

Does alcohol and sport sponsorship go together?

The UK Portman Group organised an interesting debate in December on Alcohol and Sport, entitled 'Booze, Balls and Boundaries: commentaries on alcohol and sport'. The gist of the debate was a verdict by those involved in sport that, in contrast to other icons from TV or the pop world, they are a good model of sobriety. For to be a top sportsperson, you need to be fit and would only drink in moderation. They did not see alcohol sponsorship of teams or clubs as a bad example to the young and felt the any encouragement of sports from grass roots level can only lead to good in an increasingly 'couch potato' society.

On cue with this message, Carling, the UK's biggest selling lager, launched a unique TV advertising campaign to promote sensible drinking. The campaign on Scottish TV channels in December, unites Old Firm Football Managers Alex McLeish and Martin O'Neill to deliver a stay sober but have fun message to Scottish drinkers. Mark Hunter, of Carling's parent company Coors Brewers Limited commented: "We at Carling are proud to use the scale of our brand and our unique position as Old Firm sponsors to help drive home the responsible



drinking message in this high profile way and are delighted with the co-operation we have received from the clubs." The ads feature the men in a lively bar setting. O'Neill advises drinkers to '...try not to hit the bar too often', whilst McLeish says 'if you're going to chat someone up, it helps if you can speak'. Both ads end with the message from Carling 'Enjoy your night. Take it Easy'.

Alex McLeish said: "As manager of Rangers Football Club, I am keen to promote sensible drinking and was delighted to be able to participate in this campaign to help deliver this important message". Carling worked closely with the Scottish Health Executive and Alcohol Focus Scotland to ensure that their ads complement existing campaigns and supports the Scottish Alcohol Strategy. Interestingly the personalities were not paid.

Deputy Minister for Health Tom McCabe said: "Changing cultures surrounding drinking is a key aim of the Executive's Plan for Action on alcohol problems, published in January 2002. The Plan sets out a range of action to reduce alcohol-related harm, but makes clear that changing Scotland's long standing drinking patterns cannot be achieved by the Executive alone. It requires a concerted effort from a range of bodies including the drinks industry, and the campaign...is exactly the kind of initiative we want to encourage."

Finding role models for predominantly male binge drinkers is not an easy task, encouraging prominent sports personalities to promote moderation makes sense.

Contents

The Importance of Diet in Conjunction with Wine Consumption

by Creina S Stockley Page 4

Beer, Silicon & Bone Density

by Professor Jonathan Powell Page 5

Do People Drink More If they Develop Coronary Disease

by Dr Arthur Klatsky Page 6

Drink Pocket Book 2004 review

Page 8

Alcohol & Your Child - Fact Sheet

Diageo Corporate Citizenship Report

The Benefits of Moderate Beer Consumption

Page 9

Wine Report 2004

by Tom Stevenson

AIM Profile-Tedd M Goldfinger DO, FACC

Page 10

EU Smoking Ban in Public

Page 10

Volume 13 No.1
January/ February
2004

AIM Digest
PO Box 2282
BATH, BAI 2QY, UK
Tel: (44) (0)1225 471444
Fax: (44) (0)1225 427444
e-mail: info@Aim-Digest.com
Web sites: www.aim-digest.com
www.drinkingandyou.com

Annual Subscriptions to AIM

Single subscription to AIM Digest on-line (published bi-monthly) £100 or \$175
 Corporate subscription level of £500 or \$875 for AIM Digest on-line and the monthly highlights.

Please make cheques/drafts in British pounds sterling or dollars payable to **AIM Digest** at the above address or email via: Sherry.Webster@Aim-Digest.com

Peter Duff – Executive Chairman,
 tel: (44) (0)1225 471444
 email: Peter.Duff@Aim-Digest.com

Helena Conibear – Editorial Director,
 tel: (44) (0)1300 341305
 email: Helena.Conibear@Aim-Digest.com

Elisabeth Holmgren – Director US operations
 tel: 001 925 9343226
 email: Elisabeth.Holmgren@Aim-Digest.com

Sherry Webster – Communications Manager
 tel: (44) (0)1225 471444
 email: Sherry.Webster@Aim-Digest.com

Alison Rees - Publishing Assistant
 email: AIM-alison@btconnect.com

SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

Peter Duff – Chairman
 Helena Conibear -Editorial Director
 Elisabeth Holmgren - Director US
 Dr. David Bond
 Francois Booyse PhD
 Morris Chafetz, MD
 Prof. R Curtis Ellison
 Harvey Finkel M.D.
 Tedd Goldfinger DO, FACC
 Prof. Dwight B Heath
 Arthur Klatsky M.D.
 Alfred de Lorimer M.D.
 Prof. Oliver James
 Christopher Jarnvall
 Dr. Philip Norrie, MB BS
 Prof. Jean-Marc Orgogozo
 Stanton Peele PhD
 Harvey Posert
 Dr. Erik Skovenborg
 Creina S. Stockley
 Dr. Thomas Stuttaford
 Dr. Elizabeth Whelan

UK
UK
USA
Canada
USA
UK
Sweden
Australia
France
USA
USA
Denmark
Australia
UK
USA

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, BAI 2QY, UK

Australia

An Australian government report in December found 31,133 people died from alcohol abuse between 1990 and 2001. The report found there was an “alarming” increase from 1% to 9% in liquor drinking by teenage girls because of advertising images and pre-mixed drinks. Imparja, the central Australian television station, which reaches a wide and often remote Aboriginal audience, is to screen liquor advertising for the first time. Alcohol abuse is a politically sensitive issue among Aboriginal communities and in the nation as a whole. Imparja chief executive Alistair Feehan said liquor advertising would be vetted and 30% of the income would be spent on abuse programmes in communities.

Sweden

The prospect of tax cuts for alcohol sold in Sweden were dealt a blow yesterday, despite a similar move in Denmark, when Prime Minister Goran Persson said neither alcohol market deregulation, nor alcohol excise duty reduction will be carried out in the country in the coming years. The Swedish press said that Persson considers it a detrimental move for the country to privatise either the state-owned drinks producer Vin & Spirit or alcohol retailing monopoly Systembolaget. The Swedish government considers it its role to keep a strong control over the consumption of alcohol in the country. Persson fears that privatisation of the drinks companies would lead to an aggressive marketing environment and increased consumption. Sales at the Swedish state-owned alcohol retailing monopoly Systembolaget have been hit by Denmark’s decision to cut its alcohol excise duties. According to reports in the local press sales in the company’s southern operations fell by 17.2% year-on-year in October 2003. Denmark cut its alcohol excise duties by 47% on October 1, 2003.

Algeria

Imports of alcoholic beverages into Algeria will soon be banned. The upper house of the country’s parliament

approved the 2004 budget, which includes an amendment to outlaw alcohol imports, starting on 1 January 2004. Islamic parties in Algeria would like to ban the sale of alcohol altogether. Abdelatif Benachenhou, Finance Minister warned at the time the amendment is likely to affect the country’s hotels and restaurants and increase the already booming trade in contraband.

