

Research on alcohol and cognitive function in older people

Several interesting reports relating to alcohol consumption and its effects on older people were published towards the end of 2005.

Ganguli M, Bilt JV et al looked at alcohol consumption and cognitive function in late life. The researchers examined the association between alcohol use and cognitive decline in a longitudinal study of a dementia free elderly community (average 74 years old). Cognitive functions and self-reported drinking habits were assessed at 2-year intervals over an average of 7 years of follow-up. Few heavy drinkers were identified in this elderly cohort, but compared to non-drinking, both minimal and moderate drinking groups were associated with lesser cognitive decline. The associations were more pronounced when comparing current drinkers to former drinkers rather than to lifelong abstainers

A study by **Järvenpää T, Rinne JO et al** examining binge drinking in midlife and dementia risk found conflicting results. The researchers goal was to determine whether drinking patterns, in addition to total alcohol consumption, would provide new insights about the relationship of alcohol use with dementia risk. 554 Finnish twins, who provided data on alcohol consumption in questionnaires in 1975 and 1981, were followed for 25 years. Subjects were age 65 years or older at the time of dementia assessment in 1999–2001. By the end of follow up, 103 participants had developed dementia. Binge drinking (i.e., 5 bottles of beer or a bottle of wine on 1 occasion at least monthly), as reported in 1975, was associated with a relative risk of 3.2 (95%confidence interval = 1.2 – 8.6) for dementia. Passing out at least twice as a result of excessive alcohol use during the previous year, as reported in 1981, was associated with a relative risk of 10.5 (2.4 – 46) for

dementia in drinkers. This long-term follow up of men and women in Finland showed that those who reported binge drinking and, especially, those who reported ever passing out from excessive alcohol intake, were at markedly increased risk of meeting criteria for dementia or less severe cognitive decline illustrating the long term risks of binge drinking in middle age.

Deng J, Zhou DHD, et al published results of alcohol consumption and the risk of dementia in an elderly Chinese population. Their results indicated that light-to-moderate drinking (no more than 168 g of alcohol per week for men and 112g for women) was associated with a significantly lower risk of dementia compared with non-drinking, with particularly positive results for wine and spirit drinkers. Excessive drinking was related to a higher risk of dementia. The effect of light-to-moderate drinking seemed most effective for vascular dementia; odds ratios were 0.63 (0.55–0.72) for Alzheimer's disease, 0.31 (0.19–0.51) for vascular dementia, and 0.45 (0.12–1.69) for other dementia.

Lindeman RD, Wayne SJ et al analysed cognitive function in drinkers compared to abstainers. The purpose of this study was to compare nine measures of cognitive function in drinkers compared to abstainers. 883 randomly selected Hispanic and non-Hispanic white men and women, age > 65 years of age were surveyed. Results showed that participants who consumed alcohol had significantly better mean scores on 7 of 9 cognitive function tests and less frequently had scores below selected "cut points" compared to those who abstained from all alcohol intake. The cross-sectional analysis is important as it measured a large number of parameters related to cognitive function, was in older people (average age 74 years), and because it contained a high percentage

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of Hispanics. With appropriate control for potential confounders, their analyses support a number of previous studies showing better cognitive functioning, and lower risk of poor cognitive functioning, among moderate drinkers. While potential mechanisms for such an effect are not known, the authors suggest that improvements in HDL-cholesterol, lowered risk of diabetes and insulin resistance, and less obesity, all seen among the drinkers, may have contributed to both a reduced risk of cardiovascular disease and poor cognitive functioning.

A study published in the *Journal of Biological Chemistry* sheds potential light as to why the Chinese study found enhanced results for wine. According to **Marambaud et al**, resveratrol lowers the levels of the amyloid-beta peptides which cause the telltale senile plaques of Alzheimer's disease.

One of the characteristic features of Alzheimer's disease is the deposition of amyloid-beta peptides in the brain.

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Russia

The upper house of Russia's parliament has voted to raise the fine for public beer consumption in November.

The law would mean that those caught drinking beer in public places could face fines of up to three times the minimum monthly wage. Adults found supplying beer to under-18s would face a similar fine and retailers selling beer to minors would be hit by penalties of up to 30 times the minimum monthly wage for shop employees and 10 times as much again for the shop owners. Alexei Klishin, first deputy speaker of the upper house's committee for legal issues stated: "The country is experiencing a mass consumption of beer and low-alcoholic drinks on the streets, transport and other public places, which is having a negative effect on the development of children and adolescents and is creating a permissive atmosphere."

UK

In the UK the Good Pub Guide 2005 has reported that a larger wine glass is almost standard practice and one which is costing drinkers more and may be putting them at risk of drink driving. The 125ml wine glasses are being replaced by 175ml measures and the 175ml by 250ml. The Guide has called for pubs to use 125ml as their standard size. A 250 ml pour is 1/3 of a bottle of wine and at 13 - 14% can account for the UK maximum daily recommendation for women of 3 units.

Spain

Diageo launched a 1.5m Euro marketing communications campaign to promote responsible alcohol consumption in Spain this Christmas. The company deployed 72 work groups or "commandos" to inform youngsters about the ill consequences of excessive drinking, and provided them with public-transport information in their cities. The programme was an extension of last years successful campaign with local governments collaborating with the campaign.

Thailand

Thailand is looking to remove alcoholic beverages from retail display shelves, according to local reports.

Dr. Narong Sahamethapat, a deputy director-general within the Thai Health Ministry, said that a draft law to control the consumption of alcoholic drinks has been completed and the process of public hearings for inputs into the draft is expected to be complete by the end of next year.

The main thrust of the bill is to ban advertisements for alcoholic drinks on television and radio, and to extend the hours during which alcohol ads cannot be broadcast from the current blackout period of 5am to 10pm.

A set of related legal measures will be enforced under the law to restrict children's access to alcoholic drinks, and to ban sales near schools, temples and petrol stations. Once in force, the law will also ban the trading of alcoholic drinks during public holidays and Sundays.

World

The World Medical Association (WMA) recommends the national associations and all medical doctors to act in order to reduce alcohol related harm. The association recommends that alcohol should be removed from international trade agreements, a reduction on age limits, limited availability, high alcohol taxes and effective measures to fight drunk driving. WMA adopted its statement at its general assembly in Santiago de Chile.

Sweden

The National Road Administration has invested 8.3 million SEK (approx E800,000) from a fund organized by selling personalized register plates in order to develop more user-friendly alco lock systems. The project is being conducted in cooperation with Volvo. The National Road Administration's traffic panel reports that eight out of ten young road users in Stockholm want alco locks to be installed in cars.

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Drop in US Underage Drinking

According to the 2005 Monitoring the Future survey alcohol consumption among secondary school students in the US continues to decline.

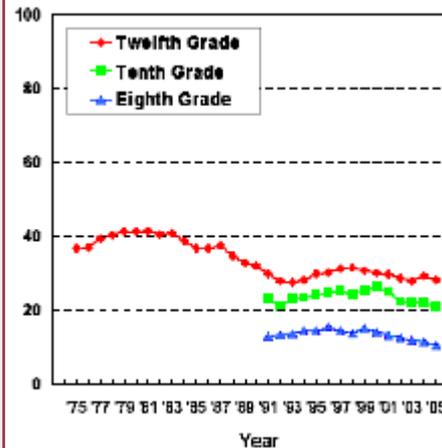
Figures show that the number of youths who reported drinking within the last 30 days has fallen, having peaked in the late 1970s at over 70%. It is down to 46% in 2005. Other encouraging trends include the number of youths who disapprove of drinking more than 5 drinks once or twice a weekend is rising slowly having dipped in all age groups around 2000. The availability of alcohol has decreased for all age groups. Eighth graders who reported having easy access to alcohol in 1992 stood at 76%. This fell to 65% in 2005. Past year use of alcohol was down 2.7 percent among 8th graders; down 1.5 percent among 10th graders; and down 2.1 percent among 12th graders. The

Monitoring the Future survey collects data from nearly 50,000 US eighth, tenth and twelfth-graders. It is sponsored by the National Institute

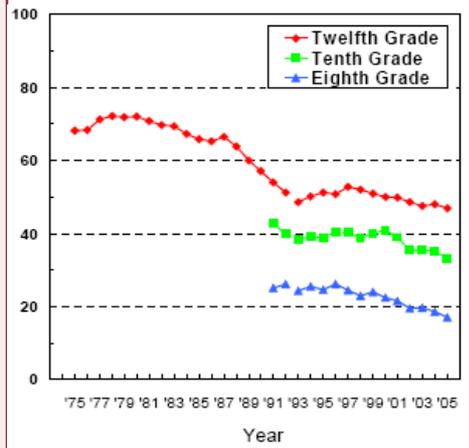
on Drug Abuse (NIDA) and the University of Michigan.

