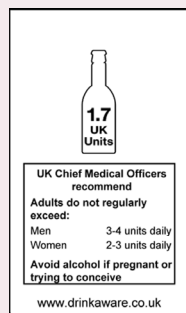


Discussions in the UK between the alcohol industry and the Department of Health on the information to be carried on a voluntary back label on sensible drinking has given rise to a media led debate on drinking guidelines and pregnancy. It is increasingly likely that an 'avoid alcohol when pregnant' message will become the norm in Europe, as France and Finland have mandatory labelling advice to this end; similar debates are taking place in New Zealand and Poland.



In our lead article on page 3, we look at the current issues surrounding label warning messages for pregnant women or women trying to conceive.

'Attitudes towards alcohol in Europe', commissioned by the EU Directorate General for Health and Consumer Affairs, is a newly released study, based on field work carried out amongst



over 28,000 respondents in the 27 EU members during Autumn 2006. The report feeds into the evidence base of The Alcohol and Health Forum. A review of the report is on page 18.

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Europe

A meeting chaired by Robert Madelin (Health and Consumer Protection Directorate of the EU) to establish the formation and role of The Alcohol and Health Forum in Europe met in March. A group of ten stakeholders has been asked to redraft the charter for a second meeting of stakeholders before the first formal meeting of the Forum scheduled for the 7th June. The first subject for consideration by the Forum will be advertising and marketing communications.

France

The Paris Court of Appeal has overturned a previous verdict placing a ban on Cabernet d'Anjou wine adverts by the Loire Valley marketing board InterLoire. The case was brought to court last year by anti-alcohol association ANPAA which won an initial summary judgment and thus succeeded in having the adverts withdrawn. However, the Court of Appeal has ruled that an advert cannot be banned simply because it is appealing and that references to 'youth' were related to the wines themselves and did not specifically target young people. Changes to legislation in 2005 allow wine adverts to carry straplines referring to the intrinsic qualities of a wine. (Source: Journee Vinicole)

Finland

The Finnish Parliament took steps towards curbing excessive underage drinking last month by adopting a draft bill restricting access to alcohol.

The bill was adopted by 104 votes in favour and 71 against out of a total 200 seats. It introduces health warnings on labels stating the hazards of excess drinking, particularly for certain subsections of the population such as the foetus during pregnancy. If the bill becomes law, it will introduce new restrictions for drinks advertising which would only be permitted after 9pm on television and only at cinema viewings for adults. Special offers such as multibuys would also be banned although details on the implementation of all these measures have yet to be announced by the Finnish government.

Italy and Spain

As the European Commission works on its draft bill for a reform of the Common Organisation of the Market for Wine, which is due to be officially presented next July, Spain and Italy have decided to come together to promote a Mediterranean approach to this issue and others involving agriculture. Both countries intend to put together a joint strategy for defending Mediterranean foods and drinks and promoting them in the global marketplace. According to Spanish Agriculture Minister, Elena Espinosa, the aim is to boost promotion, distribution and internationalisation of products forming part of the Mediterranean diet.

Alcohol and pregnancy

Discussions in the UK between the industry and the Department of Health on the information to be carried on a voluntary back label on sensible drinking has given rise to a media led debate on drinking guidelines and pregnancy. It is increasingly likely that an 'avoid alcohol when pregnant' message will become the norm in Europe, as France and Finland have mandatory labelling advice to this end; similar debates are taking place in New Zealand and Poland.

The proposed UK voluntary label under consideration, says 'avoid alcohol if pregnant or trying to conceive', hence it is advisory rather than prohibitory in its tone. At present advice from The UK Royal College of Obstetricians and Gynaecologists (RCOG), comprehensively reviewed with a detailed and balanced evidence base in November 2006, concludes, that 'although the safest approach in pregnancy is to choose not to drink at all, small amounts of alcohol during pregnancy (defined as not more than one or two units of 8g not more than once or twice a week)

has not been shown to be harmful'. The guidelines also caution that episodic binge drinking around conception and early pregnancy is particularly harmful to a woman and her baby. This advice is echoed by the Royal College of Midwives.

Debate has centred on whether you can advise a woman not to drink, when pregnant, and then tell her that low levels of drinking

do not pose a risk in a more detailed or one to one session with a doctor, nurse or midwife. Particular concerns centre around the number of women who have unplanned conceptions, or for those who did not know they were pregnant for several weeks, who may be unduly worried and consider a termination if they believe their unborn child could have been harmed by their drinking. (45% of pregnancies in the US are unplanned, according to research by Dr. Raul Caetano of the Dallas campus of the University of Texas School of Public Health).

Medically, there is currently no consensus on the threshold of maternal drinking below which the risk to the fetus is negligible. As a result, the debate continues over whether there is a "safe" limit for alcohol consumption during pregnancy, and, if so, where this level should be defined. Most official guidelines around drinking during pregnancy recommend abstinence (US, France, Canada) or low levels of alcohol consumption (UK, Denmark, Australia).

According to the RCOG 'disability at birth (for the baby) is three times more common in women who drink more than 35g of alcohol a day, compared with women who consume less or none at all'. There is also conclusive scientific evidence that certain patterns of drinking during pregnancy can be harmful to the unborn child. These patterns include heavy, chronic and episodic binge drinking.

It should be emphasised that the number of children who develop the severe alcohol-related effects (known as Fetal alcohol syndrome) is relatively small: from 0.5 to 2.0 cases per 1,000 live births in the US, (depending on the source) and at between 0.4 and 1 per 1000 births in Europe. There are certain populations where fetal alcohol-related disorders are disproportionately prevalent however, especially amongst those of low socio-economic status and among socially marginalized and some ethnic groups. In many undeveloped countries, or amongst the socially marginalised, inadequate access to prenatal

Table 2. Diagnostic criteria for fetal alcohol syndrome (Stratton *et al.*)²⁹

Level	Criteria
1	Confirmed maternal alcohol exposure
2	Evidence of a characteristic pattern of facial anomalies that includes features such as short palpebral fissures and abnormalities in the premaxillary zone (e.g. flat upper lip, flattened philtrum and flat midface)
3	Evidence of growth restriction as in at least one of the following: <ul style="list-style-type: none"> • low birth weight for gestational age • decelerating weight over time not due to nutrition • disproportionately low weight to height
4	Evidence of central nervous system neurodevelopmental abnormalities, as in at least one of the following: <ul style="list-style-type: none"> • decreased cranial size at birth • structural brain abnormalities (e.g. microcephaly, partial or complete agenesis of the corpus callosum, cerebellar hypoplasia) • neurological hard or soft signs (as age appropriate) such as impaired fine motor skills, neurosensory hearing loss, poor tandem gait, poor eye-hand coordination

From RCOG Statement No.5 (March 2006) - 'Alcohol consumption and the outcomes of pregnancy'

care and medical care in general contribute to the problem. There is also evidence that other factors, such as maternal age, smoking, poor nutrition, and use of other psychoactive substances (such as illicit and prescribed drugs) may also contribute to the outcomes, meaning that the overall picture is still unclear.

Maternal drinking patterns clearly play a direct role on fetal

development. Frequent heavy episodic drinking during pregnancy is related to the severity of fetal harm and the risk of alcohol related fetal abnormalities increase for women over 30 years of age.