EU

European Commissioner, President Romano Prodi has reassured media groups that he will not be taking a heavy-handed approach to alcohol advertising. Some feared the Commission would try to block all advertising of alcoholic drinks, having already cracked down on tobacco promotions. Prodi told a delegation of European publishers he had no intention of introducing a ban on alcohol advertising.

UK

The Queen’s Speech in November announced National ID cards for the UK. This is seen as important by the trade in stamping out underage drinking, currently one of the problems being scrutinised by the Prime Minister’s Strategy Unit on Alcohol Harm Reduction.

Quentin Rappoport, WSA director, said: “We have been calling for a nationally-recognised identity card for many years and are delighted to see that the draft Bill will be put before Parliament in the next session. The drinks industry sees ID cards as a crucial part of solving the problem of alcohol misuse as, despite increased retailer training and industry-led voluntary proof of age schemes, too many under-18s still manage to buy alcohol. A simple system of ‘no ID card, no sale’ will virtually solve the problem overnight.” ID cards are one of several measures put forward by the WSA to the Strategy Unit for tackling alcohol misuse. advertising code for alcoholic drinks. See report on page 3.

Health Warning on Beer Bottles

A UK Brewer, Cains Brewery, which sells 120 million pints a year, will stamp its products with warnings on bingeing, drink driving & other health concerns. It will be first in Britain to do so. The label will read; 'Alcohol advice: Robert Cain supports responsible drinking. Excessive drinking can cause harm. Observe the daily guidelines for sensible drinking. Do not drink and drive.' The company will also show how many units of alcohol each bottle contains. Brewery boss Sudarghara Dusanj said: "We don't think the heavy drinking culture can be turned around overnight. But we think it's important that the industry takes positive action about it."

New Zealand/Australian advertising code

The New Zealand government is looking into the possibility of a single code for liquor advertising between New Zealand and Australia. The Liquor Advisory Council, on behalf of the Ministry of Health, will investigate the move.

The decision has been welcomed by the Association of New Zealand Advertisers (ANZA), an organisation which represents advertisers involved in the beer, wine and spirits sides of the alcohol industry. ANZA executive director Jeremy Irwin told the Herald: "An eventual transtasman liquor advertising regime would offer some real benefits to sectors of the liquor industry."

The association plans to promote the current self-regulatory liquor advertising structure to the Liquor Advisory Council. Australia also operates a self-regulatory advertising code for liquor. According to Irwin, both country's codes are quite similar. Nicki Stewart, Chief Executive of the NZBWSC - We welcome the opportunity to work towards harmonisation in alcohol advertising with Australia. New Zealand has a good self regulatory system in place and has just completed a successful alcohol advertising review. Our advertising code for alcohol works well and we look forward to the harmonisation discussions.

UK: WSA sets out alcohol harm reduction proposals

In response to a government interim report on alcohol harm reduction, the Wine and Spirit Association (WSA) has released its own recommendations. The WSA argues against any suggestion that alcohol advertising should be banned, pointing out that the French attempt via the Loi Evin, in place for ten years now, to control alcohol consumption by banning alcohol advertising has failed to produce results: alcohol consumption has not fallen since the ban was in place. The association also points out that beer and spirits, which are heavily marketed and advertised, are not improving sales. Sales of wine, which sees comparatively little advertising, are growing rapidly. The WSA also warned that high tax rather than being a deterrent to misuse, actually helps to fuel the problem via cheap smuggled alcohol getting into the hands of underage drinkers.

The WSA has produced its own plan for how the drinks industry and the government can work together to change the country's drinking culture. The WSA wants to create a more Mediterranean approach to drinking; one where people enjoy moderate but regular consumption and public drunkenness is frowned upon. Other recommendations include the introduction of a national identity card scheme, the active promotion of sensible drinking (following on from anti-drink driving adverts) and tightening up the application of the ITC advertising code. Other suggestions include encouraging voluntary unit labelling on drinks, voluntary sensible drinking messages on alcohol advertising and finally conducting research into influences upon drinking behaviour and use the findings to inform education and communication programmes. WSA chairman Quentin Rappoport said: "The industry recognises that there is a significant problem of alcohol misuse in this country. A joined-up approach is required from Government, industry and the professions to bring about a change of culture, but we firmly believe that this is achievable in the long term".

French Government Makes Road Safety a Priority

The French government reports that road deaths fell by over 20% in 2003 due to a government campaign fighting drunk driving. However, as highway fatalities remain the highest in Europe, French authorities want to continue with initiatives asking motorists to refrain from drinking.

The wine industry has been concerned about the sharp sales drops in restaurants saying that these campaigns unnecessarily scare consumers. An industry group is initiating a \$ 350,000 initiative to educate motorists to not necessarily abstain to be within the .05BAC level required by French law. Through this initiative alcohol, breath tests have been distributed to restaurants across France.

The Bordeaux wine council decided to react to falling sales in restaurants and this has had a domino effect throughout the industry. Bordeaux is currently running a campaign designed to stop falling sales of wine in restaurants by issuing 'doggy bags' so that people can take their unfinished bottle of wine home. The Alsace wine council has decided to follow suit and other regions will follow suit over the coming months.

US Dates for your Diary

AIM will be holding two review meetings to debate important current alcohol related issues in Washington D.C and Napa. The meetings will commence at 9.30am and will end with a light lunch.

Tuesday March 23 2004 at the Stag's Leap Wine Cellars , 5766 Silverado Trail, Napa, California 94558 AIM wishes to thank Warren Winiarski for hosting this event.

Tuesday March 30, 2004 at the International Center for Alcohol Policies, 1519 New Hampshire Avenue, NW, Washington DC 20036 AIM wishes to thank Marcus Grant for hosting this event. Please contact Sherry.Webster@aim-digest.com

The Importance of Diet in Conjunction with Wine Consumption

by Creina S. Stockley, Health and Regulatory Information Manager, The Australian Wine Research

Institute



A recent paper in the *New England Journal of Medicine* concluded that “greater adherence to the traditional Mediterranean diet is associated with a significant reduction in total mortality” (Trichopoulou et al. 2003). This conclusion is supported by a 30 year follow-up study in seven countries, which considered the association between diet and cardiovascular disease and cancer (Farchi et al. 1992, 2000). Beneficial components of a Mediterranean-style diet include the daily consumption of fruits and vegetables, which typically contain a high concentration of phenolic compounds, and are associated with a reduced risk of cardiovascular disease (Grundy 1986, Block 1992, Block et al. 1992, Ames et al. 1993, Hertog et al. 1993, Kinsella et al. 1993, Halliwell et al. 1995, Willett et al. 1995, Renaud 1996, Ness and Powles 1997). Cardiovascular disease accounted for 40 % of all deaths in Australia in 1998.

