumption, type of alcoholic beverage and risk of colorectal cancer at specific subsites. *Int J Cancer* 2008;123:2411–2417.

## Drinking patterns and myocardial infarction: a linear dose–response model

The relation of alcohol intake to cardiovascular health is complex, involving both protective and harmful effects, depending on the amount and pattern of consumption.

The study results indicate that MI (heart attack) risk decreased with increasing frequency of drinking, but increased as drinking dosage increased. Rates of increasing MI risk associated with drinking dosage were twice as high among women as they were among men. Relative

to controls, lower MI risk was associated with consuming < 4.55 drinks per drinking day for men (95% CI: 2.77 to 7.18) and < 3.08 drinks per drinking day for women (95% CI: 1.35 to 5.16), increasing after these cross-over points were exceeded.

This study offers further evidence of the protective effects of moderate drinking – little and often as protective against heart attack risk in adults. Confirming the well established J shape curve, any

protective effect is negated once consumers drink more than three (women) to four drinks (men) a day. Use of a well-specified mathematical dose–response model provided precise estimates for the first time of how drinking frequency and dosage each contribute linearly to the overall impact of a given drinking pattern on MI risk in men and women.

*Drinking Patterns and Myocardial Infarction: A Linear Dose-Response Model.* Autores: Russell M, Chu BC, Banerjee A, Fan AZ, Trevisan M, Dorn JM, Gruenewald P: *Alcohol Clin Exp Research.*

## Alcohol drinking and cardiovascular risk in a population with high mean alcohol consumption

A study by Maryline Foerester and colleagues examined the impact of heavier drinking on 10-year coronary artery disease (CAD) risk in a population with high mean alcohol consumption.

In a population-based study of 5,769 adults (aged 35 to 75 years) without cardiovascular disease in Switzerland, 1-week alcohol consumption was categorised as 0, 1 to 6, 7 to 13, 14 to 20, 21 to 27, 28 to 34, and  $\geq 35$  drinks/week or as nondrinkers (0 drinks/week), moderate (1 to 13 drinks/week), high (14 to 34 drinks/week), and very high ( $\geq 35$  drinks/week).

Blood pressure and lipids were measured, and 10-year CAD risk was calculated according to the Framingham risk score. 73% (n = 4,214) of the participants consumed alcohol; 16% (n = 909) were high drinkers and 2% (n = 119) very high drinkers.

In multivariate analysis, increasing alcohol consumption was associated with higher high-density lipoprotein cholesterol; triglycerides, and systolic and diastolic blood pressure. Ten-year CAD risk increased from  $4.31 \pm 0.10\%$  to  $4.90 \pm 0.37\%$  (p = 0.03) with alcohol use, with a J-shaped relation. Increasing wine

consumption was more related to high-density lipoprotein cholesterol levels, whereas beer and spirits were related to increased triglyceride levels.

As expected, the researchers conclude that, as measured by 10-year CAD risk, the protective effect of alcohol consumption disappears in very high drinkers, because the beneficial increase in high-density lipoprotein cholesterol is offset by the increases in blood pressure levels.

*Source: American Journal of Cardiology published online 17 November 2008.*

## Abstracts from the Scientific Sessions of the American Heart Association, November 9-12, 2008 by R. Curtis Ellison

**Persistent cardioprotection by regular ethanol consumption after abstinence depends on eNOS but not iNOS activity after reperfusion.** Abstract 3889, Kazuhiro K . . . Katani J. Osaka Dental University, Osaka, Japan.

It has been shown previously that animals pre-treated with moderate amounts of alcohol survive better, and show better ventricular function, after an induced myocardial infarction (heart attack). In this experimental study, guinea pigs were given either 5% alcohol or no alcohol for 8 weeks before experimental myocardial infarction was created.

As shown in other studies, the animals given alcohol showed better indices of ventricular function immediately after the attack. When longer term effects (with abstinence) were assessed, the improved ventricular function was maintained for 4 and 7 days, but the effects were no longer seen at 14 days after the infarction. The effects seemed to relate to increased levels of endothelial nitric oxide synthase, which regulates the enzyme that maintains the function of the lining of arteries. The authors conclude that chronic cardioprotection from alcohol persists for at least 7 days after stopping drinking.

In studies in humans, the aggregation of platelets and certain other protective mechanisms from alcohol last only for 24-48 hours after the last drink, although some studies show longer periods of protection after cessation of wine. Still, most epidemiologic studies

suggest that moderate drinkers who consume alcohol every day or every few days appear to have better health outcomes.

**Quercetin glycoside prevents the development of diet-induced obesity and adipocyte hypertrophy.** Abstract 3281, Enomoto E . . . Sato M. The University of Tokushima Graduate School of Medicine, Tokushima, Japan; Brigham & Womens Hospital, Boston, MA, USA; Suntory, Inc., Osaka, Japan; University of Tokyo Graduate School of Medicine, Tokyo, Japan.

Polyphenols from wine and other plants, including quercetin, have been shown to have health benefits. This experiment in mice evaluated whether the inclusion of quercetin in a high-fat, high-sucrose diet for mice was associated with their development of obesity. In comparison with animals not given quercetin, animals given quercetin showed much lower weight gain, lower amounts of cholesterol, lower leptin levels, and lower levels of fat throughout the body.

The authors conclude that quercetin could be important in preventing diet-induced obesity. This plant-based polyphenol, one of the key polyphenols present in red wine and certain other alcoholic beverages, is thus getting scientific interest similar to that of resveratrol, which (at least in huge doses) has been linked to increased longevity of life. Overall, high levels of polyphenols (whatever the source) continue to show many beneficial effects on health.

**Lifestyle practices in adults 65 years and older and 7-year follow-up mortality: The Chicago Heart Association Detection Project in Industry Study (CHA), Vu THT, Garside DB, Daviglius ML. Northwestern University, Chicago, IL, USA.**

The authors related "unhealthy lifestyle practices" (smoking, heavy drinking, physical inactivity) to subsequent cardiovascular disease (CVD), cancer, and total mortality over 7 years of follow up among subjects aged 65 to 102 years at baseline. In this study, heavy drinking was defined as > 15 grams of alcohol per day for women and > 30 grams of alcohol per day for men (with 12 grams being one common definition of a typical drink in the US).

For subjects with one and those with two of these unhealthy factors, the risk of death was increased by about 56% and 110%, respectively. Deaths from CVD and cancer were much higher in people with one or more unhealthy lifestyle factors.

A few studies have suggested that the usual risk factors for CVD are not as important in predicting disease in older people as they are in middle-aged people. This is one of very few studies that has evaluated lifestyle practices among very elderly subjects. The study clearly shows that smoking, excessive drinking, and lack of physical activity are important causes of death at all ages, including the very elderly.

## Alcohol consumption and risk of microvascular complications in type 1 diabetes patients

The EURODIAB Prospective Complications Study is a follow-up study including 3,250 type 1 diabetes mellitus patients from 16 different European countries. The authors investigated the cross-sectional association between moderate alcohol consumption and risk of retinopathy, neuropathy and nephropathy among 1,857 of these patients.