Problem drinkers are also more likely than non-problem drinkers to experience spontaneous abortion. However, in women who are light or infrequent drinkers there is little robust evidence of increased risk

of fetal harm or of spontaneous abortion.

Hence, while there is consensus that patterns of heavy and binge drinking are related to harm, there is none on the threshold below which the risk for harm is negligible. More research is needed to assess the prevalence of alcohol-related birth damage in diverse populations. Individual differences in maternal metabolism, nutrition, and possible genetic factors may account for the reasons why some babies are more severely affected than others and these factors need to be investigated further.

Given the potential vulnerability of both mother and fetus during pregnancy, careful advice and assessment are necessary. Harm reduction measures can be implemented that address at-risk groups of women in particular and that can help ensure that pregnancy is carried to term safely with no lasting effects for the child.

AIM will carry a comprehensive review of guidelines and the evidence regarding alcohol consumption, conception and pregnancy in it's May edition.

How much is safe to drink during pregnancy?

Information about this is often unclear and conflicting. This can be confusing. There are only a few studies in this area and not everyone agrees with what these studies show.

Based on the best evidence to date, the Royal College of Obstetricians and Gynaecologists recommends that the only way to be absolutely certain that your baby is not harmed by alcohol is not to drink at all during pregnancy or while you are trying for a baby.

If you do drink, you should:

- not drink more than a safe amount, which is defined as not more than one or two units, not more than once or twice per week (see section 'How is alcohol measured?')
- avoid binge drinking (see section on 'What is binge drinking?') and becoming drunk.

To ensure you stay within the recommended amount, you need to check:

- how strong your drink is
- how large your glass is
- how full your glass is.

Extract from:

Alcohol and pregnancy:
information for you



Published November 2006 by the RCOG

Drinking campaigns needed for older groups in UK, doctors say

Sensible drinking campaigns focus too heavily upon teenagers and neglect older groups drinking at home, according to some of the UK's top doctors.

The Royal College of Physicians argues that government drives to promote sensible drinking are too focussed on under-age drinkers and young people as a large section of

older groups drink heavily, albeit in the privacy of their own homes.

“Quite large sections of the population are drinking quite heavily on a regular basis,” Professor Ian Gilmore the head of The Royal College of Physicians said.

However health minister Lord Hunt told the BBC that sensible drinking

advice is for all of society, not just the young.

“We’re doing everything we can and I know that the colleagues I work with in this area want to get these sensible drinking messages out and, wherever you drink, it is important that you take note of that,” he commented.

Scottish Alcohol Action Plan

On February 22, the Scottish Executive published its updated **Alcohol action Plan**.

In the foreword to the plan, Health Minister for Scotland, Andy Kerr, comments 'We have made significant progress since the publication of the Executive's Plan for Action on Alcohol Problems in 2002, but more needs to be done to tackle such problems and create a Scotland that is without the harm which so often mars the enjoyment of alcohol today.

This plan describes a programme of action for the next three years. It sets out to build a Scotland in which we use alcohol responsibly and understand the consequences that can follow excessive drinking. It aims to deliver a greater range and quality of services to help those individuals and families for whom that harm is already a reality and to support local communities in their efforts to tackle alcohol-related crime and antisocial behaviour.

Published alongside this updated plan is the detail of our innovative partnership agreement with the alcohol industry. We have agreed a number of actions as the first steps in what we hope will be a long-term, collaborative approach to achieving our shared aim of reducing alcohol misuse in Scotland.

Taken together, the actions in this plan, and in the industry partnership agreement, amount to a significant programme. But it is not the end of the story – we are committed to evaluating and developing the services and initiatives in this plan to produce a long-term vision for changing culture and behaviours over the coming decade'.

For a copy of the Alcohol Action

Plan visit <http://www.scotland.gov.uk/Publications/2007/02/19150222/12>

The Industry Partnership Agreement, has the support of Scottish Executive, Scotch Whisky Association, Tennents, Diageo, Scottish & Newcastle, Scottish Retail Consortium, Scottish Licensed Trade Association, BII Scotland, Scottish Beer & Pub Association, Scottish Grocers' Federation, Wine & Spirits Trade Association, Gin & Vodka Association and National Association of Cider Makers

Specific initiatives already agreed, involving individual partners include initiatives to:

- Build on best practice to develop and promote common core sensible drinking messages, and information about the incompatibility of alcohol consumption with certain activities;
- In pursuit of the above, share media and marketing expertise to promote those messages;
- Share consumer research on promoting sensible drinking and responsible retailing;
- Consider the scope for joint events to focus public and media attention on the dangers of alcohol misuse, alongside wider messages of personal responsibility.
- Work with the media and other stakeholders to discourage inappropriate endorsement or legitimisation of inappropriate alcohol consumption;
- Develop a set of shared Scottish specific Standards, underpinning and strengthening in Scotland the approach already adopted at UK level;
- Work with retailers and the National Licensing Forum to support a comprehensive server training

programme in responsible drinking ahead of the 2009 Licensing Act implementation deadline;

- Develop and implement exemplar alcohol policies in our own workplaces, which we will also share and promote more widely within the public and private sectors, including to Small and Medium Size Enterprises (SMEs);
- Where appropriate, individual companies will pilot low alcohol alternatives in the Scottish market and use their joint creative energies to market the principle of consuming low alcohol alternatives, within the context of making informed choices and unit awareness.
- Investigate the promotion of no alcohol alternatives in the retail sector;
- Develop and produce guidelines to establish best practice on the promotion of alcohol via sponsorship;
- Work together to develop and implement an intensive series of interventions, including community support, within geographically focussed pilots to establish the cumulative effect of a multi faceted and targeted approach to reducing alcohol harm;
- Produce educational materials for parents to use with their children outside the school setting, also encouraging parents to consider their own drinking habits in discussing the issue with their children;
- Hold a National Awareness Week with support from other partners such as the voluntary sector.

For a copy of the partnership Agreement visit <http://www.scotland.gov.uk/Resource/Doc/924/0045466.pdf>

Improving UK school culture may help cut drug use, drinking and teenage pregnancies

Improving the institutional culture (ethos) of schools in the UK may help reduce substance abuse and teenage pregnancies, says an article in the British Medical Journal in March.

Researchers from the London School of Hygiene and Tropical Medicine's Centre for Research on Drugs and Health Behaviour say that substance misuse and teenage pregnancy are major public health challenges and argue that existing responses to these issues seem to have brought about only limited benefits.

Previous surveys show that a third of 15 year olds in England have taken illegal drugs in the past year and a quarter of 15 year old girls smoke. Teenage pregnancy rates in the UK are the highest in western Europe.

The authors reviewed evidence suggesting that interventions aiming to promote positive school ethos might provide an effective complement to existing approaches.

A study carried out in Scotland found that in some secondary schools 'risky'

health behaviours (e.g. substance misuse, alcohol and tobacco use) couldn't be explained by student, family or neighbourhood factors, but did seem to be explained by large school size and independently rated poor school ethos.