For more information visit www.monitoringthefuture.org.

% disapproving of drinking 5+ drinks in a row once or twice each weekend Eighth, Tenth, and Twelfth graders



Alcohol: Trends in 30 day use, % who used in past 30 days Eighth, Tenth, and Twelfth graders



UK survey shows almost one third of adults have been asked to buy alcohol for a minor

A new survey conducted by the Portman Group, showed that almost one third (32%) of adults have been asked to buy alcohol on behalf of someone under 18. Of those who had been asked over one third admitted to buying alcohol for a minor.

The survey also found one in four adults who admitted to buying alcohol for someone under 18 said that they did not know it was an offence. Of those who admitted to buying alcohol for minors, 30% said that they had done so because they had felt intimidated. 30% also said that they didn't think it would do any harm.

38% of those who had purchased alcohol on behalf of under 18s said they had bought it in a convenience store whilst one-quarter (25%) said they had bought it in a supermarket. A further 24% said they had purchased the alcohol in an off licence and 14% in a pub or bar. 14% of those

questioned said they thought buying alcohol for under 18s could lead to anti-social behaviour. 17% also said they thought that it could lead to unsafe sex. Almost 7 out of 10 people questioned said they did not know you could receive an £80 on the spot fine for buying alcohol for someone under the age of 18.

The findings come as The Portman Group launches its campaign to highlight the offence of "proxy purchase". 100,000 posters and window stickers will be distributed to off licences, convenience stores, supermarkets and pubs.

Jean Coussins, Chief Executive of The Portman Group, comments:

"Buying alcohol on behalf of a minor is against the law. This campaign will highlight the fact that if you do purchase alcohol for someone under 18 you might end up with an £80 fine

or even taken to court to face a maximum £5000 fine".

"We urge all alcohol retailers to be more vigilant and never sell alcohol to someone they think might be passing it on to under 18s."



Alcohol and Health: current evidence, future trends

Hosted by The Wine and Spirit Education Trust at

The International Wine and Spirit Centre, 39- 45 Bermondsey Street, London SE1 3XF

Speakers



R. Curtis Ellison has been Chief of the Evans Section of Preventative Medicine and Epidemiology and Professor of Medicine and Public Health at Boston University School of Medicine since 1989, with training in internal medicine, cardiology and epidemiology. Professor Ellison serves as a senior researcher on The Framingham Study, a longitudinal study of risk factors for heart disease.

he is the director. The Institute researches various aspects of lifestyle, especially the moderate consumption of wine and other alcohol, that relate to the risk of heart disease, cancer and other chronic diseases.

Professor Ellison has also worked with the Oldways Foundation, the Harvard School of Public Health, and the European office of the World Health Organization in the development of the 'Mediterranean Diet Pyramid', a new set of dietary guidelines.



Alan Crozier is Professor of Plant Biochemistry and Human Nutrition at the University of Glasgow. He has published more than 200 research papers and his research is currently focussed on flavonols and other protective dietary flavonoids in fruits, vegetables and beverages. His research group is using a number of approaches to investigate the bioavailability of dietary phenolics, principally those occurring in berries, red wine, tea and coffee.

In 1999, he was awarded the title "Eminent Scientist of RIKEN" for internationally distinguished achievements in the field of plant hormones and secondary metabolites by the Institute of Physical and Chemical Research (RIKEN), Wako-shi, Saitama, Japan.



Dr Marsha Morgan, MB ChB FRCP is a Reader in Medicine and Honorary Consultant Physician, University of London's Centre for Hepatology.

The Centre for Hepatology combines clinical and non-clinical investigators who work in the context of a major tertiary referral centre for liver disease on the Hampstead site, providing the full range of services including transplantation. Within a newly built department with excellent facilities for cell and molecular research, with liver cell biology proving the core scientific discipline, studies range from improving the management and understanding of chronic viral hepatitis to genetic approaches to treat inborn errors of hepatocyte metabolism.



Dr Thomas Stuttford, popularly known as "The Times Doctor", has for the past sixteen years regularly addressed the question of alcohol and health. Dr Stuttford was one of the first important medical correspondents to promote the sensible and responsible use of alcohol in a major newspaper.

His speciality is occupational health and genitourinary medicine, which he combines with medical journalism. In 1997 Dr Stuttford published a book: *To Your Good Health: The Wise Drinker's Guide* which challenged medical orthodoxy with good humoured advice to sensible drinkers.

Dr Barry Sutton has held senior executive positions in the wine & spirit trade since 1987 when he joined IDV (UK) as Managing Director of Peter Dominic. He later ran their spirits production and wine and spirit purchasing functions until later joining The Wine Society as its Chief Executive and, concurrently being Chairman of the Wine & Spirit Trade Association from 1997 to 1999. He is currently Chief Executive of the International Wine Clubs Association, the world trade body representing the distance selling wine industry. In 2005 he became the Chairman of the 'new', reorganised, UK Wine & Spirit Trade Association.

Conference Programme

- 9.15 Registration
- 9.45 Introduction by Peter Duff, Chairman of AIM
- 9.55 Helena Conibear, Editorial Director of AIM
Update on AIM's activities and plans for 2006
- 10.15 Professor R. Curt Ellison
Advances in alcohol and health in general and the heart in particular.
- 10.45 Dr Marsha Morgan
Liver function and its role in the absorption of alcohol
- 11.15 Professor Alan Crozier
Antioxidants, their bio-availability and role in disease prevention
- 11.45 Open forum on medical issues moderated by Dr Thomas Stuttaford
- 12.15 Dr Barry Sutton, Chair of Wine and Spirit Trade Association
Balancing moderate drinking with social and responsibility issues - a proactive way forward
- 12.30 Closing remarks by Ian Harris, Chief Executive of Wine and Spirit Education Trust

For further conference details, please contact Sherry Webster via sherry.webster@aim-digest.com

(Continued from front page)

Philippe Marambaud of the Litwin-Zucker Research Center for the Study of Alzheimer's Disease and Memory Disorders in Manhasset, New York, administered resveratrol to cells which produce human amyloid-beta and tested the compound's effectiveness by monitoring amyloid-beta levels inside and outside the cells. They found that levels of amyloid-beta in the treated cells were much lower than those in untreated cells. The researchers believe the compound acts by stimulating the degradation of amyloid-beta peptides by the proteasome, a barrel-shaped multi-protein complex that can specifically digest proteins into short polypeptides and amino acids. "It is difficult to know whether the anti-amyloidogenic effect of resveratrol observed in cell culture systems can support the beneficial effect of specific diets such as eating grapes," cautions Marambaud. "Resveratrol in grapes may never reach the concentrations required to obtain the effect observed in our studies. Grapes and wine however contain more than 600 different components, including well-characterized antioxidant molecules. Therefore, we cannot exclude the possibility that several compounds work in synergy with small amounts of resveratrol to slow down the progression of the neurodegenerative process in humans."

Resveratrol may also be effective in fighting other human amyloid-related diseases such as Huntington's, Parkinson's and prion diseases. Studies by a group at the Institut National de la Santé et de la Recherche Médicale in Paris, France headed by Christian Néri have recently shown that resveratrol may protect neurons against amyloid-like polyglutamines, a hallmark of Huntington's disease.

Sources: Ganguli M, Bilt JV et al Alcohol consumption and cognitive function in late life: a longitudinal community study *Neurology* 2005;65:1210-1217).

Jarvenpaa, Tarja et al Binge Drinking in Midlife and Dementia Risk. *Epidemiology*. 16(6):766-771, November 2005.

Deng J, Zhou DHD, et al 2-year follow-up study of alcohol consumption and risk of dementia *Clin Neurol Neurosurg* 2005 August

Lindeman RD, Wayne SJ et al Cognitive Function in Drinkers Compared to Abstainers in The New Mexico Elder Health Survey *J Gerontology* 2005;60A:1065-1070.

Philippe Marambaud, Haitian Zhao, and Peter Davies Resveratrol Promotes Clearance of Alzheimer's Disease Amyloid Peptides* *J. Biol. Chem.*, Vol. 280, Issue 45, 37377-37382, November 11, 2005

UCLA study identifies \$7 in societal savings for every \$1 spent on drug abuse treatment

A recent Californian study found that the average cost of substance abuse treatment (\$1,583) is offset by monetary benefits such as reduced costs of crime and increased employment earnings totaling \$11,487.