Moderate consumers (30–70 g alcohol per week) had a lower risk of microvascular complications with odds ratios of 0.60 (95% CI 0.37–0.99) for proliferative retinopathy, 0.61 (0.41–0.91) for neuropathy and 0.36 (0.18–0.71) for macroalbuminuria in multivariate-adjusted models. These results were similar when excluding patients who had been advised to drink less alcohol because of their health. The relation was most pronounced for alcohol consumption from wine. Drinking frequency was significantly, inversely associated with risk of neuropathy, and a similar trend was visible for proliferative retinopathy and macroalbuminuria. Alcohol consumption was not associated with occurrence of ketoacidosis or hypoglycaemic attacks. The authors conclude that consistent with its effects on macrovascular complications, moderate alcohol consumption is associated with a lower risk of all microvascular complications among type 1 diabetes patients.

**Professor R Curtis Ellison comments:** Data from most

prospective epidemiologic studies have shown that healthy moderate drinkers have an approximately 30% lower risk of developing type 2 (adult-onset) diabetes. Further, it is clear that diabetics who drink moderately are at a much lower risk of the macrovascular complications of diabetes, those involving major arteries (such as coronary heart disease, stroke, and peripheral vascular disease).

This is one of few studies of early-onset (type 1) diabetes that is large enough to evaluate whether microvascular complications (those involving the eyes, kidneys, nerves) are also lower among moderate drinkers. The main findings are that moderate drinking, especially of wine and to some extent of beer, was associated with lower occurrence of these complications of type 1 diabetes. The effect was especially seen for wine drinkers of between about 3 and 18 drinks per week. There was a tendency for frequent drinkers (5–7 days/week) to have fewer complications than those drinking less frequently. Thus, this study suggests that the microvascular, as well as the macrovascular, complications of diabetes are lower among moderate drinkers.

Article: Beulens JWJ, Kruidhof JS, Grobbee DE, Chaturvedi N, Fuller JH, Soedamah-Muthu SS. Alcohol consumption and risk of microvascular complications in type 1 diabetes patients: the EURODIAB Prospective Complications Study. *Diabetologia* 2008;51:1631–1638.

## Binge drinking may raise stroke risk

Results of a study by Finnish researchers suggest that adults who sometimes binge on alcohol were more likely to suffer a first-time stroke than non-bingers -- regardless of their overall drinking patterns. Compared with people who said they never binged, those who did were 56% more likely to suffer an ischemic stroke over 10 years. Ischemic strokes, which are caused by a blood clot in the vessels supplying the brain, account of the large majority of stroke cases. Binge-drinking was also linked to 39% higher risk of suffering any type of stroke.

The study included 15,965 Finnish adults between the ages of 25 and 64. At the outset, they estimated how often and how much they typically drank; heavy drinking was defined as roughly 30 drinks per week for men and about 17 drinks per week for women. A binge-drinking episode was defined as having six or more drinks at one sitting for men, and four or more drinks for women.

Over the next 10 years, the study participants suffered a total of 249 strokes. Overall, binge-drinkers were at increased risk, regardless of whether they were generally heavy drinkers, and regardless of a number of other risk factors -- like older age, smoking and high blood pressure.

It's not entirely clear why binge-drinking itself raises stroke risk, the researchers say, but large doses of alcohol are known to have short-term cardiovascular effects that may help explain the finding. These include spikes in blood pressure, increased blood clotting and heart-rhythm disturbances.

Source: *Stroke*, December 2008.

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 moderate and responsible consumption of alcohol
- To encourage informed and balanced debate on alcohol, health and social issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format, contributed to by AIM’s Council of 20 Professors and Specialists
- To publish information via [www.alcoholinmoderation.com](http://www.alcoholinmoderation.com) on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
- To educate consumers on responsible drinking and related health issues via [www.drinkingandyou.com](http://www.drinkingandyou.com) and publications, based on national government guidelines
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to the media, legislators and researchers involved in alcohol issues
- To direct enquiries from the media and others towards full and accurate sources of information
- To work with organisations, companies and associations to create programmes, materials and policies that promote the responsible consumption of alcohol.

### AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

**Peter Duff,**  
AIM Chairman

**Helena Conibear,**  
Executive Director

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

**Julian Brind, MW**  
Senior Consultant, Waitrose

**Prof. R Curtis Ellison,**  
Boston University School of  
Medicine

**Harvey Finkel MD,**  
Boston University School of  
Medicine

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

**Prof. Dwight B Heath,**  
Anthropologist, Brown University

**Prof. Oliver James,**  
Head of Medicine  
University of Newcastle

**Christopher Jarnvall,**  
Publisher of Alcohol Update,  
Sweden

**Arthur Klatsky MD,**  
Kaiser Permanente Medical Center

**Alfred de Lorimier MD,**  
Medical Friends of Wine

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

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

**Ellen Mack MD**

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

**Stanton Peele PhD,**  
Social Policy Consultant

**Dr. Erik Skovenborg,**  
Scandinavian Medical Alcohol  
Board

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

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

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

## ‘Know Your Limits’ update

Working with the fitness industry The Department of Health has joined forces with the Fitness Industry Association and over 400 gyms to run partnership activity promoting the Units campaign in November and December.

Posters and leaflets are on display inside gyms and staff are wearing campaign branded T-shirts and talking to members about their alcohol intake.

The national ‘Know Your Limits’ campaign team have released a series of resources to help deliver a range of alcohol awareness messages to support unit awareness and responsible drinking. The resources include:

**Units: A Christmas campaign pack** which contains guidance on how to deliver a christmas campaign, press release templates and a quiz

A general Units campaign resource pack that includes a range of guidance, press release templates and suggestions for delivering unit awareness campaigns

A resource guide listing a range of available posters and leaflets that can be ordered from the DoH publications site

A summary document of the units campaign key messages

A speaker presentation on the units campaign and on how to use the national campaign messages and resources to develop local campaigns

A binge drinking campaigns toolkit campaigns is also available from the Units site.

To download these resources, please visit [http://www.alcoholstakeholders.nhs.uk/stake\\_stake.html](http://www.alcoholstakeholders.nhs.uk/stake_stake.html)



## County-wide phase of community alcohol project launched

A Community Alcohol Partnership (CAP), a project to curb underage alcohol sales and combat associated anti-social behaviour was launched in Kent in November. The partnership is backed by the Retail of Alcohol Standards Group and Kent County Council and follows successful roll-out of the project model in Cambridgeshire.

The Kent Community Alcohol Partnership (KCAP) brings together local authorities, alcohol retailers, police and health authorities to drive down underage alcohol sales and possession and improve the health and education of young people in relation to alcohol. Three target areas have been selected to pilot KCAP before it is rolled out throughout the county - Canterbury City Centre, an urban estate in Thanet and the suburb of Edenbridge.

## UK can now sell lower alcohol wines

The Wine and Spirit Trade Association (WSTA) has won its campaign to legalise low-alcohol wines on the shelves of stores. After a campaign that lasted for 18 months, new European Union regulations will mean consumers will be able to purchase wines which have had alcohol removed via a process called reverse osmosis or “spinning cone” techniques – both processes reduce naturally occurring alcohol levels. Under the new law, producers implementing the techniques cannot make wine with an alcohol content of more than 2%.