Trials in both Australia and the United States show that projects that aimed to improve school ethos helped improve the health behaviours of their students. Both projects involved a range of activities including improving teacher-student communication, increasing parent and student involvement in school policy-making and better training for teachers.

The US study reported a 34% reduction in a combined measure of alcohol, tobacco and cannabis use among boys, plus significant benefits regarding condom use, frequency of sex, violence and truancy. However, similar benefits were not reported among girls.

The Australian research found that students at schools taking part in

the project were slightly less likely to report a range of risky health behaviours (such as regular smoking and drinking and marijuana use). Follow-up research suggested impacts might increase over time as the changes 'bedded down' in schools.

This evidence makes sense, say the authors. After the family, and alongside the media and peers, the most important institution in the lives of most children and young people is their school.

The UK government already recognises that the whole school environment has a key role in promoting young people's health. However, there is little evidence that current government initiatives aiming to make schools healthier are doing much to improve ethos. Improving school ethos to combat disaffection should be viewed as a promising complement to classroom-based interventions, they conclude.

Source: Bonell C et al. Improving school ethos may reduce substance misuse and teenage pregnancy. *BMJ* 2007;334:614-6.

SHAAP presents petition to Scottish parliament

Scottish Health Action on Alcohol Problems (SHAAP), a medical advocacy group set up by the Scottish Medical Royal Colleges and Faculties to raise awareness of the costs of excessive alcohol consumption, has called for a Scottish Parliament inquiry into alcohol-related health problems. The group is particularly worried about low-cost drink promotions in supermarkets and off-licences.

The group has presented a petition to the Scottish parliament and will soon publish its manifesto. The organisation wants the health and community care committee to lead an inquiry into Scotland's alcohol problems. It wants the Scottish Executive to look at extending the promotions mechanism in the Licensing (Scotland) Act to cover supermarkets, off-licences and shops as a means of preventing the low-

cost promotion and sale of alcohol. The SHAAP manifesto calls for alcohol to be displayed separately from other goods in shops. It also recommends stricter enforcement of laws relating to alcohol use and residential programmes for people with alcohol problems throughout Scotland.

Dr Bruce Ritson, chair of SHAAP, said alcohol was undermining the nation's health.

Tackling troublemakers in Scotland

Persistent drunken troublemakers would be subjected to weekend “stay-at-home” curfews in Edinburgh, under plans being drawn up by Labour councillors. Council wardens and police officers would be charged with keeping track of the offenders in the first instance by simply telephoning them at home.

The move is to be a key manifesto commitment in the city as part of local Labour plans to curb antisocial behaviour. Under the plans, special antisocial behaviour orders would be sought in court, which senior councillors believe judges would agree to without the need for further legislation or anyone being electronically tagged. Anyone caught breaking one of the court orders would face being jailed.

New Zealand Cabinet approve draft alcohol control bill

NZ Cabinet is considering a draft Alcohol Control Bill which imposes a total ban on alcohol advertising, except in live programmes, and raises the age to buy alcohol from 18 to 20

Alcohol could carry labels warning women of the dangers of drinking while pregnant or planning pregnancy.

The Alcohol Advisory Council (Alac) lodged an application with Food Standards Australia New Zealand (FSANZ) last February for the labels to be mandatory on beer, wine and spirit bottles, and expect a decision to be made in May.

Alac deputy chief executive Sandra Kirby said the message for pregnant women and those trying to conceive to steer clear of alcohol was a move they had pushed for nearly a decade.

“We see health advisory labels as one strategy that would support that”.

The process for approval of the application was complicated as all Australian Federal States as well as the New Zealand Government had to back the call for warning labels.

Wine Institute of New Zealand chief executive Philip Gregan said he did not think the warning labels would work.

“In simple terms we don't think it will work and we don't think it will make any difference to wine sales,” Mr Gregan said.

“We have lots of statements that we are required to put on labels - - standards drinks, various additive declarations -- and we don't believe anybody reads them and we don't believe they will make any difference.”

Older New Zealanders drink more often than youth

An analysis of alcohol use, published in March by Public Health Intelligence (PBI), the Ministry of Health's epidemiology group, shows marked differences in drinking behaviour between age groups.

Drinkers aged between 18 and 24 years didn't consume alcohol as frequently as people in the 55-65 year age group, the survey disclosed. However, they were more likely to drink large amounts of alcohol in a typical drinking session than their older counterparts. ‘Large amounts’ of alcohol are defined as more than six standard drinks for men and four for women per drinking occasion. The survey said one in seven New

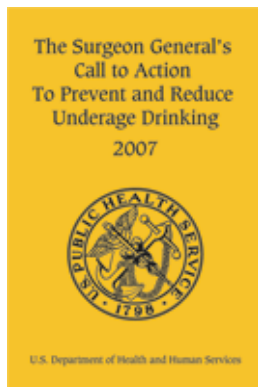
Zealand drinkers consumed large amounts of alcohol weekly. PBI manager Barry Borman said the report showed the majority (81.2%) had drunk alcohol at least once in the previous 12 months.

There are marked differences between genders. Men were more likely to consume alcohol four or more times a week, drink large amounts of alcohol and to drink enough to feel drunk at least weekly, compared to women. Dr Borman also noted differences between Maori and non-Maori - non-Maori drinking more frequently than Maori. But Maori drank more alcohol during a typical drinking occasion.

Other findings from the report were that

- one in sixteen of the youngsters between 12-17 who had drunk alcohol in the previous 12 months, drank alcohol weekly).
- About three in five drinkers under 18 had alcohol bought for them and one in seven had tried to buy alcohol.
- About 2.2% of New Zealanders aged 12-65 had received help to cut their alcohol consumption.
- About 1% had wanted such help but hadn't got it.
- About 5% of New Zealanders between 12 and 65 had been physically assaulted due to alcohol.

Acting Surgeon General issues national call to action on underage drinking



In its first Call to Action against underage drinking, the U.S. Acting Surgeon General Kenneth Moritsugu, M.D., M.P.H. has laid out recommendations for government and school officials, parents, other adults and the young people.

“Too many Americans consider underage drinking a rite of passage to adulthood,” said Dr. Moritsugu. “Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life. New research also indicates that alcohol may harm the developing adolescent brain. The availability of this research provides more reasons than ever before for parents and other adults to protect the health and safety of our nation’s children.”

Developed in collaboration with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the Call to Action identifies six goals:

- Foster changes in society that facilitate healthy adolescent

development and that help prevent and reduce underage drinking.

- Engage parents, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.

- Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.

- Conduct additional research on adolescent alcohol use and its relationship to development.

- Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.

- Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

Copies of The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking and other related materials are available at www.surgeongeneral.gov.

Responses to the report:

In a statement from Peter Cressy, Distilled Spirits Council President, commented that ‘Important progress has been made in recent years in reducing underage drinking, according to government statistics. But the Council and its member

companies believe any amount of underage drinking is too much, and all interested parties need to continue to work together to stop illegal access to alcohol by youth.

Most recently, the spirits industry’s national not-for-profit foundation, The Century Council, partnered with the Federal Trade Commission on the “We Don’t Serve Teens” campaign to deter underage drinking by reminding adults that providing underage drinkers with alcohol is unsafe, illegal and irresponsible. (www.wedontserveteens.com)

The distilled spirits industry stands ready to work with the Surgeon General and others to further reduce underage drinking’.