The researcher team used detailed data from 2,567 clients admitted to 43 treatment providers in 13 California counties during 2000 and 2001. The information was gathered via an automated system operated by the California Treatment Outcome Project.

“Even without considering the health and quality-of-life benefits to drug treatment clients themselves, spending taxpayer dollars on substance abuse treatment appears to be a wise investment,” said Susan Ettner, lead

author and professor of general internal medicine and health services research at UCLA’s David Geffen School of Medicine and School of Public Health.

Monetary benefits associated with treatment were estimated using administrative records as well as data provided by each client prior to treatment and nine months after treatment began. The study examined costs of medical care, mental health services, criminal activity, earnings and related costs of government programs such as unemployment and public aid.

Among other findings:

* Treatment costs of clients who began with outpatient care totalled \$838 compared to \$2,791 for those who began in residential care.

* Reductions were seen in hospital inpatient, emergency room and mental health services costs, but only the \$223 reduction in emergency room costs was statistically significant.

* Reduction in the cost of victimization and other criminal activities averaged \$5,676.

* No significant changes were seen related to unemployment or disability costs. However, welfare payments increased slightly, perhaps due to increased referrals to public aid programs.

Source: Ettner SL et al. Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment “Pay for Itself”? Health Services Research 2005.

Liver cirrhosis in the UK rises

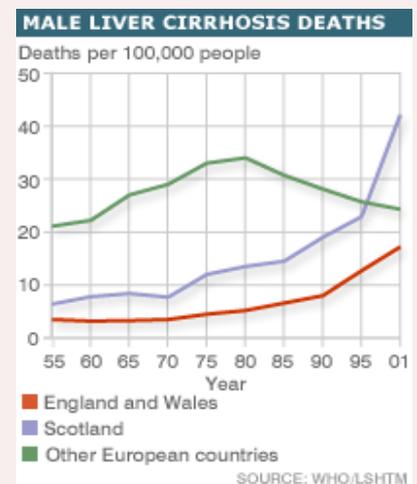
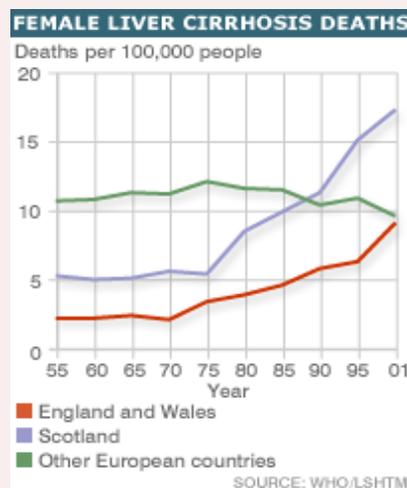
An analysis of European cirrhosis mortality rates from 1950 to 2002 published in The Lancet medical journal showed the number of deaths increased in Britain while it fell in other European countries.

Liver cirrhosis has more than doubled in men in Scotland between the periods of 1987-1991 and 1997-2001 while it rose by over two-thirds in England and Wales. Mortality in women increased by 46 percent in Scotland and 44 percent in England and Wales.

“These relative increases are the steepest in western Europe, and contrast with the declines apparent in most other countries examined, particularly those of southern Europe,” said David Leon, of the London School of Hygiene and Tropical Medicine, in the report. “Cirrhosis mortality rates in Scotland are now one of the highest in western Europe, in 2002 accounting for 0.45

deaths per 1000 in men and .2 deaths per 1000 in women,” he added.

The report by Leon and Jim McCambridge of London’s King’s College showed Austria had the highest cirrhosis mortality rate for both men and women.



Whilst some European countries still had high levels, most saw a decrease of between 20 to 30 percent from the early 1970s. The authors blamed the rise in Britain on the increase of alcohol consumption and obesity. Leon added. “The situation in Scotland warrants particular attention.” The survey used data from the World Health Organization Mortality Database.

Wine drinking in Spain

The Spanish Wine Federation (FEV) commissioned a study of over 1,300 people aged between 18-35 living in towns and cities with populations of 30,000 and above, to find out more about their drinking habits.

The results, published on 14th November, show that wine is not a part of daily life for most 18-24 year olds, but becomes increasingly more so as they grow older. Questioned about their drinking habits over the last year, only 11% of participants admitted to drinking wine on a regular basis, whereas 60% preferred soft drinks or bottled water, and 30% chose beer. Although taste was shown to change with age, the young Spaniards questioned felt that they lacked information and education about wine, and would be prepared to drink more wine if they knew more about the regions they were made in and the products themselves.

France wine labelling warning for pregnant women

At the end of last year, the European Commission received notification of the new French law making it obligatory for all alcoholic drinks to carry health warnings for pregnant women. The notification deadline was set for January 30, but according to shippers' association EGVF the Czech Republic has issued a comment on the proposed law, pushing the deadline back to May 2. France cannot, therefore, publish the law until this date, after which the trade will have one year to enforce the measure. The pictogram and written message to be printed on bottles have already been designed, and it is up to the trade to decide which one they will employ. Catherine Baudry-Dupérat of EGVF believes that most will opt for the pictogram as the written warning is long and uninviting. The graphic shows a pregnant woman inside a circle with a bar through it, the international symbol for "forbidden".

(Source: *Journee Vinicole*)

Finalisation of the Licensing Bill for Scotland

The Licensing Bill for Scotland was finalised on the 16th of November. A number of amendments resulted in a significant and unexpected toughening up of the Bill. Alcohol Focus Scotland commented that overall it welcomes the changes and believe it brings Scotland a step closer to having licensing legislation that is 'fit for purpose' - capable of tackling Scotland's growing alcohol problems and creating a licensed trade which is vibrant but responsible.

Two amendments were passed: The first added an alternative punishment for selling alcohol to an underage person of 'imprisonment for a term not exceeding 3 months' and / or a

fine of up to £5000'. The second relates to the controversial change to off-licence hours announced at stage 2. It was finally agreed that off-licences would not be allowed to open between 10pm and 10am. However, the amendment also contained a clause which would allow Ministers to vary these hours and talks have already begun on this point but this would not happen until 2009. The next important step in the licensing calendar will be the draft regulations to be published in October 2006.

For a copy of the finalised Bill go to <http://www.scottish.parliament.uk/business/bills/pdfs/b37s2-aspassed.pdf>.

Taxation and its implications in the EU

Finns drank an average 10.3 litres of pure alcohol in 2004, up by 10% from 2003, Stakes reported in an annual review on the health impact of alcohol. The report showed 1,860 people out of a population of 5.2 million died from alcohol-related diseases or incidents in 2004, up 20% from 2003. That figure was boosted by a 30% rise in death from cirrhosis of the liver.

Finland cut its liquor tax by a third in March 2004, trying to counter an expected surge in private imports after neighbouring Estonia joined the European Union and to try to preserve the state monopoly on alcohol. Finland's government has appointed a working group to evaluate how alcohol-related diseases can be reduced. Suggestion that taxes should be raised have provoked fears that the importing of alcohol would restart.

At the same time as the increase in liquor tax, there are plans to reduce the wine tax by 3-5 % in order to encourage the Fins to move from spirits to wine.

Elsewhere in the EU other countries are planning tax changes: Estonia is expected to stop what have been

regular step by step increases in alcohol tax .

There are plans to continue the reduction of the spirits tax in Denmark in order to balance the cross border trade in Germany. The German spirits tax is around 2/3 of the Danish tax. This is said to be a "calibration" after the huge cut in taxes in 2004.

The announced deposit on beer cans in Germany, purchased for use in foreign countries, will make it more or less impossible to reduce the Swedish beer tax. The deposit will be as much as the in-price for border shops in Germany. A can at the cost of SEK 3,80 today will be over SEK 6,00 with the deposit included. In this case it is regarded that the price difference between Germany and Sweden is too small to justify a tax cut in Sweden. Another complicating fact is that the ECJ has got a case in which Sweden is accused of operating a wine tax that is too high compared with beer. A reduction of the beer tax will therefore call for an even larger reduction of the wine tax.