## ASA wants stricter controls placed on online alcohol advertising in UK

The UK’s Advertising Standards Authority (ASA) has stated that it wants stricter controls to be placed on the drinks industry in relation to online alcohol advertising. The ASA has praised the high level of compliancy to its codes by alcohol advertising in all other areas however.

The Advertising Standards Authority held an event in Edinburgh on

Monday 17 November ‘Alcohol advertising – the right measure?’ The event to explored the effectiveness of the current regulation of alcohol advertising.

For more details go to: <http://www.asa.org.uk/asa/news/events/2008/Alcohol+advertising+event+17+November+2008.htm>

## UK government continues pressure on alcohol

The UK Home Secretary Jacqui Smith and Health Secretary Alan Johnson have announced a range of new measures to reduce alcohol misuse in the UK.

The announcement stated 'Following an independent review, which found that many retailers are not abiding by their own voluntary standards for responsible selling and marketing of alcohol, The Government now intends to introduce a new mandatory code of practice to target the most irresponsible retail practices. This will set out compulsory licensing conditions for all alcohol retailers and will give licensing authorities new powers to clampdown on specific problems in their areas. Licensing authorities will also be able to impose these new powers on several premises at once'.

The Government will shortly consult on a range of compulsory conditions including:

- banning offers like 'all you can drink for £10';
- outlawing pubs and bars offering promotions to certain groups, such as women only;
- ensuring that customers in supermarkets are not required to buy very large amounts of a product to take advantage of price discounts;
- ensuring staff selling alcohol are properly trained;
- requiring that consumers are able to see unit content of all alcohol when they buy it; and
- requiring bars and pubs to have the minimum sized glasses available for customers who want them.

Crime and Disorder Reduction Partnerships are being awarded a £3 million cash injection to target enforcement activities on specific

alcohol-related problems in 190 areas across all police forces. In addition, £1.5 million will be given to a number of priority areas to strengthen their ability to tackle underage sales, confiscate alcohol from under 18s and run communications campaigns to tell people what action is being taken to successfully reduce alcohol related crime and disorder in their local area.

Home Secretary Jacqui Smith said:

"I don't want to stop the vast majority of people who enjoy alcohol and drink responsibly from doing so but we all face a cost from alcohol-related disorder and I have a duty to crack down on irresponsible promotions that can fuel excessive drinking and lead people into crime and disorder. That's why I will impose new standards on the alcohol industry that everyone will have to meet with tough penalties if they break the rules".

The Government undertook a public consultation on a mandatory code in July this year. Over 90% of approximately 2,000 respondents supported a mandatory code.

The Government also commissioned an independent review of the effects of price and promotion on alcohol-related harm, which were published on the day of the announcement. The report findings suggest that changes to how alcohol is priced and promoted could deliver reductions in health harms, crime and absenteeism from work. However, the SchARR review is a very detailed study examining a wide range of policy options. The Government needs to evaluate these before deciding whether or not to act in this area. Details of how

this will be done will follow in due course.

Health Secretary Alan Johnson said:

"We now have the evidence and public support to take decisive action to reduce harm from excessive drinking. Our consultation results suggest that people want to see Government tackle irresponsible promotions - we can't justify delaying action here while waiting for further analysis on changes to pricing.

David Poley, chief executive of Portman Group, said: "Retailers offering consumers incentives to drink excessively and rapidly can cause harm. This mandatory code would strengthen the existing licensing laws while allowing effective producer self-regulation to flourish. It will stamp out irresponsible promotions without making everyone pay more for a drink. The funding boost for alcohol enforcement activity is to be applauded. We encourage police forces to use the raft of powers at their disposal for tackling alcohol-related disorder. Greater police activity, better education and responsible industry actions will make a bigger dent in our drinking culture."

Responding to the announcement the WSTA welcomed the Government's commitment to focus on problem premises and promotions. Ministers have pledged to consult on a mandatory code covering all alcohol retailers together with discretionary powers for police and local licensing officers to restrict or ban premises and products deemed irresponsible. Jeremy Beadles, Chief Executive of the WSTA, said: "We welcome

(continued from page 17)

the Government's determination, based on its own findings that most businesses are operating according to industry best practice, that action to tackle alcohol misuse should be focused on the minority of irresponsible premises and promotions....It would also be wrong if action aimed at tackling the problem minority resulted in millions of responsible consumers paying a higher price for their weekly shop."

## UK Draft Policing and Crime Bill

One of the aims of the Draft Policing and Crime Bill announced in the Queen's speech is to 'prevent crime and disorder from taking root in our communities...' Specifically measures will aim to prevent low level crime and disorder taking root in our communities by tightening controls around lap dancing clubs and the misuse of alcohol, including the sale of alcohol.

Jacqui Smith, Home Secretary responded, saying "The policing and crime Bill will establish the fair rules that prevent low-level crime and disorder from taking root in our communities. It will introduce measures to tackle binge drinking and set the framework for a new mandatory code for responsible alcohol sales. We will give the police the powers that they need to tackle the crime and disorder that stems from excessive drinking. We will take tougher action against retailers and bars that sell alcohol to children and ensure that the industry plays its part in ending irresponsible promotions". The report is available from <http://www.commonleader.gov.uk/output/page2661.asp>

## Alcohol use amongst children is rooted in complex societal issues, says DCSF report

The Department for Children, Schools and Families (DCSF) have released a report; 'Use of alcohol among Children and Young People', which explores influences and barriers to young people's involvement with alcohol and factors influencing various attitudes. The project also examined the role of current advertising and communication campaigns in the choices of children and young people whilst aiming to inform the design of interventions to young people and parents.

An overview of findings highlighted in the research brief include:

For most children and young people, a high level of dissociation from problems alongside the high level of enjoyment from drinking itself, means communication and information about under-age drinking is of low/very low interest. However there is a role for communications and information aimed at youths, but impact is likely to be limited without supporting work

Parents and carers are a critical audience. Parents do not have a sufficient understanding of the negative impacts of youth's drinking and related issues. Parents also facilitate and often encourage youth's drinking

To engage effectively youth with communications, targeted information needs to be supported by a broader re-framing of alcohol within society

A summary of findings examined a range of key issues including:

Personal disassociation and defence against under-age drinking and

associated harms, which was 'easy' and 'natural' to both youths and Parents. A range of myths were used to enable a disassociated position including:

A widespread view that alcohol is 'not really a drug'

A perception of graduated 'manageability' of alcohol (as one grows in experience)

A belief that 'you learn by your own mistakes'; both Parents and youths assume drinking in this way leads to control being gained, and that getting drunk is a 'rite of passage'

'I am not at risk': The overall perception of control generated by the above myths gives rise to this specific belief and the worst that can happen is vomiting or embarrassment

A fear that 'over-parenting' is a problem in itself and therefore parents do not have a role to play

The brief further explores the implications of the complex and underlying issues associated with alcohol use by youths and the roles of parents. It summarises that the research indicates that 'the audience in England suspects – but doesn't want to believe – that alcohol is a drug-like substance' which creates a complex challenge in order to deliver successful interventions. Multi-faceted strategies must therefore communicate messages at a broad over-arching level to prevent dis-association, whilst targeted and specialised interventions are needed to effect various sub-groups.