The Beer Institute also issued a statement saying ‘We applaud the efforts of the Surgeon General in calling for a broad-based collaborative approach to reducing illegal drinking. As the Call to Action noted, most youth who drink say they get alcohol from non-commercial sources - parents, older siblings, and other adults. In addition to opening a dialogue with their children about illegal underage drinking, parents need to become actively involved – and stay involved – in their children’s activities at home and in school. Brewers have long offered programs created by authorities in education, alcohol treatment and family counseling to support parents in making a difference on this issue. This Call to Action must also serve as a wake-up call to those parents or other adults who think its OK to buy alcohol for teens or host teen drinking parties.

Practical skills training most effective in reducing college problem drinking

We also wholeheartedly agree that alcohol advertising and marketing be directed to adults of legal drinking age, as recommended in the Call to Action. That's why brewers abide by the Beer Institute's Advertising and Marketing Code, placing ads only where at least 70% of the audience is expected to be 21 or older, and using creative themes that appeal primarily to adults. By adhering to these standards, we make it clear that we are advertising to that 70% of the American population who can lawfully drink our products.

In addition, brewers and their wholesalers help provide training for retailers. Through these programs, which the Call to Action supports, retail staff learn how to properly check I.D.s to prevent sales to minors. According to a 2005 study by Data Development Worldwide, more than two-thirds (69%) of Americans who have purchased alcohol, say they have at some point had their ID checked when making an alcohol purchase.

While each segment of the population must do its part to help prevent illegal underage drinking, it's also important to recognize the progress that has already been achieved in reducing underage drinking. The percentage of high-school students who have had a drink in the past month is at a record low level, according to the 2005 Centers for Disease Control's Youth Risk Behavior Survey. Likewise, since 1998, all measures of teen alcohol use have declined significantly according to the Partnership for a Drug Free America (2005)'.



Practical advice and training may work best in getting college students to cut down on problem drinking, a new Swedish study finds.

The study analyzed 556 students living in 98 university residence halls in Sweden.

"Although Swedish university halls of residency have long been rumored to be where the greatest amount of drinking occurs at Swedish universities, this has never been put to the test," corresponding study author Henrietta Stahlbrandt, a physician in the department of clinical alcohol research at Lund University in Sweden.

The students were assigned to one of three groups: a brief skills-training, alcohol-intervention programme; a 12-step-influenced alcohol intervention program; or a control group that received no intervention.

The skills-training programme included interactive lectures and discussions and was derived from the University of Washington's Brief Alcohol Screening and Intervention for College Students program. The 12-step program provided lectures by therapists trained in the 12-step approach.

Interestingly, all three groups significantly reduced their Alcohol Use Disorders Identification Test (AUDIT) scores - meaning they drank less - from before the study began to the end of the two-year follow-up.

"Maturity could very well be a factor," said Stahlbrandt. "It is well-known that on average, university students decrease their alcohol consumption as they grow older and eventually leave college. Yet another

factor could be that inclusion in the study made all of the students more aware of their alcohol consumption, and so they subconsciously drank less."

But among the students whose AUDIT scores indicated that they engaged in high-risk alcohol consumption, the skills-training intervention appeared to be most effective.

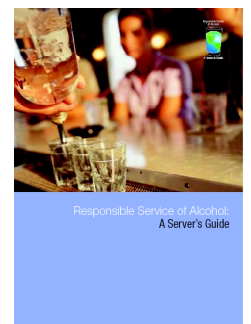
"The at-risk students - those with a higher AUDIT score and in greater danger of having negative consequences from alcohol consumption - in the brief skills-training program reduced their consumption more than the other two groups," said Stahlbrandt.

"By concentrating alcohol-intervention efforts on this group, a lot of benefits can be attained on both individual and public levels, meaning less of an economic burden and wasted personal time," she said.

Source: Henrietta Ståhlbrandt et al. "Two-Year Outcome of Alcohol Interventions in Swedish University Halls of Residence: A Cluster Randomized Trial of a Brief Skills Training Program, Twelve-Step-Influenced Intervention, and Controls". *Alcoholism: Clinical and Experimental Research* 31 (3), 458-466.

Adaptable server training guide

EFRD has developed, with Alcohol Focus Scotland a template brochure and materials to train staff that is being



piloted in Hungary for evaluation. For further information, contact Carole Brigaudeau via: CBrigaudeau@efrd.org

Alcohol education leaflets

A recent study by health psychologists at the universities of Sussex and Leicester in the UK, and the University of Potsdam, Germany asserts that there seems to be a lack of research into the content of health promotion leaflets.

Charles Abraham and his colleagues wanted to find out how well messages designed to reduce alcohol consumption corresponded to research-based recommendations. Since significant numbers of drinkers in the UK and other European countries are estimated to drink heavily or binge drink, it's important to make sure that alcohol education leaflets contain effective messages based on solid research.

A key finding in social and health psychology is that people are more likely to make the effort to change their behaviour if they believe in their ability ('self-efficacy') to do so. Several approaches highlight the psychological antecedents and thought processes leading to heavy drinking. For example, the theory of planned behaviour (TPB) emphasizes intentions and perceived self-efficacy.

The researchers obtained samples of nationally available alcohol education leaflets with messages specifically directed to drinkers – 31 leaflets from the UK, 30 from Germany and 21 from The Netherlands.

The psychologists had a set of at least 30 research-based, persuasive messages targeting the potentially modifiable cognitive antecedents (such as attitudes, others' approval, intentions, self efficacy, etc).

The research found that of 31 alcohol education leaflets available in the UK, the researchers found none that encouraged readers that they

have the ability to abstain or drink moderately. Similarly, only 7% of British leaflets (German leaflets 17%, Dutch 29%) gave advice on how to set oneself drinking related goals – the kind of information that can strengthen a drinker's belief in their ability to change their behaviour.

Psychologists have also shown that people's behaviour is strongly influenced by anticipated regret, but the research found most of the leaflets for all three countries failed to warn readers that they were likely to regret drinking too heavily. Nearly all leaflets warned about the negative health consequences of excessive drinking. German (87%) and Dutch (81%) leaflets also repeatedly highlighted negative psychological consequences, but only 45% of British leaflets included such messages.

The researchers found, in each country, some leaflets that included a comprehensive range of theory-derived and research-based messages, but these were very much the exceptions.

According to the authors, the most of the leaflets examined could have been easily edited to include many more theory-derived messages and, in some cases, to exclude messages likely to undermine positive attitudes towards alcohol reduction. Their research **"highlights a communication gap between, on the one hand, psychologists who apply predictive models to alcohol use and make recommendations concerning potentially effective persuasive communication and, on the other hand, health promoters who write educational leaflets designed to reduce alcohol intake."**

Without a proper research-based approach to leaflet construction,

the authors conclude, the majority of nationally available alcohol-education leaflets will continue to miss out on many potentially persuasive messages.

Source: What's in a leaflet? Identifying research-based messages in European alcohol-education leaflets. *Psychology and Health* (2007), 22, 31–60. Abraham, C., Southby, L., Quandt, S., Krahé, B., & van der Sluijs, W., University of Sussex, Brighton, UK; University of Leicester, UK; and University of Potsdam, Germany.