England and Wales - New Licensing Law and Statistics

November 24th 2005 welcomed the new licensing law in England and Wales. A survey of 336 licensing authorities suggested that 0.5% of the 190,000 licensed premises have been given the right to operate on a 24-hour basis, dispelling the idea of the new law allowing '24 hour drinking' as portrayed by some press and bodies. 70,000 outlets are allowed to sell alcohol for longer than in the past. An overall total of 1,121 businesses have been granted 24-hour licenses, including around 250 supermarkets, 359 pubs and clubs, with the rest going mostly to smaller stores. An additional sample survey of 30 local authorities, also conducted by the department for Culture, Media and Sport, shows that 80% of the pubs, bars and nightclubs with extended hours plan to close before 1am. One in four premises applying to vary their hours met objections from residents or police. Two thirds of these disputes were resolved but some applications were rejected

Mark Hastings, of the British Beer and Pub Association, commented in The Guardian newspaper "We've been saying for a long time that the result of this change would be a relatively modest increase in overall licensing hours, that 24-hour opening was an urban myth...at last in this country adults are going to be treated like grown-ups." Professor Ian Gilmore, chairman of the Royal College of Physicians' alcohol committee, fears the law will "lead to more drunkenness, alcohol-related illness and social order problems...the UK's millennium-old traditions of binge drinking are not suddenly going to change overnight into continental-style moderate consumption".

The Government hopes that the increased police powers to close irresponsible premises and on the spot fines (£80) for drunken and anti-social behaviour as well as a crackdown on sales of alcohol to minors will, over time make inroads to reduce alcohol related harm. This is in the light of the Liberal Democrats releasing figures indicating that alcohol-fuelled violence has risen by a fifth in the past two years. Home Office officials say that the changes will be judged by their impact on the rate of serious assaults in the

violent crime figures. They hope that a 9% fall recorded in areas targeted in a summer alcohol campaign will be replicated across the country. The success or failure of the changes to the drinks laws will be assessed by analysing 10 "scrutiny councils"; these include Birmingham, Blackpool, Brighton, Bristol, Cardiff, Havering, Manchester, Newcastle upon Tyne, Nottingham and Taunton Deane.

Premises involved with irresponsible drinks promotions can have their licences revoked, and stores caught selling alcohol to minors can have their licence changed, suspended or revoked and be handed a £5,000 fine. A series of 5,500 Trading Standards sting operations took place in the run-up to Christmas in a bid to catch retailers who sell alcohol to minors. Tesco, Sainsbury's, Asda, Morrisons, the Co-Operative Group and leading off-licences have all agreed to a "zero tolerance policy", and over the Autumn instigated better in store information and staff training in response to meetings called by the Home Office.

The government says the new legislation has given local communities a voice in licensing applications and that it will provide "a more effective range of remedies which can be taken against badly run premises". Local authorities predict that council tax bills could rise as a result of the law due to the costs of administering the licences locally. An unpublished Local Government Association survey found virtually every council says its licensing department is in the red due to the new system and environmental health costs.

The Government is giving police powers to designate areas that act as magnets for drink-related trouble 'alcohol disorder zones'. Pubs and clubs in the zone will be given up to eight weeks to clean up their act or pay a levy for extra policing, street cleaning and other costs. The plan has been highly controversial both within Government - with warnings that pubs will simply sell more drink to cover the levy - and with the pub trade, which fears responsible landlords caught within zones will be unfairly punished. Hazel Blears, the policing minister, is drawing

up plans for discounts on the levy for landlords who can show they are not fuelling trouble.

The consumer reaction

70% of young drinkers believe new extended licensing laws will not affect the amount of alcohol they consume, according to a BBC survey. 29% say they will drink more and 2% less. The online questionnaire for Radio 1 Newsbeat was answered by 11,367 people - 61% were male, while 18 to 24-year-olds were the largest age group (54%), followed by 25 to 29-year-olds (23%) 30 years and above (15%) and lastly 16 to 17-year-olds (8%). The survey also found that 42% of respondents had been caught up in violence during a night out drinking, while 45% said they had had unprotected sex as result of being drunk. The findings suggest that young men aged between 18 and 24 drink the most - with more than half drinking 16 units or more on a night out. 71% of those who consume more than 20 units had been caught up in violence, compared with just 19% of those who drink up to five units.

However so far there has been little evidence to confirm Professor Gilmore's worries. County reports across the UK over the Christmas period suggest the Licensing laws are effective and have not lead to a rash of anti-social behaviour

"It was an average weekend, no busier and no quieter than any other weekend. There were a few incidents but they were only minor and the same as any other weekend." said Chief Superintendent Dave Wheeler, Lincolnshire Police.

"Licensed premises were visited throughout the evening [of New Year's Eve] and there was no cause for any premises to be closed in Liverpool City Centre" reported Merseyside Police.

Alcohol related deaths

The number of alcohol-related deaths rose from 4,887 in England and Wales in 1997 to 6,544 in 2004 (within a population increase of approximately 1.5 million in that period), according to figures released as the result of a question by David Ruffley, the Conservative MP for Bury St Edmunds.

The figures on hospital admissions in England for alcohol-related disease also show an increase of 9.5 per cent since 1999, rising from 41,880 to 45,849 in 2004. The figures reflect social changes since the 1960s, with an increase of drinking, particularly amongst women in the last twenty years

Drink Drive

The December crack down on drink drive saw 133,136 drivers breath-tested in England and Wales, of whom nearly seven percent were positive. "Some drivers continue to consider themselves above the law, putting themselves and other road users at risk by drinking and driving," said Meredydd Hughes of the Association of Chief Police Officers (ACPO).

The 2005 figures showed 8.6 percent tested positive after an accident compared with 8.75 percent in December 2004. "There are no excuses for this behaviour," Hughes said in a statement.

"If people are confused about the amount of alcohol they can consume before driving, the advice is simple — do not drink at all if you are planning to drive." Edmund King, executive director of the RAC motoring foundation said it was worrying that the message was not getting through.... "the downward trend in drink-drive figures achieved over two decades has now stalled," he said.

Police said the 9,275 drivers who tested positive now face court proceedings that could result in disqualification or even imprisonment. The 8% of breath test failure has been blamed on persistent drink-drive offenders and a new breed of young motorists with no comprehension of the dangers of alcohol and driving. The government said the figures for England and Wales, released by the Association of Chief Police Officers (ACPO), were disappointing. Ministers are already considering giving police extra powers to deal with the

hard core of persistent drink-drivers. These would include being able to stop drivers without a reason if they suspect they have been drinking. Commenting on the figures for ACPO Road Policing, chief constable of North Yorkshire Police, David Kenworthy said: "It is clear that despite considerable effort by government, police and other partners in road safety there remains a substantial core of persistent drink-drive offenders willing to put their own and others' lives at risk."

The police in England and Wales carried out 1247 positive breath tests following collisions - some 15% more than last year.



Campus-community intervention programs effective in reducing drinking and driving among students

Alcohol-related motor vehicle crashes kill an estimated 1,200 college students each year in the US. A new report finds significant reductions in driving after drinking and riding with an intoxicated driver on campuses where there are strong campus-community initiatives to prevent binge drinking.

The report by the Harvard School of Public Health evaluates the effect on drinking and driving outcomes of the program "A Matter of Degree: The National Effort to Reduce High-Risk Drinking Among Students" (AMOD), a campus-community coalition initiative to reduce binge drinking by college students.

The AMOD programme fosters collaboration between universities and their local communities to change environments around campuses that promote heavy alcohol consumption. Examples of strategies that make up an AMOD program include:

- * mandatory training for responsible beverage service;
- * requiring registration for purchasers of kegs;

- * prohibiting the selling of alcohol without a license;
- * keeping alcohol-related items out of student bookstores;
- * expansion of substance-free residence halls; and
- * promotion of alcohol-free activities.

"Many people who want to do something to reduce binge drinking on college campuses are concerned that their efforts will simply encourage students to drink in other locations, inadvertently leading to more drinking and driving. We did not find this to be the case," said Toben F. Nelson, from the Harvard School of Public Health and lead author of the report.

"In AMOD communities where a variety of interventions designed to change the alcohol environment were implemented, there was an overall decrease in drinking and in driving after drinking."

According to Henry Wechsler, Director of the College Alcohol Study and Principal Investigator of the evaluation, "The AMOD approach differs significantly from the traditional

intervention efforts on campuses that focus on the individual student through educational or motivational programs. Thus far these efforts have not been found to have any impact."

The problem of heavy drinking is particularly acute among young adults who attend four-year colleges and universities. About one-third of college students nationally report driving after drinking alcohol and about one in 10 college students drove after consuming five or more drinks. College students are more likely to binge drink than their same-aged peers who do not attend college.