Traditionally, wine has also been considered a component of a Mediterranean-style diet (Farchi et al. 2000). Moderate wine consumption as an integral part of any daily diet has become increasingly important. This is apparent from many of the clinical studies that have been undertaken on the effects of wine and the wine-derived phenolic compounds on the risk of developing or dying from cardiovascular disease. This is also exemplified in an epidemiological study assessing the geographical distribution of cardiovascular disease in Spain, one of the 18 Mediterranean countries. A higher rate of cardiovascular disease was observed in those Spanish regions which consumed less wine, despite having, overall, a Mediterranean-style diet; the general rate of cardiovascular disease was, however, still less than that of countries consuming a higher fat and lower phenolic compound diet, such as the USA (Rodriguez Artalejo et al. 1996). The amount of wine associated with a reduced risk of cardiovascular disease is generally

considered as two to four glasses of wine containing 10 g of ethanol per day (Jackson et al. 1992, Palomaki and Kaste 1993).

Indeed, the moderate consumption of wine has been observed to supplement the cardioprotective effects of an already high phenolic diet, and more importantly, to counter the harmful effects of a high fat diet on blood clotting, endothelial function and lipid oxidation, which contribute to the development of cardiovascular disease (Leighton et al. 1999, Curveas et al. 2000, Mezzano et al. 2001, Mansvelt et al. 2002). Furthermore, it has been observed that when subjects are on a low phenolic diet the regular consumption of red wine in the short-term is unable to improve endothelial function or prevent the oxidation of lipids such as LDL (Greenrod et al. unpublished data).

In addition, wine consumers have generally been observed to have fewer risk factors for cardiovascular disease compared with beer and spirits consumers (Klatsky et al. 1990, Klatsky and Armstrong 1993, Gronbaek et al. 2000, Jensen et al. 2002). This is reflected in an approximately 25 to 35% lower risk of cardiovascular disease for wine consumers compared to consumers of beer and spirits, respectively (Klatsky 2003), which is purportedly related to diet, alcohol consumption patterns and lifestyle characteristics. For example, wine consumers generally consume a Mediterranean-style diet (Tjonneland et al. 1999) where wine, in comparison to beer and spirits, is generally consumed with the food, slowly or over a longer period of time, which would attenuate a high blood alcohol concentration associated with cellular and tissue damage, prolong any acute and short-term antioxidative and blood clotting effects, and prevent any rebound effects of the ethanol components of the beverage (Klatsky 2003). These acute local effects on blood clotting are temporary and return to normal within 24 hours (Renaud et al. 1984, Renaud et al. 1992, Hendriks et al. 1994), as are the effects on free radical damage to DNA, which return to baseline or normal within eight hours (Fenech et al. 1997). The lowering effects of wine consumption on systolic blood pressure are also readily reversible; $\frac{3}{4}$ within seven to 14 days (Puddey et al. 1985).

If the antioxidative effects of the wine-derived phenolic compounds are dose dependent, then the daily consumption of wine would also be required for maintenance of an appropriate concentration in blood plasma and tissues. For example, approximately 10 $\mu\text{mol/L}$ of total phenolic compounds is required for significant antioxidative activity *in vitro* (Frankel et al. 1993).

Thus, the regular consumption of wine, which has been determined as daily, maintains the effects on blood clotting, systolic blood pressure (Klatsky et al. 1977, Gillman et al. 1995, Klatsky 1995) and DNA, as well as promoting any potential longer-term effects on the antioxidant capacity of plasma. It is therefore allied with maximal cardio- and cancer-protection (McElduff and Dobson 1997).

Conversely, binge drinking, which is considered to be the consumption of more than six standard drinks per drinking session, is seen to significantly increase systolic blood pressure, which significantly increases the risk of a heart attack or stroke (Hillbom and Kaste 1981, Kozarevic et al. 1983, Hillbom et al. 1984, Donahue et al. 1986, Suhonen et al. 1987, Renaud and Ruf 1996).

The typical diet of an Australian has evolved over the past 40 years from a diet higher in fats and lower in phenolic compounds (Noah and Trusswell 2003). In 2003, Australia's consumption of the primary components of a Mediterranean-style such as cereals, wheat, rice, maize, potato, pulses, olive oil, other vegetable oils, vegetables, fruits, wine, meats, animal fats, milk, milk products and fish, is now generally within the range of the 18 Mediterranean countries (Noah and Trusswell 2003), although our consumption of wine is generally a little less. Paradoxically our risk of cardiovascular disease generally remains greater, which suggests that cigarette smoking, lifestyle, obesity and genetic predisposition may also be important risk factors for cardiovascular disease.

For a list of references, please contact Helena.Conibear@aim-digest.com A full list of references will appear on the AIM Gateway in March.

Beer, Silicon & Bone Density

by Professor Jonathan Powell, King's College, London

The extract below is from a paper presented at the Beer and Health conference held in Brussels in November by the Brewers of Europe.

It has long been recognised that excessive consumption of alcoholic beverages negatively impacts upon bone health- as it does for most organs and for overall mortality. However, recent data indicate that moderate consumption of alcoholic beverages is positively associated with bone mineral density which is a marker of bone health.

Although a number of biochemical pathways have been described whereby ethanol per se may affect bone health, we have considered the impact of an additional component of alcoholic beverages- and especially beer- namely silicon. It has been argued for many years that silicon is an essential trace element although absolute evidence for its biological role in mammals still remains unproven: in particular biochemical/cellular sites of action remain unknown as do silicon transporters or responsive proteins. In plants and lower animals, however, substantial evidence is beginning to accumulate for silicon biochemistry while, in mammals (including humans), a series of experiments strongly suggest that silicon plays a vital role in bone health. In nature silicon exists almost exclusively bound to oxygen and in the body mostly as soluble silicate, termed orthosilicic acid. This is also the form of silicon that is absorbed from the diet.

Females ingest less than males and older individuals ingest less than younger ones. In the Western world about 20-50mg dietary silicon is ingested per person per day. Cereals are the major source of dietary silicon and beer is especially rich

in silicon with values, typically, of 20mg/L and varying from 10-40mg/L. Moreover, silicon occurs in beer in its well-absorbed and bioactive form (i.e. orthosilicic acid). Recent collaborative work with Brewing Research International (UK) indicates that 'hot mashing' during the brewing process is chiefly responsible for the release of soluble silicon from the cereal husks into the final beverage.

Professor Powell said: "Recent data indicate that moderate consumption of alcoholic beverages is positively associated with bone mineral density – a marker of bone health.

"One of the possible explanations for this benefit is the presence of silicon in beer. A series of experiments strongly suggest that silicon plays a vital role in bone health.

Cereals are the major source of dietary silicon and beer contains high levels in an easily absorbable form. 'Hot mashing' during the brewing process is chiefly responsible for the release of soluble silicon from the cereal husks into the final beverage.