The report is available at <http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectid=15587&resultspage=1>

## Alcohol Focus Scotland launches new campaign

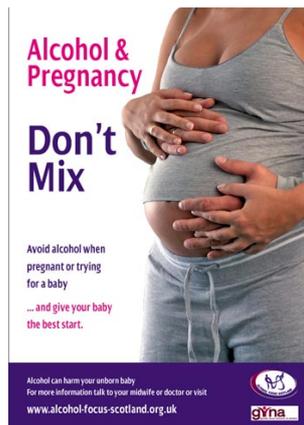
Alcohol Focus Scotland have launched a new campaign - 'Alcohol and pregnancy don't mix'.

The aim of the campaign is to raise awareness of the 'avoid alcohol when pregnant' message among women who are pregnant, are thinking of trying for a baby, and among the wider population who may encourage women to have a drink without understanding the possible harm.

The campaign message was promoted by leaflets, posters, radio and web advertising during November. Women who have already been drinking while pregnant will be encouraged to talk

to their midwife or doctor or to contact an alcohol support agency.

For more information and to download the leaflet, posters and radio advert visit [http://www.alcohol-focus-scotland.org.uk/alcohol\\_information/alcohol\\_amp\\_pregnancy/](http://www.alcohol-focus-scotland.org.uk/alcohol_information/alcohol_amp_pregnancy/)



## Anti Drink drive awareness campaign launched in Ireland

The 2008 Christmas anti drink driving campaign from the Road Safety Authority (RSA) and An Garda Síochána was launched on 25th November. The campaign also sees the RSA joining forces with the Commission for Taxi Regulation and MEAS to launch the biggest ever anti drink driving awareness campaign to date.

The awareness campaign includes a new TV and Radio advert and is aimed at encouraging people to get home safely this festive season by using taxis or hackneys. The second campaign is in association with MEAS includes two Radio ads and highlights the danger of drink driving the morning after a nights socialising.

The campaign launch also saw the start of the Garda enforcement

campaign to target drinking and driving over the Christmas and the New Year. Assistant Commissioner, Eddie Rock, An Garda Síochána emphasised that enforcing drink driving legislation is a priority for the Gardai throughout the year.

The HSE study into drink driving in Ireland also found that 2 out of every 3 alcohol related crashes occur between 10pm on Friday night and 8am on Monday mornings. To remind road users that they may still be over the limit the morning after they have been drinking, MEAS will be running a radio advertising campaign in association with the RSA over the coming weeks. RSA/drinkaware. ie 'Morning After' campaign cards will also be distributed and a poster campaign will target pubs and clubs nationwide.

## New Drinkaware CEO

Drinkaware Trust has appointed Chris Sorek as its new chief executive. Sorek has more than 25 years experience in communications, public affairs and community relations and has previously worked for the Red Cross and most recently the European Bank for Reconstruction and Development.

He said: "The alcohol culture in the UK is the defining issue of our time....At Drinkaware we have a mission to enable individuals and communities to make informed decisions about their drinking from a position of knowledge and to help transform society."

## The European Public Health Symposium:

The European Public Health Symposium: Reducing Alcohol Related Harm Through Partnership took place on Wednesday 3rd December 2008 in London.

The conference offered an opportunity for public health practitioners, police/enforcement services and local authorities to gain an update on the Alcohol Strategy for Europe. Speakers included Sarah Lambert, Acting Head, European Commission London Office, Mariann Skar, Secretary General, Eurocare, Jo Jewell, Policy Adviser, European Public Health Alliance, Julie Teng, Policy Adviser, European Youth Forum and Tony Goodall, (former) Alcohol & Substance Misuse Lead, Leeds Primary Care Trust.

For further details, visit <http://publicpolicyexchange.co.uk/events/8L03-PPE.php>

## EU spirits producers social responsibility activity report

The European Spirits Organisation – CEPS presented its third annual report documenting members' progress on their social responsibility commitments. The CEPS Charter implementation report highlights industry activities to tackle alcohol related harm in Europe from August 2007 to July 2008.

In its third year, implementation of the 2005 CEPS Charter on Responsible Alcohol Consumption progressed in the 26 EU countries where CEPS has national member associations (all but Lithuania). The Charter report, as every year independently assured by KPMG Sustainability, details this progress. To name but a few new initiatives,

Estonia adopted a marketing code in March 2008, industry participated in information and/or server training campaigns to tackle underage drinking in 17 countries (up from 13 last year), the first industry-sponsored campaign against drink-driving was run in Bulgaria and new consumer information websites were launched in the Czech Republic and Spain, together with the EU portal [www.responsibledrinking.eu](http://www.responsibledrinking.eu).

The Charter implementation report is published together with the Drinks Industry Initiatives Brochure 2008, jointly issued by CEPS and the European Forum for Responsible Drinking (EFRD), which lists

the wide array of European spirits industry programmes to tackle alcohol related harm and promote responsible drinking patterns in detail.

Despite the good results so far, further progress is needed to implement the CEPS Charter by the end-2010 deadline. This will require even more practical and focussed assistance by the CEPS Secretariat and EFRD, especially towards countries where self-regulation is still a relatively new concept such as the newer EU member states. For more information visit <http://www.europeanspirits.org>.

### Diageo NI launches responsible drinking campaign

Diageo Northern Ireland has launched an outdoor advertising campaign to communicate responsible drinking with consumers in the lead up to the festive season. The campaign will be displayed at prominent sites including bus shelters and poster sites, as well as on buses and phone booths in towns, villages and cities across Northern Ireland. Based on the insight that drinking too much has a negative impact on evenings out, this initiative builds on 'The Choice is Yours' campaign of 2007. The advertisements show the images of someone drinking and having a great time with friends and enjoying the night out. However, the posters also highlights the flip side to show how drinking irresponsibly can ruin a night out and shows that everyone has a choice.

### Schumacher promotes responsible drinking

Bacardi Limited, as part of its responsible drinking "Champions Drink Responsibly" campaign, is providing the drive of a lifetime: the opportunity to be in the passenger seat next to Michael Schumacher, the world's most successful Formula One race driver.

Schumacher, who is the firm's Social Responsibility Ambassador, will drive 28 adults from select markets around the world on the exclusive Ascari Race circuit in southern Spain to demonstrate his expert

handling of a high performance car to highlight how champions stay in control in various environments.

**"I am eager to spread this message that drinking and driving don't mix. It is a topic I personally feel strongly about,"** said Schumacher.

The promotion is part of a Bacardi Limited global social responsibility campaign launched in April, to encourage drivers to know the options available to avoid drinking and driving. For more details visit [www.championsdrinkresponsibly.com](http://www.championsdrinkresponsibly.com)



## Italy courting young adults wine drinkers

Italy is seeking to recruit future wine drinkers, in a responsible manner.

“The future of wine cannot dissociated from young people’s approach to the product” claimed Agriculture Minister Luca Zaia at the official launch ceremony of ‘Vino e Giovani’ in Rome. The aim is to organise a coordinated series of events designed to further young adults – aged 18 to 30 – knowledge and appreciation of wine.

With the official backing of the Agriculture Ministry, the campaign will be rolled out in a number of Italian universities with a priority focus on those in Tuscany, Sicily and Venetia. Conferences, tastings and nationwide contests to find the best amateur wine taster are all part of the campaign and a multi-faceted approach to communication will be used to convey information to young adults.