The study examined student responses from the 10 geographically diverse AMOD communities from 1997-2001 to evaluate the program's success—and compared them to responses from students attending 32 matched colleges from the national College Alcohol Study.

Source: Nelson TF et al. The Effect of a Campus-Community Environmental Alcohol Prevention Initiative on Student Drinking and Driving: Results from the 3A Matter of Degree2 Program Evaluation. *Traffic Injury Prevention* 2005;6:323-30.

Swedish New Alcohol Action Plan

The Swedish government has compiled a new Alcohol Action Plan for 2006-2010. The plan, part of the wider Public Health Policy, includes decreased alcohol consumption as one of its targets. The government states that long term preventative work must continue in order to reduce alcohol related harm. The plan includes the following initiatives:

The Young

Alcohol free adolescence and late alcohol debut are core targets. The Government is especially worried about girls' behaviour relating to alcohol as they are harder to reach with prevention efforts than boys. The Public Health Institute (FHI) will be commissioned to educate youth about health problems linked to excessive alcohol consumption and to identify effective means to communicate with children and youngsters taking risks in different fields.

The controls on purchasing age will be stronger in order to limit young people's access to alcohol. Restaurant staff will be educated and will be made responsible for refusing to serve the under-aged.

Alcohol prevention work at schools will be stronger. FHI will be responsible for identifying effective methods of prevention both at primary schools and colleges.

Universities, high schools, work places, restaurants, treatment bodies and hospitals, company and student health care providers need methods to concentrate on those at risk of developing alcohol problems due to high consumption. The aim is to identify those at risk at an early stage. The treatment of abusers shall be of high quality. SEK820 million (€90 million) has been allocated to strengthen this treatment during 2005-2007.

Alcohol Free

The Government wants to tackle drink driving and alcohol use at sea, in the workplace and during pregnancy. Drunk driving and alcohol related accidents at sea have increased in recent years. The plan states that attitudes to alcohol and travel need to change. The Road and Traffic Board will be responsible for developing a strategy to achieve this.

There are calculations that 700,000 people at work consume alcohol in a

risky way. The government are to conduct further research on the connection between alcohol and sick absence. The Government is also working with employers and employees' organisations to provide wider education on the prevention of alcohol related accidents in the workplace.

To discourage alcohol consumption by pregnant women, improved information will be made available to both treatment staff and the public on the possible effects of alcohol and the developing baby.

Illegal Alcohol

The illegal sale of imported alcohol needs to be combated more effectively. The Customs, the Police and Coast Guards will intensify their co-operation as well as the local communities and the local police authorities. The plan aims to change the public's attitude towards illegal alcohol. The Alcohol Committee will be commissioned to find ways to discourage people from buying illegal alcohol and to encourage the reporting of illegal activities.

(Source: Alcohol Update)

Alcohol Use Decreases Platelet Activation and Aggregation in Men

The lower risk of myocardial infarction in moderate drinkers may be partially due to alcohol's positive effects on platelet activity and high-density lipoprotein cholesterol. Large-scale studies examining these possibilities, however, have not included women and have not evaluated how alcohol consumption affects measures of platelet function.

Investigators examined alcohol use, platelet activation, and platelet aggregability in men and women without cardiovascular disease who were enrolled in a prospective study

of cardiovascular disease risk factors. They measured platelet activation (i.e., response to adenosine diphosphate [ADP]) in 1037 subjects and platelet aggregability (i.e., responses to ADP, epinephrine, and collagen) in 2013 subjects. Analyses were adjusted for potential confounders (e.g., age, body mass index, smoking).

As alcohol consumption increased from 0 drinks to ≥ 20 drinks per week, platelet activation significantly decreased in men but not in women; most measures of platelet aggregation significantly decreased in men; only

platelet aggregation induced by ADP significantly decreased in women.

These decreases may partially explain the possible protective effects of alcohol on cardiovascular events. Beverage type was not consistently associated with platelet activation or aggregability.

Source: Mukamal KJ, Massaro JM, Ault KA, et al. Alcohol consumption and platelet activation and aggregation among women and men: the Framingham Offspring Study. *Alcohol Clin Exp Res.* 2005;29(10):1906-1912.

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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Inverse relationship between current moderate alcohol consumption and helicobacter pylori infection

A large study from Germany shows that moderate drinkers have lower rates of previous or current infection with *Helicobacter pylori* (*H. pylori*) in the stomach that is associated with the risk of peptic ulcer and stomach cancer. Their lowest risk was seen among consumers of the equivalent of about 1 to 2 drinks per day.

Several studies have demonstrated an inverse relationship between current moderate alcohol consumption and *H. pylori* infection, suggesting that alcohol consumption may facilitate elimination of this chronic infection.

The aim of this study was to further explore this hypothesis by taking into account lifetime alcohol consumption,

which may be a better marker of the relevant exposure than current alcohol consumption.

The investigators studied a total of 1,206 patients between 30 and 70 years of age who underwent in-patient rehabilitation due to coronary heart disease between January, 1999, and April, 2000. Participants provided information on average amount of alcohol consumed during the past 12 months as well as during their lifetime. *H. pylori* infection status was measured by serum immunoglobulin G antibodies.

The investigators found that there was an inverse non-linear relation between amount of current alcohol

consumption and *H. pylori* seroprevalence. They found an inverse linear (dose-response) relationship between lifetime alcohol consumption and *H. pylori* seroprevalence, with the strongest risk reduction among subjects who had consumed more than 500,000 g of alcohol during life (adjusted odds ratio, 0.65; 95% confidence interval, 0.42-1.00). They conclude that their analysis supports the hypothesis that alcohol consumption may facilitate elimination of *H. pylori* infection among adults.

Source: Kuepper-Nybelen J, Rothenbacher D, Brenner H. Relationship between lifetime alcohol consumption and *Helicobacter pylori* infection. *Ann Epidemiol* 2005;15:607-613.

Two reports give conflicting results about link between moderate drinking and obesity

Two recent reports give conflicting results concerning the link between moderate drinking and obesity. The first study by Arif et al looked at the association between obesity and alcohol consumption in 8,236 non-smoking, US respondents participating in the Third National Health and Nutrition Examination Survey. Alcohol consumption was measured through history of drinking, binge drinking, quantity of drinks/day, frequency of drinking, and average volume of drinks/week.

Approximately 46% of respondents were classified as current drinkers. Current drinkers had lower odds of obesity (adjusted odds ratio=0.73, 95% CI: 0.55, 0.97) as compared to non-drinkers. The odds of overweight and obesity were significantly greater among binge drinkers and those consuming four or more drinks/day, however.

The study is important as it evaluates the pattern of drinking, and because it excluded ever smokers; smoking is one of the main confounders in studies of alcohol and body weight, as drinkers are more likely to smoke and smokers tend to be leaner. The results suggest that moderate, frequent, drinking is

associated with the lowest body mass index, a measure of obesity. The paper also reports that heavy or binge drinking negates any potentially protective effects on obesity.

The second paper by Wannamethee SG et al looked at the effects of quantity and type of drink and time relation with meals. The authors examined the cross-sectional association between alcohol intake, patterns of drinking and adiposity [body mass index (BMI), waist-to-hip ratio (WHR), waist circumference (WC) and percentage body fat (%BF)]. They studied 3,327 men aged 60-79 with no history of myocardial infarction, stroke or diabetes drawn from general practices in 24 British towns.

Results indicated that BMI, WHR, WC and %BF increased significantly with increasing alcohol intake even after adjustment for potential confounders. Men who consumed >21 units/week showed higher levels of obesity than nondrinkers and lighter drinkers, irrespective of the predominant type of drink consumed (wine, beer, spirits or mixed). Among drinkers, a positive association was seen between alcohol intake and the adiposity variables irrespective of

whether the alcohol was drunk with or separately from meals.

The authors conclude that higher alcohol consumption (>21 units/week) is positively associated with higher obesity, findings that are not supported in many recent studies of light-to-moderate drinkers. The results show no increase, for very light consumers (1-6 drinks/week), but the next higher group (7-20 drinks/week) shows an increase in most measures.

The reasons why the subjects in this study did not show an inverse association with body weight with light drinking, is unclear. Only men were assessed in this study and it is known that binge drinking negates any potential reduction in obesity. Drinking pattern or frequency of drinking were not measured in this study, which may account for the findings.

Sources: Arif AA, Rohrer JE. Patterns of alcohol drinking and its association with obesity: data from the Third National Health and Nutrition Examination Survey, 1988-1994. *BMC Public Health* 2005;5:126

Wannamethee SG et al Alcohol and adiposity: effects of quantity and type of drink and time relation with meals. *Int J Obes* 2005;29:1436-1444.