Professor Powell was appointed as Head of MicroNutrient Research at the MRC Centre for Human Nutrition Research, Cambridge (UK) on Oct 1 2003. He was also appointed to a visiting Chair of Medicine at Kings College, London, where he retains a research group in gastroenterology and nutrition. His major research interests are the biology and biochemistry of silicon, the gastrointestinal absorption of iron and the absorption and immune-potentating activities of fine and ultrafine dietary particles. Diseases of interest are Crohn's Disease and osteoporosis.

Wine & Healthy Lifestyle

The Canadian Vintner Association has published a leaflet containing useful facts about the benefits of wine consumption in moderation. It discusses wine as part of a healthy lifestyle, moderate wine consumption and modern scientific research, wine and the benefits to health, the traditional healthy Mediterranean Diet Pyramid and lists naturally occurring compounds found only in wine that benefit health. It well-produced and is an easy and informative read - ideal to have on any bar, although it is for educational purposes only and the CVA emphasise they are not encouraging over-consumption of alcohol or drinking & driving.

Copies can be obtained from: Canadian Vintners Association, 440 Laurier Avenue West, Suite 200, Ottawa, Ontario K1R 7XG

Email: info@canadianvintners.com

Website: www.canadianvintners.com

US Labelling

US Consumer groups have lobbied government for the introduction of uniform advice labels on beer, wine and spirits. The National Consumers League, the Center for Science in the public interest and others petitioned the Alcohol and Tobacco Tax and Trade Bureau (TTB) to put advice labels on alcoholic beverage containers detailing "alcohol facts." such as alcohol content, serving size, amount of alcohol per serving, number of calories per serving, ingredients, the number of standard drinks per container, and US Dietary Guidelines' advice on moderate drinking for men and women.

Distilled Spirits Council president Peter H. Cressy, said: "The petition filed would require the addition of basic nutrition facts for beverage alcohol products. Some beverage alcohol products already have this information on their packaging." He added: "We look forward to providing our views to TTB during any rulemaking proceedings which may evolve."

Do People Drink More If They Develop Coronary Disease or Know About Medical Benefits of Alcohol? by Arthur Klatsky M.D.

Introduction

It is now clear that coronary heart disease (CHD) risk is lower among light-moderate alcohol drinkers than among abstainers. Consistency in observational studies plus plausible mechanisms for CHD protection by alcohol lead many scientists to accept a causal relationship (1-3). Media dissemination and advice by health professionals has made much of the public aware of benefits of light drinking. There is concern that such knowledge, perhaps especially in persons at CHD risk, might lead some to inappropriately start drinking or to become heavy drinkers (4-5). Except for anecdotal assertions, little data have been presented about this potential problem. A recent study (6) examined this concern.

A 20 Year Follow-Up Study

Subjects were drawn from 63,422 white or black men and women who supplied alcohol drinking information in 1978-85 at voluntary health examinations offered to members of a prepaid health care plan and who remained members in 1999. An examination questionnaire included queries about alcohol intake, beverage choice, smoking, and coffee. Since the objective was to study light/moderate drinkers and abstainers, exdrinkers and heavy drinkers at baseline were excluded. Among lifelong abstainers and three light-moderate drinking groups, 3542 persons were later hospitalized for CHD; 400 of these were randomly selected as survey subjects. Several closely matched controls with no CHD were selected for each CHD subject.

A letter was sent in 2000 which included a copy of the 1978-85 questionnaire. Questionnaire data were returned by 247 CHD subjects and 567 controls (mean age = 70). Responders and nonresponders were similar in demographic traits and baseline habits. The average interval between original and repeat questionnaires was 19.8 years. Telephone interviews were granted by 187 CHD subjects and 382 non-CHD controls with no major demographic or habit differences. At interviews CHD history was confirmed and subjects were queried about the nature and reasons for changes in drinking. Subjects were also asked: "Have you heard of health benefits of light to moderate drinking?" and if "yes": "What benefits have you heard about?" Responses were coded as "medical - cardiovascular", "medical - non-cardiovascular", or "non-medical".

Few Start or Increase Drinking

On questionnaires 55/ 58 baseline non-drinking CHD subjects and 106/ 117 controls remained nondrinkers in 2000. Of those starting drinking, 1 reported drinking <once/month, 3 reported >once/month but <daily, and none reported daily drinking. Thus, 92% (161/175) of all nondrinkers remained abstainers 20 years later, and only 3 (1.7%) reported drinking > once/month. Among CHD subjects who were drinkers in 1978-85, 18% (34/189) became abstainers by 2000; identical to the proportion of controls that became nondrinkers (82/450). Table 1 shows case/control comparisons of questionnaire data; the only statistically significant difference ($p <$

0.05) was that a larger percentage of CHD subjects stopped smoking. Proportions of persons decreasing total drinking substantially outnumbered those increasing drinking (33% vs 15%; $p < 0.001$). Persons reporting decreased liquor or beer drinking outnumbered those reporting increases by $> 2/1$; for wine this ratio was $\sim 1.5/1$ ($p < 0.001$ for each type).

Coronary Disease Results in Decreased Drinking

At telephone interview both cases and controls were more likely than on written questionnaires to report reduced drinking with CHD subjects (52%) more likely than controls (41%) to so report ($p = 0.01$). This reduction by CHD subjects was substantially attributed to cardiovascular disease, diabetes or medication (Table 2). Nonmedical reasons for reduced drinking were similar in cases and controls (39% vs. 36%, $p = 0.6$). Reductions because of cardiovascular disease were reported by persons who previously drank one-two drinks/day (25% of cases vs. 7% of controls; $p = 0.003$) and those who previously drank <one drink/day (17.9% of cases vs. 2.4% of controls; $p < 0.001$). Only 6% of telephone interviewees (both CHD subjects and controls) reported increased drinking, fewer than on written questionnaires. Only 3 CHD subjects (and no controls) reported being told by their doctor to increase drinking.

Knowledge of Benefit

Most (81%) responders had heard of benefits of drinking, with men, white persons, college graduates and drinkers (both in 1978-85 and 2000) more likely to have heard. Benefit by

wine or red wine was specifically mentioned by 26%; none mentioned liquor or beer. Six CHD subjects and 6 controls stated health benefit as a reason for increased alcohol intake, with one of these 12 reporting >3 drinks/day in 2000. Of all 18 persons (7 CHD cases, 11 controls) reporting increased drinking to > 3 drinks per day in 2000, 13 had reported 1-2 per day and 5 less than daily drinking in 1978-85. Ten of these persons were interviewed; 9 had heard of alcohol's benefits.

Are CHD Patients Getting the Wrong Message?