EFRD complete website for young people



EFRD have developed a resource for 11 - 15 year olds to tell them about alcohol and its risks through games and imaginative 'sound bites'. The website also has tips and resources for parents and teachers.

The integrated 'Talk About Alcohol' website approach has been through a rigorous research, development and piloting process in Spain, the UK and the Czech Republic in which teachers, students and parents gave the site a high approval rating.

A CD can be sent, after signing the "terms & conditions" - together with communication tools, guidelines for implementation, IT handbook, and a presentation of the overall project for interested parties. The national websites deriving from this project will be accessible from EFRD website via <http://www.efrd.org>

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

AIM Mission Statement

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

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Times and Author

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

R. Curtis Ellison, MD and Yuqing Zhang, MD, ScD of the Institute on Lifestyle & Health Boston University School of Medicine summarize papers on Alcohol and Health presented at the Annual Conferences of the American Heart Association Council on Epidemiology (Epi) and the American College of Cardiology (ACC) March, 2007

Long-term wine consumption is independent of moderate alcohol intake related to cardiovascular mortality and life expectancy: The Zutphen Study

Martinette T Streppel, Marga C Ocké, Hendriek C Boshuizen, Natl Inst for Public Health and the Environment, Bilthoven, The Netherlands; Frans J Kok, Daan Kromhout, Wageningen Univ, Wageningen, The Netherlands. Epi P57

Summary: Among 1,374 men born between 1900 and 1920 followed until 2000, men consuming no more than 20 g/day of alcohol (about 1 _ drinks), compared with non-drinkers, had an adjusted hazard ratio for total mortality of 0.67 (95% CI = 0.57, 0.79) and for cardiovascular mortality of 0.72 (0.58, 0.90). Independent of total alcohol intake, men consuming wine (versus other beverages) had lower risk. The authors conclude that, overall, wine consumers have a 4 year higher life expectancy than non-drinkers.

Comment: The moderate consumption of any type of alcohol is associated with a marked reduction in total mortality (about 33 % in this study). As seen in many prospective studies from Europe, wine drinkers had a greater reduction in total mortality than consumers of other beverages; such a difference by beverage type is often not found in studies in the US.

Alcohol consumption and risk of myocardial infarction and coronary heart disease among Chinese men

Lydia A Bazzano, Tulane Univ Sch of Public Health and Tropical Med, New Orleans, LA; Dongfeng Gu, The Cardiovascular Inst and Fu Wai Hosp of the Chinese Acad of Medical Sciences and Peking Union Medical Coll and the Natl Ctr for Cardiovascular Disease Control and Res, Beijing, China . . . Paul K Whelton, Jiang He, Tulane Univ Sch of Public Health and Tropical Med, New Orleans, LA. Epi P67

Summary: In a prospective study of 68,271 Chinese men \geq 40 years, during a 9-year follow up there were 763 documented incident myocardial infarctions (MI) and 1,017 incident total coronary (CHD) events. Subjects reporting 1-6 drinks/week showed adjusted RR of MI of 0.87 (versus non-drinkers); for 7-34 drinks/week it was 0.62; and for \geq 35 drinks/week it was 0.53. Similar results were seen for total CHD events.

Comment: These results suggest that in China, where rates of cardiovascular disease tend to be low, alcohol consumption appears to decrease the risk of MI and CHD in men similarly as in Western countries.

Cardiovascular risk factors and moderate alcohol consumption in the Moli-Sani project

Augusto Di Castelnuovo, Simona Costanzo, Francesco Zito, Romina di Giuseppe, Floriana

Centritto, Sara Magnacca, Maria B Donati, Giovanni de Gaetano, Licia Iacoviello, Catholic Univ, Campobasso, Italy. Epi P68

Summary: In a population based study of 6,251 adults in Italy, most cardiovascular risk factors (including diabetes, hypertension, and dyslipidemia) showed similar prevalences among abstainers and moderate drinkers. Abstainers, however, were more often non-smokers, were of lower social status, and had lower HDL levels. The authors conclude that differences between abstainers and moderate drinkers in other lifestyle characteristics (other than their alcohol intake) emphasize the need for multivariate analyses controlling for such factors in epidemiologic studies of alcohol and health.

Comment: This study supports the premise that other lifestyle factors may differ between abstainers and moderate drinkers, and most studies now attempt to adjust for such differences. However, in multivariable analyses, we must be careful not to adjust for factors that may be mechanisms of alcohol's effects (e.g., HDL cholesterol).

Alcohol consumption and mortality among men and women in China

Kristi Reynolds, Tulane Univ Sch of Public Health, New Orleans, LA; Dongfeng Gu, Fuwai Hosp, Chinese Acad of Medical Sciences, Beijing, China; Lydia A Bazzano, Tulane Univ Sch of Public Health, New Orleans, LA; Rachel P

Wildman, Albert Einstein Coll of Med, Bronx, NY; Xigui Wu, Fuwai Hosp, Chinese Acad of Medical Sciences, Beijing, China; Chung-Shiuan Chen, Tulane Univ Sch of Public Health, New Orleans, LA; Xiufang Duan, Fuwai Hosp, Chinese Acad of Medical Sciences, Beijing, China; Jiang He, Tulane Univ Sch of Public Health, New Orleans, LA. Epi P272

Summary: In another analysis from China, total mortality was assessed in relation to alcohol consumption among a total of 168,871 Chinese adults. Over 8.3 years of follow up, there were 17,757 deaths. Among men, the adjusted relative risks of death were 0.87 (95% CI = 0.79-0.94) for those consuming < 7 drinks/week, 0.85 (0.78-0.93) for 7-13 drinks/week, 0.87 (0.80-0.95) for 14-20 drinks/week, 0.88 (0.80-0.96) for 21-34 drinks/week, and 0.96 (0.89-1.03) for those reporting 35 or more drinks/week. For women, the adjusted relative risks were 0.98 (0.80-1.21) for < 7 drinks/week, 1.29 (1.03-1.63) for 7-13 drinks/week, and 1.17 (0.96-1.42) for 14 or more drinks/week. The authors conclude that there is a J-shaped curve for total mortality among Chinese men but not among Chinese women.

Comment: From the data shown, it is not clear why women drinkers (in comparison with non-drinkers) showed no effect or an increase in total mortality, rather than a decrease, as was seen among men. It is known that very few Chinese women consume alcohol (the percentage was not given in the abstract) and women drinkers in China may have many differences in other lifestyle characteristics than

non-drinkers. Further, follow up may not have been long enough to see coronary events among women (who do not develop CHD until later in life than men). However, it is also possible that the risk of other diseases associated with mortality among Chinese women may be increased by alcohol consumption.

Cardioprotection due to regular ethanol consumption lasts at least 7 days after abstention and is associated with eNOS Upregulation

Kazuhiro Kaneda, Masami Miyamae, Shingo Sugioka, et al, Osaka Dental University, Osaka, Japan, and Albert Einstein Medical Center, Philadelphia, PA. ACC 803-5.