Drinking frequency, mediating biomarkers, and myocardial infarction

The associations of drinking frequency and quantity with risk of myocardial infarction have not been studied extensively amongst women, and the degree to which specific risk factors mediate the inverse association of drinking frequency with risk of myocardial infarction is uncertain.

The study conducted nested case-control studies of 32 826 women enrolled in the Nurses Health Study followed up from 1990 to 1998 and 18 225 men enrolled in the Health Professionals Follow-Up Study followed up from 1994 to 2000. A total of 249 women and 266 men with incident myocardial infarction were matched on age, smoking, and date of entry to 498 female and 532 male control participants. The risk of myocardial infarction was determined, related to frequency and quantity of alcohol intake and the change in risk before and after

adjustment for putative cardiovascular risk factors. Among both women and men, drinking frequency tended to be associated with lower risk of myocardial infarction, with the lowest risks among those who drank 3 to 7 days per week. Further adjustment for levels of high-density lipoprotein cholesterol, hemoglobin A_{1c}, and fibrinogen attenuated 75% of the association of frequent drinking with risk among women and fully attenuated the association among men.

Alcohol intake at least 3 to 4 days per week is associated with a lower risk of myocardial infarction among women and men, an association apparently attributable to the relationship of alcohol with HDL cholesterol, fibrinogen, and hemoglobin A_{1c}. Because the effects of alcohol on HDL cholesterol, fibrinogen, and insulin sensitivity have been confirmed in randomized trials, the researchers

findings support the hypothesis that the inverse relation of alcohol use and myocardial infarction is causal.

Like other studies, this study found that drinking frequency is associated with a lower risk of MI in both men and women. The authors state that the attenuated results in analyses adjusted for HDL cholesterol, hemoglobin A_{1c}, and fibrinogen—3 biomarkers beneficially affected by alcohol—suggest that alcohol may in fact have a causal role. This role may be largely—or even entirely—mediated by these factors. However, whether alcohol truly decreases MI risk can only be determined through long-term randomized trials.

Source: Mukamal KJ, Majken KJ, Grønbaek M, et al. Drinking frequency, mediating biomarkers, and risk of myocardial infarction in women and men. *Circulation*. 2005;112(10):1406-1413.

New 'eye movement' test may help treat fetal alcohol syndrome

A simple test that measures eye movement may help to identify children with Fetal Alcohol Spectrum Disorder (FASD) and ultimately lead to improved treatment for the condition, say Researcher James Reynolds and graduate student Courtney Green, of the Department of Pharmacology and Toxicology and the Centre for Neuroscience Studies, Queen's University.

At present there are no objective diagnostic tools that can be used to distinguish between children with FASD and those with other developmental disorders such as Attention-Deficit Hyperactivity Disorder (ADHD).

"Having a set of tests that can be used as diagnostic tools for fetal alcohol syndrome and all of the other behavioural disorders classified

under the broader term fetal alcohol spectrum disorder is tremendously valuable," says Dr. Reynolds, who is part of a \$1.25-million Queen's-led team focusing on fetal alcohol syndrome, funded by the Canadian Institute of Health Research. "Now we can begin to identify specific deficits in these children."

Many of the behavioural tests used to assess children with FASD are geared to white, middle-class English-speaking people, notes Ms Green. "The biggest problem [in current tests] is cultural insensitivity," she says. "By measuring eye movement we can cut across cultural barriers and provide objectivity in identifying the disorder."

In a pilot study involving 25 girls and boys aged eight to 12, the Queen's team found that children with FASD have specific brain abnormalities which can be measured with eye movement

testing. Defined as "birth defects resulting from a mother's heavy consumption of alcohol during pregnancy", fetal alcohol syndrome is associated with hyperactivity, difficulty in learning and deficits in memory, understanding and reasoning, as well as problems dealing with stressful situations.

The next stage of the Queen's research will be to make the eye movement test mobile and transport it to targeted areas, such as northern and rural parts of Ontario, where FASD is believed to be more prevalent. The researchers envision this as a multi-centre project, in which other participants will work from the same set of pooled data. Using the new functional MRI facility at Queen's, the team will then be able to measure differences in brain activity between children with fetal alcohol syndrome and those with other developmental disorders such as ADHD.

Red wine cuts risk for aggressive prostate cancer

Drinking a glass of red wine a day may cut a man's risk of prostate cancer in half, and the protective effect appears to be strongest against the most aggressive forms of the disease.

"We found that men who consumed four or more glasses of red wine per week reduced their risk of prostate cancer by 50 percent," says Dr. Janet L. Stanford and colleagues at the Fred Hutchinson Cancer Research Center. **"Among men who consumed four or more four-ounce glasses of red wine per week, we saw about a 60 percent lower incidence of the more aggressive types of prostate cancer,"** says Dr. Stanford, senior author of the study. **"The more clinically aggressive prostate cancer is where the strongest reduction in risk was observed."** Dr. Stanford found no significant effects - positive nor negative - associated with the consumption of beer or hard liquor and no consistent risk reduction with white wine.

The positive effect of red wine may Dr Stanford believes, be due to the

antioxidant resveratrol. Lab studies indicate that resveratrol influences a variety of biological pathways that are important in cancer development. As an antioxidant, it helps sweep dangerous, cancer-causing free radicals from the body. As a potent anti-inflammatory agent, it blocks certain enzymes that promote tumor development. The compound also reduces cell proliferation, curtailing the number of cell divisions that could lead to cancer or the continued growth of cancer cells. It also enhances apoptosis, or programmed cell death, which helps rid the body of cancerous cells. It may act as an estrogen, reducing levels of circulating male hormones such as testosterone that fuel the growth of prostate cancer.

While the researchers found that the risk of prostate cancer decreased 6 percent for every glass of red wine consumed per week, Dr. Stanford is quick to point out that research shows the law of diminishing returns comes into play when consumption increases

beyond moderation. **"For men who already are consuming alcohol, I think the results of this study suggest that modest consumption of red wine - four to eight 4-ounce drinks per week - is the level at which you might receive benefit,"** Dr. Stanford explains.

For the study, the researchers interviewed 753 newly diagnosed Seattle-area prostate-cancer patients as well as 703 healthy controls who served as a comparison group. **"Even though this study is based on relatively small numbers, the results are very intriguing and suggest that the potential beneficial effect of red wine and resveratrol would be very important, because it's the more aggressive forms of prostate cancer that are most important to prevent,"** concludes Stanford.

The findings, by Dr. Janet L. Stanford and colleagues, appear online in The International Journal of Cancer.

Eating a mediterranean-style diet for three months can reduce the risk of heart disease by 15%, new study shows

The heart-healthy effects of the Mediterranean diet — rich in whole grains, fruits, vegetables, nuts and fish and olive oil and light on red meat — are well documented, Dr. Denis Lairon of the Faculty of Medicine Timone in Marseille, France and colleagues note in the American Journal of Clinical Nutrition. But just one other study has looked at what happens when healthy people are actually put on a Mediterranean-style diet.

To investigate, the researchers assigned 212 men and women at moderate risk for heart disease to eat a Mediterranean diet or a standard low-fat diet for three months. Participants on the Mediterranean diet were instructed to eat fish four times a week and red meat only once a week. Men

were allowed two glasses of red wine daily, while women were limited to one.

Recommendations for people on the low-fat diet were to eat poultry rather than beef, pork and other mammal meats; eat fish two or three times a week; stay away from animal products rich in saturated fat; and eat fruit and vegetables, low-fat dairy products, and vegetable oils.

While study participants did not follow all diet recommendations, the researchers found, eating habits did change in both groups. Study participants took in fewer calories and consumed more proteins and carbohydrates and less total fat and saturated fat. Both groups showed a small but significant drop in body mass index.

Among people on the Mediterranean diet, total cholesterol dropped by 7.5 percent, and it fell by 4.5 percent in the low-fat diet group. Based on this reduction, the researchers write, overall cardiovascular risk fell 15 percent with the Mediterranean diet and 9 percent with the low fat diet. **"Both diets significantly reduced cardiovascular disease risk factors to an overall comparable extent,"** the researchers conclude.

Source: Vincent-Baudry S et al. The Medi-RIVAGE study: reduction of cardiovascular disease risk factors after a 3-mo intervention with a Mediterranean-type diet or a low-fat diet. *Am J Clin Nutr* 2005;82:964-71.