Over 20 years these relatively elderly subjects were far more likely to reduce drinking or quit altogether than to increase intake. Only a few reported new heavy drinking; none of these had been abstainers. Even the substantial majority that had heard of medical benefit by alcohol were more likely to decrease than to increase intake over the years. It is noteworthy that persons who had heard of benefit in 2000 were more likely to drink both in 1978-85 and in 2000. It is doubtful that many heard of benefit before 1985; a more likely explanation is that persons are more likely to be receptive to information that is self-serving.

The fact that subjects reported more reduced drinking at telephone interviews than on written questionnaires may reflect a greater tendency to underestimate drinking at interviews. But the latitude of the questionnaire categories allows for changed intake within the categories. E.g., "—less than daily" or "one-two drinks per day" each covers an intake range. Clearly, the interview data show that a CHD diagnosis leads to reduced drinking by some persons.

The subjects who reduced intake because of CHD or medications were largely established light drinkers at little risk of alcohol-related problems. In CHD patients light drinking has been associated with reduced mortality and heart failure risk (7) and very light drinkers who modestly increase intake may lower risk of cardiovascular disease (8). It is thus probable that some CHD patients incurred increased risk by reducing or stopping light drinking.

Heavy drinking should always be avoided and alcohol should be avoided in combination with other central nervous system depressants or with drugs having an antabuse-like effect. It is difficult to assess the common injunction to stop light drinking because of potential medication interactions. One review (9) states "most studies assessing alcohol-medication interactions focus on the effects of chronic heavy drinking" and therefore practitioners must "infer potential medication interactions at moderate drinking levels based on observations made with heavy drinkers". If followed strictly, this inference precludes any drinking by a vast number of older persons taking medications that might potentially interact with alcohol. This under-explored area needs study.

The study subjects were mostly elderly and did not represent a cross-section of the population. Nonresponders possibly included disproportionate numbers both of new heavy drinkers and of very disabled persons likely to be new abstainers (e.g., persons in chronic care facilities). Despite these limitations the data are relevant for

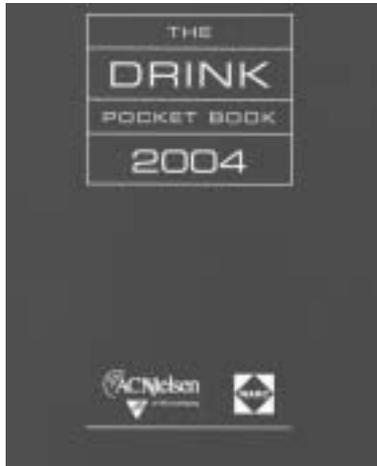
practitioners who advise CHD patients or persons at high CHD risk. Problem drinking seems an unlikely result of knowledge about benefit of light/moderate intake.

Arthur L. Klatsky, MD Division of Cardiology, Department of Medicine and Division of Research Kaiser Permanente Medical Care Program, Oakland CA. He is also a valued member of the AIM Social, Scientific and Medical Council.

REFERENCES

1. Fagrell B, DeFaire U, Bondy S, Gronbaek M et al. The effects of light to moderate drinking on cardiovascular diseases. *J Intern Med* 1999; 246:331-340.
2. Rimm E, Klatsky AL, Grobbee D, Stampfer MJ. Review of moderate alcohol consumption and reduced risk of coronary heart disease: Is the effect due to beer, wine, or spirits? *British Medical Journal* 1996;312:731-736.
3. Klatsky, AL. Drink to your health? *Scientific American* 2003;288:74-81.
4. Casswell S. Public discourse on benefits of moderation: implications for alcohol policy development. *Addiction* 1993;88:459-465.
5. Harrison P. Royal College debates whether MDs should promote moderate consumption of alcohol. *CMAJ* 1998;159:1289-1290.
6. Klatsky AL, Armstrong MA, Landy C, Udaltsova N. The Effect of Coronary Disease on Changes in Drinking in an Older Population. *Alcohol Research* 2003. In Press.
7. Klatsky AL. Should patients with heart disease drink alcohol? *JAMA* 2001;285: 2004-2006.
8. Sesso HD, Stampfer MJ, Rosner B, Hennekens CH, Manson JE, Gaziano JM. Seven-year changes in alcohol consumption and subsequent risk of cardiovascular disease in men. *Archives of Internal Medicine* 2000;25:2605-2612.
9. Weathermon R, Crabb DW. Alcohol and medication interactions. *Alcohol Research and Health* 1999;23:40-54.

Drink Pocket Book 2004



The World Advertising Research Center has published its Drink Pocket Book (DPB) 2004. In 224 pages it comprehensively provides a mine of information on UK trends. The sections range from UK economic and demographic data, market summaries, beer, spirits, cider and wine, total value of the market, outlets, excise duty, and market share. New this year is an expanded section on soft drinks and drink-driving. The DPB contains a dual perspective of the industry, using retail data to monitor market performance and a Consumer Panel to provide insights into shopping habits and behaviour. David Glennon, Marketing Manager of AC Nielsen in his foreword said: "Real incomes and consumer spending continue to grow, so not surprisingly these 'feel good' factors have had a positive effect on the UK drinks market. Both the On and Off trade have benefited from a period of growth." The hot weather increased the popularity of BBQs, to the detriment of On-trade establishments, especially night clubs. "The new licensing act of July 2003 is set to relax opening hours and potentially transform the way we consume alcohol in England & Wales." Glennon said. Consumption of beer was up in the UK and USA in 2001, but sales of wine were slightly down in the US, and sales of spirits down in both. The vast accumulation of data in a book which is only pocket size is a

remarkable achievement, essential reading for anyone who needs to understand the maze of the drinks industry.

NTC Publications PO Box 69, Henley-on-Thames, Oxfordshire RG9 1GB, UK. Tel: +44 (0)1914110000 Email: info@ntc.co.uk.

Alcohol & Your Child: a fact sheet

Life Education Centres (LEC) is an international drug prevention and health education charity for children. Their aim is to provide children aged 3-13 with the skills, self-confidence and knowledge, to enable them to make healthy choices for their future, in particular the avoidance of substance abuse. They provide unique extra curriculum education, through a mobile classroom with specialist Educators.



With the aid of Harold the Giraffe, LEC Dorset is providing an innovative community solution and response to a community problem, by working closely with teachers, Drug Action Teams, Drug Reference Action Groups, Health Services and the Police.

Figures show that 31% of 11-12 year old boys surveyed have had at least one alcoholic drink in the past week. "Alcohol is probably the most socially acceptable drug, but it can also cause much social and physical damage." say LEC.

LEC have released a fact sheet on Alcohol and Your Child, the fourth in a series specially designed to support drug prevention in homes. Topics covered in the fact sheet include; alcohol and the mind, alcohol and the body, alcohol and the family, tips on dealing with stress, & other useful information and addresses.