Summary: These investigators have previously shown that alcohol protects against myocardial damage that ensues following an experimental myocardial infarction (MI) in animals. In this study, guinea pigs given 5% ethanol in their drinking water for 8 weeks showed much improved ventricular performance after an MI than animals given no alcohol. The effect was seen at 0, 4, and 7 days after abstention, but not at 14 days after the alcohol was removed from the animals in the ethanol group. Genetic analyses showed that ethanol upregulated expression of genes controlling eNOS (the main determinant of endothelial function, which is closely associated with the development of atherosclerosis and vascular thrombosis). The authors conclude that chronic cardioprotection by regular ethanol consumption lasts for at least 7 days

after abstention and is associated with eNOS upregulation.

Comments: A number of experimental studies have shown that if an animal has been given ethanol (starting either just prior to or up to several weeks before a MI is created), the ventricular muscle seems to be less damaged by the MI than the myocardial injury that occurs in control animals. This study suggests that the protective effect lasts up to 7, but not 14 days, after alcohol is stopped. The application to humans is not known, but some previous studies have shown that people who report consumption of alcohol within the 24-hour period before they have a MI appear to do better than subjects reporting no alcohol intake during that period.

Cancer agency finds strong link to cancer at consumption above 50g of alcohol a day

In February, 2007, 26 scientists from 15 countries met at the International Agency for Research on Cancer (IARC) in Lyon, France, to reassess the carcinogenicity of alcoholic beverages. This paper reports on the assessment of alcoholic beverages.

The report states: 'Although moderate alcohol consumption has some health benefits,(2) the WHO identified the consumption of alcohol as one of the top-10 risks for worldwide burden of disease.(3) In 2002, more than 1.9 billion adults (>15 years of age) around the world were estimated to be regular consumers of alcoholic beverages, with an average daily consumption of 13g of ethanol (about one drink).(4) In general, men drink alcohol more often and in larger quantities than women. On the basis of production data, per-capita consumption is highest in eastern Europe and the Russian Federation. In Africa, South America, and Asia, alcohol consumption is comparatively lower, but a large proportion of alcohol is produced locally and remains unrecorded. Over the past 40 years, alcohol consumption has remained stable in most regions of the world, except in the western Pacific region-predominantly China-where it has increased by about five times. In addition to ethanol and water, alcoholic beverages can contain many different substances derived from fermentation, contamination, and from the use of additives or flavours'

The Working Group reviewed the epidemiological published work

on the possible association between alcohol consumption and cancer at 27 anatomical sites. Many studies of different design and in different populations around the world have consistently shown that regular heavy alcohol consumption is associated with an increased risk for cancers of the oral cavity, pharynx, larynx, and oesophagus. 5-7 Daily consumption of around 50g of alcohol increases the risk for these cancers by two to three times, compared with the risk in non-drinkers. Additionally, the effects of drinking and smoking seem to be multiplicative. Furthermore, in populations that are deficient in the activity of aldehyde dehydrogenase, an enzyme involved in the catabolism of ethanol, much higher risks for oesophageal cancer after alcohol consumption have been reported than in populations with a fully active enzyme states the report. (8)

The report assessed 100 epidemiological studies on alcohol consumption and breast cancer in women and found an increased risk with increasing alcohol intake. A pooled analysis of 53 studies on more than 58000 women with breast cancer showed that daily consumption of about 50 g of alcohol is associated with a relative risk of about 1.5 (95% confidence interval 1.3-1.6), compared with that in non-drinkers. (10)

The report found an association between alcohol consumption and colorectal cancer demonstrated by 50 prospective and case-control studies. Pooled results from eight cohort studies (11) and data

from recent meta-analyses provide evidence for an increased relative risk of about 1.4 for colorectal cancer with regular consumption of about 50 g of alcohol per day, compared with that in non-drinkers. This association seems to be similar for colon cancer and for rectal cancer. (11,12)

By contrast, both cohort and case-control studies provide consistent evidence of no increase in risk for renal-cell cancer with increasing alcohol consumption. In several studies, increasing alcohol intake was associated with a significantly lower risk for renal-cell cancer.

This inverse trend was seen in both men and women.(13,14) Furthermore, two prospective cohort studies and several large case-control studies showed an inverse association or no association between alcohol consumption and non-Hodgkin lymphoma; most studies showed a lower risk in drinkers than in non-drinkers.(15,16) For cancers of the lung and stomach, there were suggestions that alcohol consumption might be associated with an increased risk, but confounding by smoking and dietary habits could not be ruled out. For other cancers, the evidence of an association between alcohol consumption and cancer risk was generally sparse or inconsistent.

Overall, the Working Group concluded that the occurrence of malignant tumours of the oral cavity, pharynx, larynx, oesophagus, liver, colorectum, and female breast is causally related to high alcohol consumption.

For renal-cell cancer and non-Hodgkin lymphoma the Working Group concluded that there is “evidence suggesting lack of carcinogenicity” for alcohol drinking.(20)

The addition of breast cancer and colorectal cancer, two of the most common cancers worldwide, to the list of cancers causally related to alcohol consumption suggests that the proportion of cancers partially attributable to alcohol consumption is higher than previously estimated.

Monograph Working Group Members

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Source: *Lancet Oncology* 2007; 8:292-293 DOI:10.1016/S1470-2045(07)70099-2 Carcinogenicity of alcoholic beverages <http://monographs.iarc.fr/ENG/Meetings/vol96-summary.pdf> IARC <http://www.iarc.fr>

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Moderate alcohol helps you survive brain injury

A Canadian study suggests that brain injured patients with low to moderate blood alcohol have a better survival chance than those with zero or high blood alcohol.

The study is published in the Archives of Surgery and was led by Dr Homer Tien, trauma surgeon at the Sunnybrook Health Science Centre in Toronto.

Dr Tien and his team looked at 16 years of trauma registry data from 1988 to 2003 describing patients admitted with traumatic brain injury (TBI) due to blunt head trauma, resulting from a road accident for example. They analysed the results of 1158 patients according to their blood alcohol level: None (0 milligrams per decilitre, 0mg/dL), low to moderate (under 230mg/dL), and high (230mg/dL and above).

The researchers performed statistical tests to work out the survival rates of the three groups. The results suggest that severely brain injured patients with high blood alcohol are more likely to die from their injuries than those with zero blood alcohol.

However, those with low to moderate blood alcohol stand a significantly better chance of survival than those with no alcohol in their blood.

The researchers are not sure how to explain the results. They suggest it could be because the initial brain trauma can develop into a secondary brain injury which is hard to manage when blood alcohol is high. Patients with high blood alcohol are less likely to respond to resuscitation.

Perhaps low blood alcohol (as opposed to none) actively reduces

secondary brain injury, which together with the increased likelihood of successful resuscitation means survival is more likely. Further research is needed, but the early indications are that alcohol may have a part to play in helping patients recover from severe brain injury.

Dr Tien and his team describe the results as a “paradox” and are careful to point out that:

“the study only describes the effect of alcohol on the brain after injury occurs and I’d like to stress that alcohol remains the leading cause of preventable trauma deaths and dramatically increases the likelihood of injury and fatal injury.”