“Initiatives involving young people are strategic” stressed Luca Zaia. “It is absurd to believe that the wine sector can flourish without some form of dialogue with young people. We are concerned by the continual decline in wine consumption since the 1950s”.

The programme dovetails with other Ministry-led initiatives aimed at curbing fraud and poor quality in wines. With a 2008 vintage verging on 50 million hectolitres, making it the largest this year worldwide, the Italian government feels it has a duty to supply wines ‘beyond reproach’ and intends to continue the drive towards quality.

## Wine route initiative in Spain

The Spanish government is supporting its wine industry by promoting a nationwide ‘wine route’ scheme. On November 7th, the Ministry of Agriculture officially presented a guide book covering the 19 largest wine producing regions, each with its own wine route. By encouraging holiday makers and wine lovers to travel along the wine routes, the project’s stakeholders hope to emphasise the diversity of Spanish scenery and, consequently, the vast array of Spanish wines. All strands of the wine industry are taking part in the project so that

visitors can experience all aspects of wine making and retailing, coupled with local cuisine.

The guide book is the latest execution of a co-operation agreement signed in 2006 by the Ministry of Agriculture, Turespana and the Spanish Association of Wine Towns and Cities (ACEVIN). Spanish authorities have so far granted subsidies of 124,000 and 178,500€ over the last two years for the project to move forward. The scheme is one of the objectives set out in the national strategic plan for the wine industry ‘Estrategia Vino 2010’.

## Stella launches ‘Get Home Safe’ festive campaign



InBev UK has launched a responsible drinking campaign through its Stella Artois brand to help people make the most of the Christmas party season, but still get home safely.

The ‘Get Home Safe’ campaign, which will encourage responsible drinking and help people map out travel plans, will be spearheaded by the launch of a website - [www.gethomesafe.org.uk](http://www.gethomesafe.org.uk) - featuring practical travel information and advice for festive drinkers in cities across the UK.

Stuart MacFarlane, president of InBev UK & Ireland, said: “This reinforces the brand’s responsible drinking message by providing consumers with access to useful information to help pre-plan their travel arrangements. “Christmas is a key time

of year for retailers and we want to ensure that as many consumers as possible feel confident to go out and enjoy themselves in pubs, bars and clubs without worrying about their journey home to ensure an enjoyable night out.”

The campaign is fronted by former Olympic rower and global adventurer, James Cracknell, who will help spread the “Get Home Safe” message in the weeks ahead and also provides his personal travel tips on the site.

## Éduc'alcool: Alcohol Combinations

Éduc'alcool has published a new booklet 'Alcohol Combinations'. The organisation warns against mixing alcohol with drugs or tobacco and that mixing alcohol with sedatives should be avoided at all costs. People should also be extremely vigilant about combining alcohol with coffee or energy drinks or drinking while gambling. In fact, the booklet states that the only substance that mixes well with alcohol is food, adding that this combination may even be beneficial to one's health.

Éduc'alcool has developed a colour code system to help Quebecers understand the four levels of caution to use when combining alcohol with other substances.

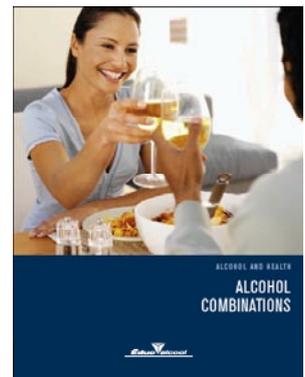
A green light signifies the only happy combination—alcohol and food. Food is the single substance that has a beneficial effect on human health when combined with alcohol. Because food slows the passage of alcohol from the stomach to the intestine, it also slows the absorption process, thus reducing the person's blood alcohol content.

An orange light designates all combinations where a high degree of caution should be exercised. This category includes the combination of alcohol with coffee, energy drinks or gambling.

A red light applies to the mixing of alcohol with tobacco, medications or street drugs. In all cases, consumers should stay away from

these combinations or at the very least exercise extreme caution.

A purple light signifies combinations that carry a severe risk. Of all combinations, the most dangerous are those that involve mixing alcohol, which is a sedative, with another sedative (e.g. PCP or ketamine). The booklet can be downloaded from <http://www.educalcool.qc.ca/en/>



## Motivations for young people in US

The Century Council, commissioned a national survey of 18 to 24 year olds which included college students and non-students to investigate the impacts of college attendance and an active and healthy lifestyle, including involvement in sports, on underage drinking behaviours.

Non-students report they started drinking at 15.9 years of age, nearly a year prior to college students who report they started drinking at 16.7 years old.

Among young adults who have had alcohol in the past year, non-students report drinking 5 days in the past month compared to college students who drank 4 days in the past month. College students who drink report consuming alcoholic beverages on an average of 34 days in the past year compared to 48 days for their drinking non-student peers.

Binge drinking, defined as consuming 5 drinks (or 4 drinks for females) in a two hour period, is higher among non-students compared to college students. Among young adults who have consumed alcohol in the past 30 days, non-students report binge drinking on 3 occasions in the past month versus 2 occasions among college students.

Alcohol consumption varies most between students and non-students and between men and women. Among young adults who drink, males consume on average more than their female peers – in the past month men reported drinking 6 days compared to the women's 4 days and drank on average 50 days in the past year compared to women who reported drinking 36 days in the past year.

56% of all of the young adults surveyed exercise or participate in a casual sport at least once a week

or more. 71% of these adults agree that sports and exercise are part of a healthy lifestyle. Additionally, college students are more likely to be physically active than non-students (64% versus 51%).

These research findings are part of a two-phase research study among America's young adults conducted on behalf of The Century Council. The first phase of this study explores alcohol consumption and healthy lifestyles among college students and non-students. The second phase of the research conducted in partnership with the Women's Sports Foundation (WSF), will focus more in-depth on the alcohol consumption of sport-involved women and men exploring the difference between "jocks" and "athletes" as it relates to their lifestyles, health risk behaviours, and patterns of alcohol consumption. For more information, please visit <http://www.centurycouncil.org/>

## Australian Government anti-binge drinking campaign

Drinkwise Australia has welcomed the launch of the Australian Government's anti-binge drinking campaign – 'Don't turn a night out into a nightmare' – aimed towards warning young drinkers of the harmful consequences of intoxication.

Drinkwise CEO Dr Mike MacAvoy praised the campaign, saying that the creative behind the television commercial depict scenarios which most people will be able to relate to.

The release of the TV advertisements -- which comes as thousands of teenagers prepare to descend on destinations such as the Gold Coast for schoolies' week -- are targeted at people aged 15 to 25 and their parents. They will bring graphic scenes of car smashes, pub fights

and domestic chaos to a night better known for costume drama and light entertainment.

The ads are the first wave in a two-year campaign that will also span print publications, radio and the web, as well as advertisements in pubs and on billboards outside nightclubs, at bus stops and other street locations.

Launching the "in-your-face" advertisements in Melbourne yesterday, federal Health Minister Nicola Roxon said the campaign aimed to show drinkers that violence, injuries and humiliation could result from binge drinking.