Life Education Centres, 1st Floor, 53-56 Sutton St, London, EC1V 0DG Tel: 0171-490 3210

Diageo Releases Corporate Citizenship Report 2003

Diageo, the world's biggest premium drinks business including brands such as Smirnoff, Johnny Walker, Guinness, Baileys, J&B, Captain Morgan and Cuervo, has released its first full corporate citizenship report. Operating in some 180 countries around the world, Diageo's turnover was £9,440m in 2003. It has 3,914 employees in North America, 11,625 in Europe and 2,681 in Asia Pacific.

Corporate citizenship is described as 'the ways in which our business and products interact with society and the natural world, and encompass the balance between acting responsibly and the right to trade freely.... we focus our efforts particularly on social responsibility' The foreword to the report states: "It is common knowledge that, treated irresponsibly, alcohol products can lead to a range of health and social problems. That's why, as the world's leading premium drinks business, we have made social responsibility and alcohol a primary focus. We also strive to play a positive role in the well-being of the communities of which we are a part."

In 2002, Diageo announced that it had signed up to the nine principles of the UN Global Compact, the first global drinks company to do so - as a public commitment to leadership in social and environmental responsibility. These incorporate human rights, strict labour standards and embracing environmental responsibility. Diageo state "Through the tax and duties we pay, the returns we create for shareholders, the employment we provide and the suppliers and other business partners we support, we contribute significantly to the markets in which we operate and to the world economy". 1% of Diageo's operating profit is spent on community investment.

Diageo plc 8 Henrietta Place, London, W1G 0NB Tel: 020 7927 5200 Website: www.diageo.com

The Benefits of Moderate Beer Consumption

The Brewers of Europe 2002

This slim pamphlet slips down like a good pint of beer. It is a bright, well-designed booklet that is accessible and informative. Compiled by The Brewers of Europe, after seminar on consumption & health in 1999 & a further symposium in 2001, it summarises the current state of knowledge on the beneficial effects associated with moderate consumption of alcohol – particularly beer.

The symposium concluded that 'beer played a part, along with other alcoholic drinks, in reducing the risk of heart disease', and that there was 'preliminary evidence of the benefits of beer consumption, which may be different from those of other drinks, which warranted more detailed investigation'. The pamphlet lists exciting new results and ideas from recent research.

The main points of the booklet include; moderate consumption of alcoholic drinks can be good for your heart (Interestingly, beer is just as good as wine at protecting the heart. 'It is the alcohol that is having the protective effect and no individual type of drink can claim the monopoly.' The American Heart Association has advised that 'There is no

clear evidence that wine is more beneficial than other forms of alcoholic drink.');

the effect of lifestyle ('When other factors such as lifestyle are taken into account moderate alcohol consumption alone has been shown to give a 17% reduction in risk of cardiovascular disease.');

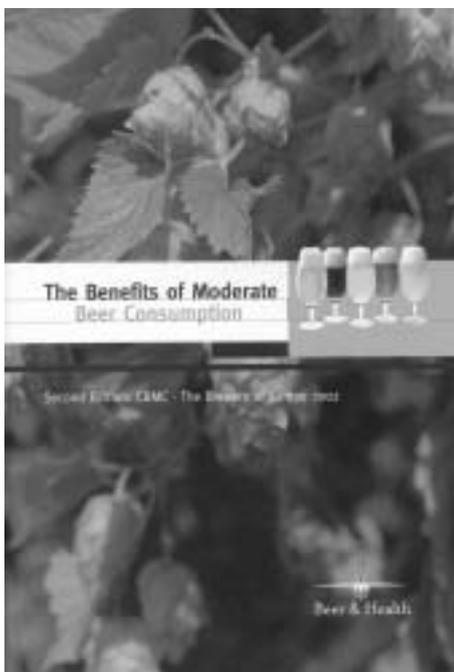
other beneficial effects from moderate consumption of alcoholic drinks - reduced risk of Diabetes, gallstones, osteoporosis, stress, tension and senile dementia, also positive psychological benefits; beer can make a positive contribution to a healthy diet – it can provide essential vitamins and minerals, i.e. B12 (essential for vegetarians). Beer also contains natural antioxidants, beer contains more than twice as many antioxidants as white wine, although only half the amount in red wine. However, many of the antioxidants in red wine are large molecules and may be less readily absorbed by the body than the smaller molecules found in beer.'

Another surprising fact revealed in the booklet is that drinking beer in moderation does not make you fat 'provided that is part of a balanced diet and consumed in moderation with meals.'

The booklet emphasises the importance of drinking in moderation. It is careful not to encourage alcohol misuse. Dr. Skovenberg, at the symposium on beer & health, defined moderation as: 'To drink moderately is to drink within the limits set by your health, the society in which you live and your obligations towards your family and friends.'

A useful and refreshing guide on the benefits of moderate drinking.

For a copy, please contact The Brewers of Europe via www.cbmc.org email: info@cbmc.org



Wine Report 2004 by Tom Stevenson

This pocket-sized companion to the world of wine is an indispensable guide. Written by a 40 strong team of specialists covering every wine region, this comprehensive volume is edited by Tom Stevenson, the author of *The New Sotheby's Wine Encyclopaedia*. 'Each year, *Wine Report* provides a one-stop update to what has happened in the world of wine during the previous 12 months', says Stevenson. It is the essential reference for the wine lover everywhere.

Special features in this edition include Wine & Health, written by Beverley Blanning M.W. The chapter is concise and informative. She talks of the 'J Curve' - the relationship between light and moderate drinking and longevity. She points out that alcohol in any form accounts for 50 per cent of the beneficial effects concerning heart health, wine has higher level of antioxidants, and reduces cholesterol. Of particular interest to AIM readers would be the list of wine health benefits, hypes, health dangers & myths. An informed and reliable briefing on the wine world. If you want your finger of the pulse of viniculture then this is for you. *Wine Report 2004 Doring Kindersley* £9.99 ISBN#0-7513-4778-7

Alcoholics Not To Sue

Solicitors have poured water on a report that 12 alcoholics in Scotland are making plans to sue the alcohol industry for not warning them of the dangers of becoming addicted. A senior partner at Ross Harper, Cameron Fife, said Ross Harper was contacted by people about a claim on these grounds and that Ross Harper advised against such a claim. "The drinks companies would have put up a very robust defence," he continued, "it was simply an enquiry into making a claim". In contrast, a lawsuit has been filed against many US producers by a US plastic surgeon and the lawyers Strauss and Boies saying they have knowingly aimed their products at underage drinkers

Tedd M. Goldfinger DO, FACC, FCCP



Dr. Tedd Goldfinger is a clinical assistant professor of medicine at the University of Arizona School of Medicine, Tucson, Arizona, and senior cardiologist, and president, of Desert Cardiology of Tucson Heart Center, a multi-disciplinary clinical cardiology medical group serving southern Arizona. He is a graduate of the College of Osteopathic Medicine & Surgery (IA), and has completed post graduate training in internal medicine and cardiovascular disease at the US PHS Hospital-New York, Geisinger Medical Center-PA, and University of New Mexico School of Medicine. He has served as a commissioned officer of the US Public Health Service before entering clinical practice.