Source: “Association Between Alcohol and Mortality in Patients With Severe Traumatic Head Injury.” Homer C. N. Tien et al. Arch Surg. 2006;141:1185-1191.

Strategies teenagers use to minimise alcohol-related harm

A recent study from Denmark examined strategies of harm minimization employed by teenage drinkers.

The teenagers participating in the present study were more concerned about social than health risks. The informants monitored their own level of intoxication, but in order to reduce alcohol consumption they depended upon support from their peers. The informants

preferred drinking in the company of well-known and trusted peers, and during drinking episodes they supervised and intervened in each others’ drinking to the extent that they deemed it necessary and possible. In regulating the social context of drinking they relied on their personal experiences more than on formalized knowledge about alcohol and harm, which they had learned from prevention campaigns and educational programmes.

The study found that teenagers may help each other to minimize alcohol-related harm, and teenage peer groups should thus be considered a resource for health promotion.

Source: Morten Hulvej Jørgensen, Tine Curtis, Pia Haudrup Christensen, Morten Grønbæk (2007) Harm minimization among teenage drinkers: findings from an ethnographic study on teenage alcohol use in a rural Danish community Addiction 102 (4), 554-559

Two studies show moderate drinking may benefit elderly men

Older men who drink moderate amounts of alcohol may function better physically than either those who abstain completely or those who abuse alcohol, a new study suggests.

Moderate drinkers tend to be healthier in general than teetotalers or problem drinkers, Dr Peggy M. Cawthon of California Pacific Medical Center in San Francisco and colleagues note. There is also evidence that moderate drinking may reduce inflammation.

Cawthon and colleagues compared functional limitations, physical performance and drinking history for 5,962 men aged 65 or older who were classified into 5 categories. Men who consumed 5 or more drinks on most days were classified as having a history of sustained excessive drinking, while those who responded positively to a questionnaire used to diagnose alcoholism were classified as problem drinkers.

Moderate drinkers were those who consumed between 7 and 20 drinks per week and heavy drinkers were men who consumed 21 or more drinks weekly. Abstainers made up the final group.

Moderate drinkers scored about 3 % to 5 % better on tests of physical function than the abstainers, the researchers found, while scores for heavy drinkers were about the same as those for the abstainers.

The abstainers were the most likely to report physical limitations to activities of daily living like walking, climbing stairs, and

doing heavy housework. The heavy alcohol users were only slightly less likely than abstainers to have these limitations.

Low-moderate users, meaning men who drank between seven and 14 drinks a week, were the least likely to have functional limitations, and were at 38 % lower risk of having these problems than abstainers.

The researchers call for more detailed studies to determine how alcohol use over time affects how functional status changes with age.

Source: Journal of the American Geriatrics Society, February 2007.

A second Dutch study suggests drinking a small amount of wine appears to extend men's life expectancy by a few years, Dutch researchers sought to gauge the impact on health and life expectancy of long-term alcohol consumption, tracking 1,373 men born between 1900 and 1920 who lived in Zutphen, an industrial town in the Netherlands.

The researchers followed alcohol intake in seven surveys carried out over four decades starting in 1960, tracking some men until they died and the rest until 2000. The men were asked about drinking, eating and smoking habits, weight, and prevalence of heart attack, stroke, diabetes and cancer.

Drinking a small amount of alcohol, less than a glass per day, was associated with lower rates of death from cardiovascular causes and overall causes, the study found and drinking an average of about half a glass of wine per day was associated with lowest mortality levels.

The study found that men who drank wine had a life expectancy 3.8 years longer than those who drank no alcohol. These wine drinkers also had a life expectancy two years longer than those who drank other alcoholic beverages, it found. The study was not designed to look at the well-documented health risks of heavy alcohol consumption.

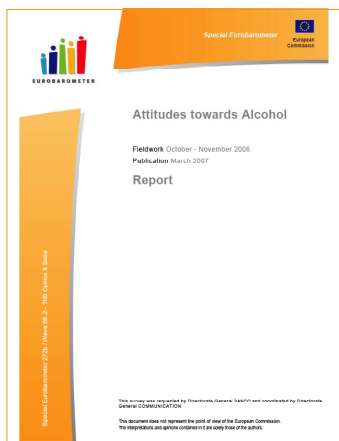
"The main message is that if you already consume alcoholic beverages, do so moderately -- one or two glasses per day maximum," Martinette Streppel, lead author of Wageningen University and the National Institute for Public Health and the Environment in the Netherlands.

The study did not look at how alcohol may provide health benefits, but Streppel said it could be due to an increase in high-density lipoprotein (HDL) cholesterol, or to a reduction in blood clotting. Also, red wine has compounds that may ward off the build-up of fatty tissue in the arteries that can cause a stroke or heart attack.

The findings were presented at an American Heart Association conference in Orlando, Florida.

Source: American Heart Association's 47th Annual Conference on Cardiovascular Disease Epidemiology and Prevention, Orlando, Fla., Feb. 28-March 3, 2007. News release, American Heart Association. CDC: "Alcohol and Public Health: Frequently Asked Questions."

Attitudes towards Alcohol in Europe Report - Eurobarometer



A 76 page report on attitudes towards alcohol in Europe, based on field work carried out amongst over 28,000 respondents in the 27 EU members during Autumn 2006 was published in March. Commissioned by DG Sanco, but not representing the views of the European

Commission, the report will feed into the evidence base of The Alcohol and Health Forum.

Some interesting statistics emerge, in that 25% of the EU adult population had not drunk alcohol at all in the last 12 months. 84% of men and 64% of women had drunk alcohol in the last year, but just 48% in the last month. In Portugal most adults drink daily, but moderately, whereas in Ireland the majority drink only once a week (41%) but three drinks or more in each sitting.

'Most EU citizens usually drink 1-2 drinks at once'

59% of EU citizens aged 15 and above drink moderately, with just 10% across the EU ever drinking more than five drinks in one session. Ireland showed the worst patterns with 36% of the population drinking 3-4 drinks and a further 34% five or more drinks per occasion.

Five or more drinks on one occasion are more likely to be consumed by students and 15 – 24 year olds – at approximately 20% against an EU average of 10% across the whole population. This means that 80% of young people across the EU are drinking responsibly and in some countries not at all. For example 40% of Italians and 37% of Portuguese claim to be abstainers (against 7% in Denmark). Only 2% of respondents in Italy and Greece and 4% in Portugal ever drink more than five drinks on one occasion compared with 34% of Irish respondents, Finland (27%), the UK (24%) and Denmark (23%).

Moderate trends on the increase

In comparison with the Eurobarometer survey of 2003 'the proportion of people who drink 3–4 drinks in one sitting has slightly decreased in favour of those having 1–2 drinks or even less at a time' the proportion of those who drink 3-4 drinks (18%) in one sitting has slightly decreased (four percentage points) during the past three years. The share of those having drunk more than 4 drinks remained the same over the same period (10%) however.

Public Opinion on public interventions to reduce misuse

According to the report, European public opinion is quite divided on who bears responsibility in protecting individuals from alcohol-related harm: 52% stated this was the responsibility of individuals themselves, 44%

QB10a During the past 12 months, did you drink any alcoholic beverage (beer, wine, sprits, cider or other local beverages)?