The current campaign, which was developed in response to an increase prevalence of risk drinking practice in Australia, is jointly funded by Drinkwise Australia

and the Australian Government's Department of Health and Ageing. It focuses on changing ingrained attitudes and behaviours towards alcohol.

The campaign has a website with section for under 18s, over 18s and parents. To view, please visit <http://www.drinkingnightmare.gov.au/internet/DrinkingNightmare/publishing.nsf>



## Australian youth priorities – the influence of family and friends

According to survey results released in November by Mission Australia, young Australians have very real concerns about many issues, and drugs and alcohol rate very high in their list of concerns.

A survey of more than 45,000 young Australians aged 11 to 24 found that drugs rated second overall in young people worries, after body image. In 2007, drugs ranked 10th on the list.

The Mission Australia survey also canvassed what young people valued most and found that family, followed by friends, was overwhelmingly more important than financial security or "making a difference".

"There's more concern about the harm of drugs in their peer group rather than themselves, so there's a concern for others there that

we may not have seen before, and hopefully that's a move away from that "Me Generation" thing," Mission Australia state director Paul Bird said.

"Obviously we're seeing children grow up faster; we're seeing communication is a key factor in that. So they've got a much higher awareness, which is good, but they also need to be equipped with how to deal with that."

Mr Bird said young people were sensitive to the push from government and schools to inform them about the risks of drugs and alcohol. But he said the most effective way of drilling home those social messages was peer-to-peer education.

The survey found any family conflict was of high concern to young people and was also related

to the importance of physical and mental health. Alcohol was of significantly more concern to young males than females, while girls tended to be more worried about body image. Boys were also more likely to value the need to find work than their female peers.

Salesian College's director of student well-being, Ron Ruzzier, said it was important for parents to have realistic expectations of their children and not always tie success to academic results. Interest in their child's emotional, as well as academic development, was also necessary.

To view the report, visit [http://www.missionaustralia.com.au/index.php?option=com\\_docman&task=cat\\_view&gid=67&Itemid=118](http://www.missionaustralia.com.au/index.php?option=com_docman&task=cat_view&gid=67&Itemid=118)

## Argentina: Survey shows 18-19 year old drinking habits

According to a study carried out by an Argentine consultancy, a total of 30% of 18-19 year old Argentines have got drunk more than once in the last 30 days. The survey studied a total of 5,000 18-19 years and the results revealed that the majority of those getting drunk were from the middle or upper classes.

The findings mirror another study conducted two years ago in which 27% of 15-18 year olds had got drunk at least once in the last 30 days. The first signs of this type of behaviour are detected in 14-15 year olds. The report demonstrated that alcohol is increasingly associated with fun and nights out without alcohol are considered boring. Other feedback from young people suggests that alcohol makes them feel bigger and superior, they stand out or can forget problems and can also attract the opposite sex. Consumption is greater amongst young men. There is a belief that alcohol makes people feel more at ease socially and this idea increases with age.

Access to alcohol for young people is deemed easy, with the majority accessing alcohol at home. Only 30% of young people manage to obtain alcohol in shops. The report finds that young people are increasingly turning to beer - average consumption of beer per year has risen from 9 litres in 1980 to 34 litres per head in 2007.

## Age of first drink in Australia

A study by researchers at Flinders University in Adelaide has found that most teenagers are having their first full drink of alcohol by the age of 15.

Dr Freeman, lead author and research officer with the National Centre for Education and Training on Addiction, said statistics had also shown that girls were starting to drink alcohol as early as boys because they were more independent than their parents or grandparents.

“Teenagers are also maturing earlier, have access to a wider range of alcohol products, more disposable income and less parental supervision”.

The research, gathered from data provided by 29,000 people in the 2004 National Drug Strategy Household Survey, found that while about 20% of boys were drinking at the age of 12, the figure had surged to 52% by the time they were 14 and 82% at 16. For girls, only about 8% reported drinking at 12, 57% at 14 and 85% at 16.

This research was presented at the Australasian professional Society on Alcohol and other Drugs Conference 2008. For more information visit <http://www.apsad2008.com>

## ‘Everyone Hates Drink Drivers’ – campaign Southern Australia



The Motor Accident Commission has launched a controversial campaign, which takes an uncompromising and resolute stance against Drink Drivers.

The website includes information on what is a standard drink, information about BAC and drink driving and the law.

To view the website visit [http://mac.sa.gov.au/drink\\_driving/home](http://mac.sa.gov.au/drink_driving/home)

## Counselling on alcohol key to teens' sexual health

When health care providers are talking with adolescents about sexual health, alcohol must be a part of the conversation, conclude two researchers from a UK based survey of boys' and girls' attitudes about sexual relationships.

"We must ensure that alcohol education is a key element of sex education and help young people to realise the vulnerability to sexual ill health alcohol abuse can create," commented Dr. Mark Hayter of the University of Sheffield in the UK, who conducted the research with Dr. Christina Harrison of Doncaster Primary Care Trust.

The researchers conducted 10 focus groups with 35 14 to 16-year-olds. The teens were attending a sexual health clinic based at a youth club serving a "socially deprived" area with a high rate of teen pregnancy. Five groups were all girls, and the rest were all boys.

Analysing responses to various scenarios, where boys accept they would use alcohol to make a girl more likely to engage in sex, the researchers conclude "helping young people to approach drinking sensibly should be a key element of sexual health promotion," given that alcohol and sex are "inextricably linked."

Source: *Journal of Clinical Nursing*, November 2008. Published 7 November 2008, doi:10.1136/bmj.a2155

## Effects of acute alcohol consumption on ratings of attractiveness of facial stimuli: evidence of long-term encoding

A strongly held popular belief is that alcohol increases the perceived attractiveness of members of the opposite sex. Despite this, there are no experimental data that investigate this possibility. A group of researchers therefore explored the relationship between acute alcohol consumption and ratings of attractiveness of facial stimuli. They investigated male and female participants (n = 84), using male and female facial stimuli, in order to investigate possible sex differences, and whether any effects of alcohol are selective for opposite-sex facial stimuli. They tested participants immediately following consumption of alcohol or placebo and one day later, in order to investigate whether any effects of alcohol persist beyond acute effects.

The study found that attractiveness ratings were higher in the alcohol compared to the placebo group (F[1,

80] = 4.35, P = 0.040), but there was no evidence that this differed between males and females or was selective for opposite-sex faces. We did not observe marked effects of alcohol on self-reported measures of mood, suggesting that the effects on ratings of attractiveness were not due simply to global hedonic effects or reporting biases.

The authors conclude that alcohol consumption increases ratings of attractiveness of facial stimuli, and this effect is not selective for opposite-sex faces. In addition, the effects of alcohol consumption on ratings of attractiveness persist for up to 24 h after consumption, but only in male participants when rating female (i.e. opposite-sex) faces.

Source: *Effects of Acute Alcohol Consumption on Ratings of Attractiveness of Facial Stimuli: Evidence of Long-Term Encoding Alcohol and Alcoholism* 2008 43(6):636-640; doi:10.1093/alcalc/agn065

## Alcohol consumption and alcohol counselling behaviour among US medical students

A cohort study of Medical students who graduated in 2003, drawn from 16 representative medical schools examined which factors affect alcohol counselling practices among medical students.