Dr. Goldfinger is president of the Desert Heart Foundation, a non-profit medical foundation for research and education, and is the director of its' Wine & Heart Health Research Initiative. The Wine & Heart Health Research Initiative, under Dr. Goldfinger's direction, has organized a preeminent consultant board including leading cardiovascular scientists and physicians. The W&HHRI consulting board includes other AIM board members including Dr.s Arthur Kaltsky , R. Curtis Ellison, and Alfred de Lorimer as well as international notables including Prof. Serge

Renaud (Bordeaux) and Prof. John Deanfield (London, UK). The board includes distinguished physician winemakers including Justin Ardill, MD (Au), Thomas Fogarty, MD (USA), and others.

Dr. Goldfinger has chaired the 1st and 2nd International Wine & Heart Health Summit in the Napa Valley, a premier venue for international scientific cooperation and presentation of wine and cardiovascular health issues. He is a recognized international speaker and authority on the effects of wine and alcohol among persons with cardiovascular disease. He is the lead investigator of the WICS (Wine in Cardiovascular Subsets) research project, through which he has studied and reported upon cardiovascular effects of wine and alcohol among subjects with cardiovascular disease by observational and interventional methods.

Through his personal and professional efforts, Dr. Goldfinger has been a leader in organizing physicians and the wine industry, toward cooperative efforts in research, education and wine appreciation.

AIM is honoured to welcome Dr. Tedd Goldfinger to its Social Scientific and Medical Council, joining colleagues such as Dr A. Klatsky, Professor R. Curtis Ellison and Professor Oliver James

EU Smoking Ban in Public Spaces

A smoking ban in all bars and restaurants across the EU is being sought by David Byrne, the European Commissioner for Health. There is already one in planned in Ireland and Netherlands from the new year. It is feared such a ban may lead to job losses. Such a ban may be implemented even if Britain objects to it, because employment legislation is covered by majority voting. The proposed ban has caused outrage among tobacco companies and restaurant owners. Similar bans exist in the USA. Recently 18 Heads of Medical Schools wrote to The Times, asking for a complete ban in public places, after research into the effects of passive smoking.

Guinness good for you

– US Study claims

A pint of the black stuff a day may work as well as an aspirin to prevent heart clots that raise the risk of heart attacks. Drinking lager does not yield the same benefits, experts from Wisconsin University told a conference in the US. The Wisconsin team tested the health-giving properties of stout against lager by giving it to dogs who had narrowed arteries similar to those in heart disease. They found that those given the Guinness had reduced clotting activity in their blood, but not those given lager.

The researchers told a meeting of the American Heart Association in Orlando, Florida, that the most benefit they saw was from 24 fluid ounces of Guinness - just over a pint - taken at meal times. They believe that antioxidant compounds in the Guinness, similar to those found in certain fruits and vegetables, are responsible for the health benefits because they slow down the deposit of harmful cholesterol on the artery walls. Diageo, the company that makes Guinness, emphasised **“We never make any medical claims for our drinks.”**

A spokeswoman for Brewing Research International, which conducts research for the industry, said she would be “wary” of placing the health benefits of any alcohol brand above another. **“We already know that most of the clotting effects are due to the alcohol itself, rather than any other ingredients. It is possible that there is an extra effect due to the antioxidants in Guinness - but I would like to see this research repeated.”** She said that reviving the old adverts for Guinness might be problematic - at least in the EU. Draft legislation could outlaw any health claims in adverts for alcohol in Europe. The original campaign in the 1920s stemmed from market research – when people told the company that they felt good after their pint, the slogan was born. Guinness were told to stop using the famous slogan ‘Guinness is good for you’ decades ago - and the firm still makes no health claims for the drink.

The UK is still the largest market in the world for Guinness, although the drink does not feature in the UK's top ten beer brands according to the latest research.

AFS sets-up Forum

Alcohol Focus Scotland has established a Forum to tackle Happy Hours and drinks promotions in Scotland. SERVEWISE NEWS said "it's time to tackle irresponsible promotions at both national and local levels. These promotions contribute to the problem of binge drinking and impact on the safety of our communities, on our quality of life, and on our young people's futures. Holding a licence brings with it a social responsibility for tackling the worst excesses of Scotland's drinking culture." The irresponsible few also reflect badly on the industry over all.

Saatchi joins Portman Group campaign

The UK drinks industry watchdog The Portman Group has signed up the global advertising agency M&C Saatchi to produce a responsible drinking campaign for 2004. In a press release the Portman Group said: "The partnership with M&C Saatchi will increase the capacity of the campaign allowing, for the first time, the development of a fully integrated and evaluated campaign aimed at 18-30 year-olds, running across cinema, television, press and outdoor media and through the licensed trade."

The Portman Group is currently running a national anti-drunkenness campaign, under the slogan "if you do do drink, don't do drunk". The campaign launched its first cinema ads this autumn, screening them with showings of the Tarantino blockbuster "Kill Bill". Jean Coussins, CEO of the Portman Group, said: "The partnership with M&C Saatchi will bring new creative ideas and massively increase the reach of our campaign, giving it an appeal to young adults up to the age of 30. We are delighted to be working with an agency with such a strong reputation for innovation and award winning campaigns."

Mersey travel seeks to ban alcohol

A UK train operator wants to ban alcohol from its services to reduce hooliganism. Under railway by-laws alcohol bans were in place when trains were chartered for football supporters, but discretion had to be used where normal services were patronised by a large number of fans.

Merseytravel says half the 'antisocial' incidents on its trains involve alcohol. The operator, which runs 59 train services between 80 stations, is applying for a change in local laws to give police the power to confiscate bottles and cans. Officers will be able to arrest anyone caught drinking.

There is no sign yet that any other rail company is keen to follow suit. A source at British Transport Police (BTP) said that longer-distance operators would be unenthusiastic about such a policy because buffet and trolley services were a profitable part of their business.

If the Government agrees, alcohol could be banned within six months.

Public School Pubs to be Off Limits

Boarding schools in Britain are to be banned from selling alcohol to pupils under the Government's plan to reform licensing laws, due to be brought in next July. This will be the death knell for such rite-of-passage institutions as Eton's The Tap, which was a favourite of Prince William. The Tap is seen as having a stabilising influence, as it discourages pupils from visiting local pubs, and allows a safe environment for sixth form drinkers. Under the guidelines for local authorities from the Department for Culture, Media and Sport, the sale of alcohol to under-18s will be made illegal in all circumstances.

Cut Down on Glass-misuse

Glasgow City Council have decided to formulate a "no-glass" policy, in response to cutting alcohol related violence. This scheme does not tackle violence in general - just the issue of 'glassings'. The council has contacted brewers, distillers and licensees to encourage them to sell drinks in plastic containers. In a similar stance, a night-club in Musselburgh launched a safety initiative offering customers designer beers and alcopops in plastic bottles. The strictly "no glass" club offers other drinks in glow-in-the-dark plastic cups.