	Yes	No		Yes	No
EU25	75%	25%	EU25	75%	25%
Sex			Education (End of)		
Male	84%	16%	15	63%	37%
Female	68%	32%	16-19	80%	20%
Age			20+	84%	16%
15-24	75%	25%	Still Studying	72%	28%
25-39	81%	19%	Respondent occupation scale		
40-54	81%	19%	Self-employed	81%	19%
55 +	67%	33%	Managers	88%	12%
Put warnings on alcohol bottles and adverts			Other white collars	82%	18%
Agree	74%	26%	Manual workers	84%	16%
Disagree	84%	16%	House persons	57%	43%
Protection from alcohol related harm			Unemployed	74%	26%
Individuals are responsible	80%	20%	Retired	67%	33%
Public authorities must intervene	71%	29%	Students	72%	28%

said public authorities. Opinion on this question has a significant impact on attitudes towards measures aiming to prevent negative consequences of alcohol consumption.

A majority (68%) of respondents believe that a 25% price increase would not effect their alcohol drinking habits or the amount they drank – interestingly 81% would not buy more alcohol if prices reduced by 25%. Two thirds of the European Union population also believe that higher prices for alcohol would not discourage young people and heavy drinkers from consumption.

Drink drive knowledge confused

36% of respondents did not understand or know the permitted blood alcohol limit (BAC) in their country.

This could be explained by possible difficulties in understanding the exact measurement, a lack of availability of such information. Knowledge does not imply lack of compliance with drink drive law however as 70% of UK respondents replied ‘don’t know’ to BAC levels yet drink drive incidences are some of the lowest in the world.

73% favoured a lower BAC for young and novice drivers and 80% to random police alcohol breath testing on EU roads.

Sensible drinking label messaging

Across the EU, 77% of those surveyed would agree with putting warnings on alcohol bottles and adverts in order to warn pregnant women and drivers of dangers of drinking alcohol. Finland recorded sizeable opposition to warning labels (45%), Denmark (41%) and the Netherlands (38%) however.

The survey discovered a consensus on a universal purchase age of alcohol of 18. 84% agree with not selling alcohol to people under the age of 18.

On the release of the report, EU Health Commissioner Markos Kyprianou said: “It is evident from this survey that EU citizens support measures crafted to protect specific groups in society, such as pregnant women, drivers and young people from the harmful effects of alcohol abuse and misuse. I am deeply concerned about the data showing that one in five young Europeans regularly binge drink.”

The Eurobarometer on Alcohol is available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_272b_en.pdf

QB10b How often in the past 12 months have you had 5 or more drinks on one occasion?

	Several times a week	Once a week	Once a month	Less than once a month	Never
EU25	13%	15%	16%	24%	31%
BE	9%	15%	17%	22%	37%
CZ	7%	18%	17%	26%	31%
DK	8%	14%	23%	37%	18%
DE	15%	19%	20%	23%	23%
EE	4%	17%	21%	30%	28%
EL	6%	9%	15%	23%	46%
ES	28%	21%	11%	16%	22%
FR	6%	9%	16%	30%	39%
IE	17%	37%	14%	20%	11%
IT	21%	13%	7%	12%	46%
CY	6%	7%	12%	21%	54%
LV	2%	8%	15%	22%	52%
LT	4%	8%	16%	31%	40%
LU	10%	9%	14%	21%	46%
HU	14%	11%	14%	25%	36%
MT	4%	22%	11%	33%	30%
NL	8%	12%	17%	27%	36%
AT	24%	20%	17%	18%	20%
PL	4%	13%	22%	37%	21%
PT	14%	6%	6%	18%	55%
SI	7%	14%	17%	23%	39%
SK	10%	16%	19%	26%	28%
FI	5%	16%	25%	31%	23%
SE	1%	11%	20%	33%	34%
UK	12%	19%	16%	24%	29%
CY(tcc)	19%	14%	17%	20%	29%
BG	14%	13%	9%	18%	45%
RO	14%	18%	15%	23%	29%
HR	10%	11%	14%	24%	40%
Highest percentage within a country		Highest percentage in the EU25			

Table refers to those claimed to have drunk alcohol during the past 12 months (BASE: 18895 respondents)

TIRF 'Driving while under the influence of alcohol'



10 Steps to a Strategic Review of the DWI System: A Guidebook for Policymakers

Working Group on DWI System Improvements



TIRF has released 10 Steps to a Strategic Review of the 'Driving while under the influence of alcohol' (DWI) System: A Guidebook for Policymakers. The report is designed to assist policymakers in leading a strategic review of the DWI system at the local, county, or state level to improve the efficiency and

effectiveness of the DWI system and close loopholes commonly exploited by savvy repeat offenders. This report was developed by the Working Group on DWI System Improvements at their 3rd Annual meeting held in April 2006.

The guide contains 10 critical steps that are based on sound research and have been developed with input from criminal justice professionals across the country. These 10 steps are designed to assist policymakers in creating an effective team to conduct a comprehensive and impartial system assessment that highlights priority needs. The guide contains tools to aid in the decision-making process, and recommends ways to successfully implement change built upon consensus.

The Working Group -- a TIRF initiative -- is a coalition of criminal justice professionals representing 14 criminal justice organizations that has been improving the effectiveness and efficiency of the DWI system since 2004.

Copies of the guide can be downloaded by going to www.tirf.org.

Drinking in Context: Patterns, Interventions and Partnerships



A new ICAP book, 'Drinking in Context: Patterns, Interventions and Partnerships', with contributions from a range of authors from different disciplines, including Gerry Stimson Director of The International Harm Reduction Association and Marie Choquet, Research Director of INSERM

and Gaye Pedlow, Alcohol Policy Director at Diageo, was launched at The House of Commons on the 27th March. The panel discussion was chaired by Kevin Barron MP, Chairman of the Commons Health Select Committee, who showed good and balanced knowledge of the key issues covered.

Discussion inevitably led to the UK's unenviable rank within Europe at the top position with Ireland and Denmark in excessive patterns of drinking, especially among young women. The role of parents, peers, the environment and the effectiveness of local interventions rather than national policies were touched upon.

The book will be reviewed in the May edition of AIM, and is available via book.orders@tandf.co.uk for Europe, Asia and Africa or via joshua.walls@taylorandfrancis.com for The USA, Canada and Latin America. For further information contact Helmut Wagner via helmut@tcn.eu.com

Multi-component programmes: an approach to prevent and reduce alcohol-related harm by Betsy Thom and Mariana Bayley

A review of international experience of community-based prevention programmes to address alcohol-related harms at local level has been published.

The report describes a 'multi-component' model to prevent and reduce harm, with evidence from programmes in the USA, Australia and Scandinavia. The approach typically requires:

- a programme of multiple, co-ordinated initiatives rather than 'stand-alone' projects; and
- an emphasis on encouraging change in local policies, structures, systems and drinking cultures.

The authors conclude that involvement of local communities is vital, and suggest that the use of a more explicit multi-component model would be helpful to map alcohol-related problems and design local strategies.

To download the report, please visit www.jrf.org.uk/bookshop/eBooks/1976-prevention-alcohol-harm.pdf



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