The study concludes that excessive drinking and binge drinking among US medical students is common, though somewhat less prevalent than among comparably aged adults in the US general population. Few students usually discussed alcohol use with patients,

but greater training and confidence about alcohol counselling predicted both practising and believing in the relevance of alcohol counselling. The authors suggest that Medical schools should consider routinely training students to screen and counsel patients for alcohol misuse and consider discouraging excessive drinking.

A fuller report is available from [http://www.bmj.com/cgi/content/full/337/nov07\\_1/a2155](http://www.bmj.com/cgi/content/full/337/nov07_1/a2155)

## Families, friends, schools and neighbourhoods influence adolescent alcohol misuse

Characteristics present in the four social environments in which young people live—families, peers, schools, and neighbourhoods—contribute both positively and negatively to whether teens misuse alcohol, with risk from one area possibly being magnified or decreased by attributes of another, according to a new longitudinal study conducted by researchers at the University of North Carolina at Chapel Hill, the University of California at Davis, and the University of California at Irvine.

The researchers used data from 6,544 teens ages 11 to 17 enrolled in three public school systems in North Carolina, surveying them every six months for a total of five times. The adolescents were in grades 6, 7, and 8 when they were first surveyed, and in grades 8, 9, and 10 at the end of the study. The study used information from the teens to measure their misuse of alcohol, including heavy drinking, and to gauge negative consequences

associated with drinking, such as getting into fights.

The study also collected information by telephone from parents of the teens and data from the U.S. Census. The information was used to describe the family, peer, school, and neighbourhood environments of the adolescents in four areas: whether they had role models who used alcohol; how close the teens were to others in their social environments; social constraints on alcohol misuse, such as parental supervision; and the stressors in each adolescent's social environment.

The researchers found that characteristics present in all four social environments played a role in whether teens misused alcohol. They also found that the adolescents generally were more likely to misuse alcohol the more they were exposed to alcohol use by others in their social environments.

Other characteristics of those environments tended to increase

or decrease the risk associated with alcohol misuse. For example, the risk for teens of being exposed to drinking by schoolmates weakened when parents supervised their children. On the other hand, the risk of exposure to drinking by schoolmates grew when there was conflict in the family and when more family members drank. These findings underscore the important role played by families in teens' use of alcohol, throughout adolescence.

*“Our findings affirm what social ecological theories suggest: Adolescents are embedded in a social world of family, friends, schoolmates, and neighbours, all of whom matter to adolescent development,”* according to Susan T. Ennett, associate professor of health behaviour and the study's lead author. *“Adolescent alcohol misuse is socially conditioned behaviour.”*

*Source: The study appears in the November/December 2008 issue of the journal Child Development.*

## College student drinking patterns during the first 4 years

Risky drinking is common among college students and is associated with negative consequences. To identify drinking trajectories in this group, researchers in Sweden examined Alcohol Use Disorders Identification Test (AUDIT) scores in a cohort of 359 students each year over their first 4 college years. Trajectories of students with risky drinking at college admission (AUDIT scores  $\geq 11$  for men and  $\geq 7$  for women) and a random sample of those with lower risk scores were

analysed. The prevalence of risky drinking at baseline was 27%.

- Over the 4-year assessment period, 16% of the students consistently reported risky drinking, and 13% increased consumption from lower risk to risky drinking.
- Among students with risky drinking at admission, 59% continued risky drinking over the study period.
- significantly, 41% reported a decrease in drinking.

- Among those with lower risk drinking at baseline, most continued lower risk drinking (83%).
- Gender differences influenced trajectories. Men were more likely to report consistent risky drinking, while women were more likely to report a decrease.

*Source: Johnsson KO, Leifman A, Berglund M. College students' drinking patterns: trajectories of AUDIT scores during the first four years at university. Eur Addict Res. 2008;14(1):11-18.*

## Parents comfortable with alcohol screening in pediatricians' offices

A recent study found that parents are surprisingly receptive to being screened for alcohol problems during a visit to their child's pediatrician, including those who have alcohol problems. Also, if they need help, many parents would look to their pediatrician for a referral.

**"This is a surprising and important finding,"** said lead author and pediatrician Celeste Wilson, MD, of Children's Hospital Boston and Harvard Medical School. **"It appears that in the context of their children receiving care by a trusted health care provider, parents are receptive to interventions that can ultimately keep their children safe"**.

Researchers surveyed three different pediatric primary care clinic sites, (two in Massachusetts and one in Vermont) in urban, suburban, and rural areas, to create a diverse socio-economic and racially mixed group of over one thousand study participants.

The parents or caregivers were given questionnaires (filled out anonymously) that screened for alcohol problems. The questionnaires also assessed their preferences for who should perform the alcohol screening, their acceptance of screening through the pediatrician's office, and preferred interventions if the screening indicated problems.

73% of participants did not have alcohol problems based on the screening indicated that they would be completely comfortable being screened by their child's

pediatrician, and were similarly receptive to being screened through a computer survey or by a paper and pencil survey. Many parents who were found to have alcohol problems based on being screened said they would also be completely comfortable with these methods (and 77% reported that they would welcome or not mind alcohol screening in general). 52% of parents with alcohol issues indicated they'd feel completely comfortable being screened by a pediatrician; 54% were comfortable with a computer survey, and 48% were comfortable with a paper survey.

The authors argue that the study provides insight into the preferences and attitudes of the subgroup of parents with a positive alcohol screen. Compared to other screening options, such as a nurse or another health professional, parents expressed a greater likelihood of being honest when screened by the pediatrician, a computer-based questionnaire or a paper-pencil questionnaire.

In terms of interventions, the parents who screened positive for alcohol problems said they preferred for the pediatrician to initiate further discussion about drinking and its effect on their child, to give educational materials about alcoholism, and to offer referrals for evaluation and treatment.

*Source: The study is published in the November issue of the journal Pediatrics.*

## 5th International Wine and Heart Summit July 15-18, 2009 Marcus Whitman Hotel, Walla Walla, Washington

For registration details visit [www.winesummit.com](http://www.winesummit.com)



**Wine & Health Lectures - Exploration in Wine Biology** including contributions from:

Tedd Golfinger (chairman)

Marvin Slepian, MD, University of Arizona College of Medicine\_Tucson, Arizona, USA

R Curtis Ellison, MD, Boston University School of Medicine, Boston, USA

Kevin R. Pogue, PhD, Section of Geology, Whitman College, Walla Walla, Washington

Roger Corder, MD, Wm Harvey Research Institute, London, United Kingdom

Serge C. Renaud, PhD, Bordeaux, France

Andrew Selwyn, MD, Harvard University School of Medicine, Boston

Morten Gronbaek, MD, PhD, Copenhagen,

Jeffrey B. Schwimmer, MD, University of California San Diego, San Diego, California

Arthur Klatsky, MD, Kaiser Permanente Medical Center, Oakland, California

Helena Coniber, Executive Director, AIM (Alcohol in Moderation) Digest, Bath, England, UK

W. Douglas Weaver, MD, FACC, President, American College of Cardiology, Chairman, Department of Cardiology, Henry Ford Hospital, Detroit, Michigan, USA

## Report finds extensive use of illicit alcohol

The consumption of illicit or noncommercial alcohol is widespread in many countries worldwide and contributes significantly to the global burden of disease, according to a new report released by the International Center for Alcohol Policies (ICAP). The report focuses on the use of noncommercial alcohol, defined as traditional beverages produced for home consumption or limited local trade and counterfeit or unregistered products, in three regions: sub-Saharan Africa, southern Asia, and central and eastern Europe.