Seminar on the effects of drinking on older people -

briefing note by Dr Bernard Dixon

There is already a significant amount of undetected hazardous drinking among elderly people. This could increase in the immediate future, not simply because life expectancy is rising but also because the "baby boomers" (people born in the years following World War 2) may carry relatively high levels of alcohol consumption into their later years. The time has come to consider age-specific recommendations for safe drinking levels. Since older people are less able to cope with alcohol (because of their lower proportion of body water, for example, together with a decline in the capacity of the liver to metabolise alcohol), it would be prudent to consider whether sensible drinking advice for older people should be set a level lower than that for the population as a whole.

These were the conclusions of the Portman Group seminar held in London October 2005. The event was chaired by Dr Bernard Dixon and the speakers were Professor Mary Gilhooly, Head of Gerontology Research at Glasgow Caledonian University, and Dr Ian Johnson, Consultant Old Age Psychiatrist at Foxbrake House, Dorchester, Dorset.

Professor Gilhooly highlighted the difficulty in comparing the level of drinking at different periods during

life. Many doctors have the impression, and surveys seem to confirm, that alcohol consumption declines with age. However, most of these studies have simply recorded levels of consumption at different ages. They have not followed a group of people over time to see whether and how their intake changes. It is possible, therefore, that a "cohort effect" is responsible for the survey findings. Compared with today's young people, today's old people may have drunk less when *they* were young. In the same way, middle-aged "baby boomers" might carry higher consumption into their old age.

Gilhooly believes there is some evidence for this possibility. The worrying implication is that some of these individuals will not only be drinking harmfully in retirement but they will also have received a relatively large aggregate dose of alcohol over their entire lifetime. Improvements in personal financial standing, especially better occupational pensions, will facilitate the trend.

Dr Johnson presented statistics suggesting that 18% of men and 7% of women over 65 had alcohol problems. But he also reviewed a variety of types of evidence indicating a "hidden iceberg" of hazardous drinking. There were, for example, many less-than-obvious factors that

regularly brought the problem to medical attention. These included occasions when individuals neglect their wellbeing and/or refuse social services such as meals-on-wheels. Alongside recognized triggers for alcohol abuse such as bereavement, retirement and loneliness, mental health has been neglected. Yet 13% of elderly depressives also have an alcohol problem.

Among failures by the medical profession, Johnson cited misdiagnosis (for example, some doctors' unawareness that insomnia might be a consequence of alcohol misuse) to "a tendency to avoid embarrassing questions". Surprisingly, the National Health Service provides treatment programmes for alcohol abuse up to, but not beyond, the age of 65.

Johnson also outlined the benefits that alcohol can bring to the elderly. He cited survey evidence indicating that moderate drinkers have not only a more active and sociable lifestyle than abstainers, but also more acute mental faculties (see front page). Whereas heavy drinking in old age is associated with a high rate of dementia, light drinking is associated with a lower rate. Safe drinking recommendations should take account of both the positive and negative effects of alcohol consumption.

More than a third of cancer deaths worldwide could be prevented by changing people's behaviour and their environment

The impact of smoking on several cancers is well known, but heavy drinking, unsafe sex, low fruit and vegetable intake, obesity, lack of exercise, contaminated injections and indoor smoke from fuels are also risks that could be reduced. Majid Ezzati of the Harvard School of Public Health in Boston and colleagues suggest in the *Lancet* that health interventions could prevent a "substantial proportion" of the 7 million cancer deaths a year, and be more effective in reducing mortality

than screening and ever-improving treatments.

Smoking is a factor in 21% of all cancer deaths, especially in men, they say, with high alcohol and low fruit and vegetable intake accounting for 5% each. Sexual transmission of the human papilloma virus is a leading risk factor for cervical cancer in low- and middle-income countries, especially where screening is limited, although there are hopes that vaccines will soon be widely available.

The researchers say smoking is linked to 856,000 deaths a year from lung, bronchial and tracheal cancers, 184,000 oesophageal cancers and 131,000 oral cancers. About 116,000 oesophageal cancer deaths and 51,000 oral cancer deaths are linked to alcohol. They based their figures on a review of published studies, government reports and international databases, as well as a reanalysis of primary data. Problems with missing information meant they did not include other factors such as occupational risk or exposure to ultraviolet light and passive smoking.

Is there a future for the Swedish Alcohol Retail Monopoly “Systembolaget” ? by Christopher Jarnvall

During the last ten years – the period since Sweden entered the European Union – a lot has changed in Swedish alcohol policy. Remarkably the retail monopoly Systembolaget has survived. In the mid 90-ties many observers would have taken for granted Systembolaget would have faded away and left the market by the turn of the century, but it remained and is still one actor on the market.

Indeed, Sweden has more than one distributor on the market when we talk about retail of alcohol. Not necessarily legal distributors, though the legislation is unclear in certain cases, but nevertheless competitors to Systembolaget. In fact, the last years, just before its 50-th birthday, have been the hardest in history for the stately owned company, managed by Mrs Anitra Steen, wife of the present Prime Minister.

“Systembolaget was created for the sake of public health in Sweden. Naturally our task has been affected by the fact that we are now part of the EU open market. So we thought that our 50th Anniversary would be a very good opportunity to show...why we have an alcohol retail monopoly in Sweden” Anitra Steen recently stated on the celebration around the 50th birthday. In fact Systembolaget will definitely remain, since it can still prove a task regarding social politics, the purpose for which it was created in the mid 50-ties.

It will survive thanks to this task, but also because it is a strong actor on the market, and even with legal competitors it would remain a key player.

But the situation for Systembolaget has been tough just the year of celebration, 2005.

The expected decision in the Parliament (the Riksdag) regarding tax reduction of alcohol, especially spirit, never came and it is not likely it will come in the close future either. The Social Democrats at governmental power would easily have won a

majority for a decision in favour of a reduction, but since their political supporters – Communists and “Greens” – opposed a reduction, the Social Democrats had to give it up, even though the Prime Minister personally pushed for it.

Mrs Steen said in an interview made by the Swedish news letter Alcohol Update, that she was disappointed, but expected the result. She was disappointed, especially since the high taxation of spirits has reduced the market share in Southern Sweden – close to cheap countries like Denmark and Germany – to around 30 percent.

Systembolaget has serious competitors among legal stores and supermarkets in Denmark and Germany, from where Swedes legally import huge quantities of liquid – mainly spirits and beer – and often sell it illegally to people around. As long as you can make it likely your import is for personal and private consumption and not for retailing, you can bring in large quantities each time you enter Sweden after a trip to Germany or other low price countries.

Moreover there is a possibility to buy over the Internet. The legislation is unclear and it is not decided whether the customs have the right to confiscate the products or not. Companies, working with Internet distribution, advertise in newspapers around Sweden.

Also: During the last year a bribe scandal has shaken Systembolaget. Some suppliers are accused for having bribed employees at Systembolaget, in order to give the own products a better position.

But we should not forget that although you might think the monopoly situation is untenable, as a customer you will always find quality products at a low price at the Systembolaget. It is not likely smaller retailers, if there was a free market, could keep such quality in the stores or would even be able to import on

request at fair prices. Since Systembolaget is comparably a big player on the market and has the pressure from EU to present as many and as varied products as possible, we – the consumers – are able to find new brands each month at reasonable prices. If one needs something special – Systembolaget has to make sure your request is fulfilled.

So, in 50 years: It seems most likely that Systembolaget will remain as one among other retailers on the market, still dominating and formally playing its role of social function. The monopoly will decline slowly and in a couple of years we shall see other retailer stores entering the market. These would need to be licensed and show a social responsibility. But I still think conditions will remain very tough, so few actors will remain - or even have an interest in applying for a license. The Government - especially socialists - will do what they can for keeping Systembolaget as a tool for social policy.

Christopher Jarnvall is Director of the consultancy group Res Politica and Publisher of Alcohol Update and a valued member of the AIM Council

Conference report on 'Alcohol Retailing and Social Responsibility'

The William Reed Publishing Group (The Off Licence News and The Morning Advertiser) must be praised for organising an excellent forum on 'Alcohol Retailing and Social Responsibility' - dealing with Britain's Drink Problem in November.

Simon Leach of The Police Standards Unit of The Home Office explained the Home Office programmes to crack down on anti social behaviour - a 3% drop nationally was experienced in crime and disorder as a result of a focused campaign of enforcement strategy. Simon Leach emphasised that the Police Unit is not anti industry, but wanted sensible dialogue with stakeholders.