Drink-Driving Deaths Highest for 13 years

The number of drink-driving deaths rose by 6% in 2003 in Britain, UK Government figures revealed in October. Deaths and injuries from drink-drive crashes rose to more than 20,140, the highest level since 1990. In 2001 the total was 18,420. The RAC Foundation's Kevin Delaney commented "The worrying rise in drink-driving has coincided with a drastic reduction on traffic policing." Delaney went on to criticise the focus on increasing numbers of speed cameras. However, a spokeswoman for Britain's safety camera partnerships insisted that cameras saves lives. "There was a 35% reduction on the number killed in accidents at camera locations and a 56% reduction in pedestrian casualties."

UK Figures released for the Christmas period show an increase in drink driving from, with 8.9 of the drivers testing positive, compared to 8.7 last year.. The Association of Chief Police Officers has called for the blood alcohol limit for driving to be reduced from 80mg to the EUs recommendation of 50 mg.

ORGANISATIONS INVOLVED IN ALCOHOL AFFAIRS

UNITED KINGDOM

ALCOHOL CONCERN

Waterbridge House, 32-36 Loman Street, London SE1
 OEE Tel: (0207) 928 7377 Fax: (0207) 928 4644 Website:
www.alcoholconcern.org.uk

ALCOHOL EDUCATION and RESEARCH COUNCIL

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

ALCOHOL and HEALTH RESEARCH CENTRE

University of West of England, Glenside Campus,
 Blackberry Hill Stapleton, Bristol BS16 1DD Tel:
 (0131) 536 6192 Fax: (0131) 5366215 E-mail:
mpplant@ahrc@onet.co.uk

HEALTH EDUCATION AUTHORITY

Hamilton House, Mabledon Place, London WC1 9TX
 Tel: (020) 72985656 Fax: (020) 77259031 Email:
enquiries@hpe.org.uk
 website: www.hpe.org.uk and www.wrecked.co.uk

USA, CANADA, SOUTH AMERICA, AUSTRALIA

WINE AMERICA

1200 G Street NW, Suite 360, Washington DC 20005
 Tel: (800) 879 4637 Fax: (202) 347 6341
 E-mail: info@americanwineries.org
 Website: www.americanwineries.org

AMERICAN WINE ALLIANCE FOR RESEARCH AND EDUCATION

Visit website at: www.alcohol-AWARE.com

AMERICAN COUNCIL ON SCIENCE AND HEALTH

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

BEER INSTITUTE

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

EDUC'ALCOOL

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

THE AMERICAN BEVERAGE INSTITUTE

1775 Pennsylvania Avenue NW, Suite 1200 Washington,
 D.C. 20006 Tel: 202.463.7110
www.americanbeverageinstitute.com

FISAC

(Fundacion de Investigaciones Sociales A.C.) Francisco
 Sosa 230. coyoacan CP 04000 Mexico DF - Mexico

THE MEDICAL COUNCIL on ALCOHOLISM

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
www.portman-group.org.uk

ALCOHOL FOCUS SCOTLAND

2nd Floor 166 Buchanan Street, Glasgow G1 2NH Tel:
 0141-572 6700 Fax: 041-333 1606

BRITISH BEER and PUB ASSOCIATION

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

THE WINE & SPIRIT ASSOCIATION

Five Kings House, 1 Queen Street Place, London
 EC4R 1XX Tel: 020 7248 5377
 Fax: 020 7489 0322 e-mail: wsa@wsa.org.uk
 Website: www.wsa.org.uk

HEALTH EDUCATION FOUNDATION, INC.

2600 Virginia Avenue, NW Washington DC 20037
 Tel: (202) 338.3501 Fax: (202) 965.6520
 E-mail: hefmona@erols.com

ICAP

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

THE CENTURY COUNCIL

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

CALIFORNIA ASSOCIATION OF WINEGRAPE GROWERS

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

THE WINE INSTITUTE

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

LODI - WOODBRIDGE WINEGRAPE COMMISSION

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

THE NAPA VALLEY VINTNERS ASSOCIATION

Phone - 707-963-3388 Fax - 707-963-3488 Website www.napavintners.com

OLDWAYS PRESERVATION & EXCHANGE TRUST

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

EUROPE

ARNOLDOUS GROUP

Brewers' House, 10 Grand Place, B-1000 Brussels,
 Belgium Tel: +32 2 511 49 87 Fax: +32 2 511 32 59

BREWERS of EUROPE

Rue Caroly 23-25, B-1050 Bruxelles Tel: (+32.2) 672
 23 92 Fax: (+32.2) 660 94 02 Email:
info@brewsofEurope.org Website:
www.brewersofEurope.org

FORUM of TASTE and EDUCATION

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

ENTREPRISE et PREVENTION

13, Rue Monsigny, 75002 Paris, France
 Tel: 00-33-53-43-80-75
 E-mail: entreprise@wanadoo.fr www.soifdevivre.com

IREB

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

OIV

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

STIVA

Benoordenhoutseweg 22-23, 2596 BA, The Hague, The
 Netherlands Tel: +31 (0)70 314 2480 Fax: +31(0) 70
 314 24 81 E-mail: Hanneke.Heeres@STIVA.nl
 Website: www.stiva.nl

SCANDINAVIAN MEDICAL ALCOHOL BOARD

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

DEUTSCHE WEINAKADEMIE GMBH

Gutenbergplatz 3-5, 55116 Mainz
 Tel: +49 02641 977340 Fax: +49 02641 977342
 Website: www.deutschwweinakademie.de

FIVN

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

DIFA FORUM

Franklinstrabe 1, 10587 Berlin,
 Germany Tel: + 49 (0) 30 39 0633 60
 Fax: +49 (0) 30 390 633 66 email: info@difa-forum.de
 Website www.difa-forum.de

GODA

Gode Alkoholdninger, Kattesundet 9, DK-I458
 København K, Denmark Tel: 33 13 93 83 Fax: 33 13 03
 84 Email: info@goda.dk Website: www.goda.dk

FIVS International Federation of Wines & Spirits

18, rue d'Aguesseau, F-75008 - PARIS France
 Tél. 33 01 42 68 82 48 Fax 33 01 40 06 06 98

E-mail : fivs.ass@wanadoo.fr

THE AMSTERDAM GROUP

Rue Wiertz 50/28
 B-1050 Brussels Belgium
 Tel: +32 2 401 61 35 Fax: + 32 2 401 68 68 email:
info@amsterdamgroup.org www.amsterdamgroup.org

FUNDACION ALCOHOL Y SOCIEDAD

Diego de Leon 44.2 ES 28006 Madrid
 Tel: + 34 91 745 08 44 Fax: + 34 91 561 8955
www.alcoholysociedad.org