The report, *Noncommercial Alcohol in Three Regions*, finds a significant portion of alcohol produced, sold, and consumed around the world is not reflected in official statistics. According to the World Health Organization (WHO), noncommercial drinks account for a significant portion of alcohol consumed in the three regions.

“The extensive use of noncommercial alcohol around the world has detrimental and far-reaching effects on consumers, government and the industry,” says Marcus Grant, President of ICAP. “In many countries, this largely illicit alcohol has harmful effects on society because of the lack of meaningful controls.”

Highlights from the report include:

In Ukraine, unrecorded or noncommercial alcohol consumption exceeds recorded alcohol consumption (10.5 vs. 6.09 per capita consumption in liters, respectively);

-Unrecorded alcohol consumption

also exceeds recorded alcohol consumption in many African countries, including Ethiopia, Ghana, Kenya, and Zimbabwe;

-In Sri Lanka, illicit alcohol has a far greater share of the market than legal alcohol (77% vs. 22%, respectively);

-Noncommercial alcohol accounts for nearly half (43%) of official alcohol sales in Belarus.

Despite the apparent displacement of some of its historical importance by the more commoditized drinks (e.g., Western beer, wine, and spirits), noncommercial alcohol continues to have a role in the religious, symbolic, social, psychological, and economic realms of life of the average African.

While the production of many noncommercial beverages meets high quality standards, the report finds that much of this category of alcohol may be contaminated and toxic. This tainted alcohol poses a serious threat to public health, particularly in developing and transition countries.

Also included in the report are nonbeverage alcohols derived from medicinal compounds, automobile products, and cosmetics. Nonbeverage alcohols, often used to increase alcohol concentration, are a relatively widespread phenomenon in some countries, particularly among problem drinkers in the lowest socioeconomic brackets.

The full report may be found at ICAP’s web site: <http://icap.org/Publication/ICAPReviews/tabid/158/Default.aspx>

## Beer and health publication

The conclusion of a new report, *The Effects of Moderate Beer Consumption*, published in November by Brewers of Europe states ‘A growing body of scientific research supports the view that moderate beer consumption can be part of an adult’s healthy lifestyle’.

The latest research was also the subject of a major European medical conference in Madrid on 4 November. The 5th European Beer & Health Symposium brought together leading medical and scientific experts from around Europe meeting to share the latest scientific evidence on the role that responsible beer drinking can play in a healthy diet and lifestyle.

The report, *The Effects of Moderate Beer Consumption*, is a digest of current scientific literature (142 scientific references) published. The report demonstrates a significant increase in the body of knowledge on the subject, and reinforces the view that drinking beer in moderation can be good for your health.

To access the report, please visit <http://www.brewersofeurope.org/asp/publications/publications.asp?cat=Publications>



# 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](http://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](mailto:Info@portmangroup.org.uk)  
website: [www.portman-group.org.uk](http://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](mailto:info@drinkawaretrust.org.uk)  
website: [www.drinkawaretrust.org.uk](http://www.drinkawaretrust.org.uk)  
[www.drinkaware.co.uk](http://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](http://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](mailto:jwitheridge@beerandpub.com)  
website: [www.beerandpub.com](http://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](mailto: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](mailto:info@wsta.co.uk)  
website: [www.wsta.co.uk](http://www.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](mailto:info@brewersofEurope.org)  
website: [www.brewersofEurope.org](http://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: [fbvs.bfvfg@skynet.be](mailto:fbvs.bfvfg@skynet.be)

Enterprise et Prevention  
13, Rue Monsigny, 75002 Paris, France  
Tel: 00-33-53-43-80-75  
email: [enterprev@wanadoo.fr](mailto:enterprev@wanadoo.fr)  
website: [www.soifdevivre.com](http://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](mailto:ireb@ireb.com) website: [www.ireb.com](http://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](mailto:oiv@oiv.int) website: [www.oiv.int](http://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](mailto:info@STIVA.nl)  
website: [www.stiva.nl](http://www.stiva.nl)

Fundacion Alcohol Y Sociedad  
C/ Argensola nº 2, 2º Izq.. 28004 Madrid  
Tel: + 34 91 745 08 44 Fax: + 34 91 561 8955  
email: [secretaria@alcoholysociedad.org](mailto:secretaria@alcoholysociedad.org)  
website: [www.alcoholysociedad.org](http://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](mailto:smab@org)  
website: [www.smabnordic.com](http://www.smabnordic.com)

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](mailto:fradera@deutscheweinakademie.de)  
website: [www.deutscheweinakademie.de](http://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, Kanonbaadsvej 8, DK-1437  
København K, Denmark Tel: 33 13 93 83  
Fax: 33 13 03 84 email: [info@goda.dk](mailto:info@goda.dk)  
website: [www.goda.dk](http://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](mailto:fivs.ass@wanadoo.fr)  
website: [www.fivs.org](http://www.fivs.org)

EFRD The European Forum for Responsible Drinking  
Rue Belliard, 12, bte 5, B -1040 Bruxelles  
T: + 32.2.505.60.72  
F: + 32.2.502.69.71  
website: [www.efrd.org](http://www.efrd.org)  
[www.responsibledrinking.eu](http://www.responsibledrinking.eu)  
[www.marketresponsibly.eu](http://www.marketresponsibly.eu)

### 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](http://www.meas.ie)  
[www.drinkaware.ie](http://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](mailto: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](mailto:kava@acsh.org) website: [www.acsh.org](http://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](mailto:info@beerinstitute.org)  
website: [www.beerinstitute.org](http://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](http://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](mailto:vinsalud@genes.bio.puc.cl)

Éduc' Alcoo  
606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9  
Canada Tel: (514) 875-7454  
email: [hsacy@educalcoo.qc.ca](mailto:hsacy@educalcoo.qc.ca)  
website: [www.educalcoo.qc.ca](http://www.educalcoo.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](mailto:iybarra@fisac.org.mx)  
website: [www.alcoholinformate.org.mx](http://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@traffinjuryresearch.com](mailto:barbarak@traffinjuryresearch.com)  
website: [www.traffinjuryresearch.com](http://www.traffinjuryresearch.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](http://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](mailto:washde@centurycouncil.org)  
website: [www.centurycouncil.org](http://www.centurycouncil.org)

California Association Of Winegrape Growers  
601 University Avenue, Suite 135 Sacramento, CA  
95825 email: [karen@cawg.org](mailto:karen@cawg.org)  
website: [www.cawg.org](http://www.cawg.org)

Lodi-Woodridge Winegrape Commission  
2545 West Turner Road Lodi, CA 95242 USA  
email: [mark@lodiwine.com](mailto:mark@lodiwine.com)  
website: [www.lodiwine.com](http://www.lodiwine.com)

Oldways Preservation & Exchange Trust  
266 Beacon Street Boston, MA 02116 617.421.5500  
Fax: 617.421.5511 website: [www.oldwayspt.org](http://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](http://www.awri.com.au)