The latest Home Office campaign started in mid November, involving 227 units out of 248, funded by £2.62 million from the Home Office. The focus of the campaign is on bad premises. 5 cities are the standard bearers - Bristol, Cardiff, Nottingham, Manchester and Newcastle. 25% of the country is responsible for 30% crime. Part of the programme involves Trading standards departments focusing on cracking down on sales to under 18's in retail outlets. The Home Office recognises the problem that many drinkers are tanking up before going out. The last enforcement campaign saw a 48% failure rate in the top 6 supermarkets in recognising and refusing under 18's, with few instances of ID being asked for, falling to 32% in the follow up. The violent crime bill will bring new police powers and the Home Office believes fixed penalties for servers serving under age drinkers or drunks as well as the customers will be effective. CCTV is also helping resolving conflict before it happens. The Home Office has noticed an increase in women causing anti social behaviour in line with their increase in drinking. Leach is pro the 'Challenge 21' initiatives in supermarkets and multiple retailers, but was cautious about endorsing a national ID card due to fraud. He felt a driving licence was appropriate as well as the PASS initiative.

Christopher Satterthwaite of Chime Communications offered a few PR observations for the industry - namely that retailer own brands are as important as vehicles for responsible drinking as global brands and that the industry must be seen to embrace some aspects of change transparently if they want self regulation to remain on the agenda. He also suggested that the media needed to be tackled on its portrayal of bingeing in Big Brother and Radio 1 DJ's for example.

Two legal specialists (Jeremy Allen was legal consultant to the new Bill) gave their views on the new licensing law, which they described as a 'bad and defective act' as it is badly worded leaving areas open to uncertainty on enforcement and conditions. The lawyers blamed the Government for the complicated applications and over regulation, resulting in licensing authorities, often non specialists being swamped. The mass of conditions applied to the granted licence raises issues of staff training (designated premises supervisor) and ambiguities in compliance.

Jon Collins of BEDA described the dilemma of tackling the anti social behaviour associated with binge drinking and serving drunks, those under age and regulating promotions with a tough competitive environment coupled with demanding customer who expect 'a deal' plus a tough government agenda. He described operators 'as on edge' expecting heads to roll. Of 20,000 visits to BEDA members, just 1% failed in compliance to serving under eighteens. Further more a survey of 2000 clubbers by BEDA found 85% of clubbers felt safe on the street and 95% in the venues themselves. He also said the sector deserved praise in their regeneration of city centres and provision of vibrant late night sector. He highlighted the effectiveness of partnerships between stake holders - as in Manchester, Leeds, Sheffield and Birmingham with late night bus and taxi schemes and shared security for example. He asked for the whole

agenda to stop and take a breath - stop legislation, stop new campaigns and initiatives and have a good look at the programmes that exist which could be rolled out nationwide, including Pub Watch, Bed Safe, best bar none and Portman Group and BBPA campaigns.

Bells Stores (part of J Sainsbury) spoke of their best practice, where new staff under go 13 weeks of training while working on how to deal with challenge 21 and conflict resolution. It is often under estimated how threatened staff can be by customers and may be too scared to ask for ID. Bells Stores initiate dialogue with local residents, councils and police to resolve security and social issues with great results. Another controversial issue is that of 'buy and supply' ie the number of incidences of over 18's buying alcohol for those underage.

Tim Rycroft, Government Affairs Director for Diageo felt we mustn't lose site of celebrating the positive culture of drinking alcoholic beverages whilst working to address negative behaviours in partnership with state, trade and consumers. Diageo starts with a strict employee and marketing code. As a company it spent 2 million on responsible drinking campaigns in 2005. The UK focus is on 'What's in it' with the National Union of Students, featuring the unit content of the 10 most popular drinks. It has stickers, drinks mats, posters and necklets. Cragrats is a theatre project that has reached 20,000 11 year olds. Rycroft asked why they should be so interested in curbing binge drinking? 'As a company selling aspirational products and quality, we want products to be savoured and appreciated..... we believe our position on responsible drinking is a source of competitive advantage' He continued '..As an industry we have to move away from the hierarchy of blame. We mustn't blame each other. It is sterile and destructive and implies we are unfit to self regulate'. He believes the critical mass of industry is not on board with joined up thinking and presenting a coordinated

approach to government. The industry has twelve months to 'pull itself together' before it is vigorously scrutinised by government again with the 2007 National Alcohol strategy being reviewed and the new licensing act being under scrutiny.

The forum finished with a panel of chief executives from pub and club chains, including Tim Martin of Wetherspoon, Mark Jones of Ultimate Leisure and Steve Thomas of Luminar Leisure. All agreed that Britain's 'drinking problem' was a deeply cultural thing that could not be solved in any simple way. All called for more 'joined up strategy' from the industry and that the minority of outlets flouting the law must be dealt with with teeth or it tars the whole industry. Staff training and Pub watch, (whereby anti social customers are excluded from all member premises) were highlighted as the most effective measure. The issue of customers 'tanking up' at home before

they go out was also covered and partnerships such as 'Bedsafe' where Council, police and retail premises cooperate to reduce problems and improve facilities were highlighted as schemes that should operate nationwide.

Sadly no supermarkets were represented as speakers or panel members at the event - with the exception of The Security Manager for Bells Stores Ltd and Threshers as panel members, leaving an important gap in the discussions. Somerfield were the only supermarket to attend the event although all were attending a meeting with Charles Clarke that afternoon.

For more details contact William Reed Publishing via 00 44 1293 867612 Fax 00 44 1293 867663. For a full list of speakers and comments, contact Helena Conibear via Helena.conibear@aim-digest.com

Alcohol and stroke risk

Dr. Mitchell S.V. Elkind, of Columbia University College of Physicians and Surgeons, New York, and colleagues examined whether moderate alcohol consumption has a protective effect on the risk of stroke in a mostly Hispanic population. The 3176 subjects were on average 69 years of age and were enrolled in the study between 1993 and 2001.

The researchers report that alcohol use was assessed during in-person interviews and was categorized as none in the past year (reference group); moderate consumption (at least one drink per month in the past year but no more than two drinks daily); intermediate (more than two but less than five drinks daily), and heavy (at least five drinks daily).

One hundred ninety subjects experienced a first stroke over a follow-up period of around 6 years, and 172 of the strokes were caused by obstructed blood supply. After adjusting for other risk factors compared with those who did not drink in the past year, moderate drinkers had a reduced risk of IS (0.67) and IS, myocardial infarction, or vascular death (0.74). Results were similar when never-drinkers were used as reference group. Reduction in risk was seen for nonatherosclerotic IS subtypes, and results stratified by age, sex, and race-ethnicity were similar. After accounting for established stroke risk factors, moderate drinkers had a 33 percent lower risk of ischaemic stroke compared with those who consumed no alcohol in the past year.

Commenting on the research in Stroke, Goldstein, L. B. stated 'the weight of available evidence indicates that light to moderate drinking is associated with a protective effect, whereas heavy consumption is associated with an increased risk of stroke'.

Source: Elkind MSV et al. Moderate Alcohol Consumption Reduces Risk of Ischemic Stroke: The Northern Manhattan Study. Stroke 2006;37:13-9.

<http://stroke.ahajournals.org/cgi/content/abstract/37/1/13>

Interview with Graham Holter UK, Editor of Off Licence News

Is the focus by Off Licence News on Social Responsibility a personal issue or an ethos that runs through the company?

I think we decided 'enough was enough' regarding inaccurate and misinformed reporting in the press. We felt we could make a difference by embracing a problem that is endemic in British culture, there is nothing intrinsically evil about drinking alcohol, it's the behaviour that has to change.

Do you think your readers are listening?

Judging by the level of interest in our Responsible Retailer Awards and packs and the conference attendance, yes. The Responsible Retailer packs of stickers and posters are free to independent stores.

Which sectors of the industry do you see as most proactive?

Thresher as a multiple Retailer has works most closely with us and Waitrose are probably the most proactive supermarket Group.

Politically, where do you think the debate is going?

It depends how the new Licensing law settles down after the media frenzy and its build up. Lets hope there's more of a focus on facts and figures in the next six months.

Will the industry be continued to allow to regulate itself?

No, I think the Government is poised to flex its muscles.

How great is the influence of the European Commission?

I don't know, thank goodness for the WSTA and BBPA !

What will the trading environment be like in ten years time? Can the UK 'binge drinking mind set be reversed?

You have to be optimistic, the Holy Grail is to achieve a more Mediterranean café society in Britain. Consumers have to think of the consequences of their behaviour and it has to become cool to hold your drink again.

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