

Alcohol misuse

Overview

Alcohol misuse means drinking excessively – more than the lower-risk limits of alcohol consumption.

Alcohol consumption is measured in [units](#). A unit of alcohol is 10ml of pure alcohol, which is about:

- half a pint of normal-strength lager
- a single measure (25ml) of spirits

A small glass (125ml) of wine contains about 1.5 units of alcohol.

Lower-risk limits

To keep your risk of alcohol-related harm low, the NHS recommends:

- not regularly drinking more than 14 units of alcohol a week
- if you drink as much as 14 units a week, it's best to spread this evenly over three or more days
- if you're trying to reduce the amount of alcohol you drink, it's a good idea to have several alcohol-free days each week

Regular or frequent drinking means drinking alcohol most weeks. The risk to your health is increased by drinking any amount of alcohol on a regular basis.

Risks of alcohol misuse

Short-term

The short-term risks of alcohol misuse include:

- accidents and injuries requiring hospital treatment, such as a [head injury](#)
- violent behaviour and being a victim of violence
- unprotected sex that could potentially lead to unplanned pregnancy or [sexually transmitted infections \(STIs\)](#)
- loss of personal possessions, such as wallets, keys or mobile phones
- [alcohol poisoning](#) – this may lead to vomiting, seizures (fits) and falling unconscious

People who [binge drink](#) (drink heavily over a short period of time) are more likely to behave recklessly and are at greater risk of being in an accident.

Long-term

Persistent alcohol misuse increases your risk of serious health conditions, including:

- [heart disease](#)
- [stroke](#)
- [liver disease](#)
- [liver cancer](#) and [bowel cancer](#)

- [mouth cancer](#)
- [pancreatitis](#)

As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, [domestic abuse](#) and homelessness.

If someone loses control over their drinking and has an excessive desire to drink, it's known as dependent drinking (alcoholism).

Dependent drinking usually affects a person's quality of life and relationships, but they may not always find it easy to see or accept this.

Severely dependent drinkers are often able to tolerate very high levels of alcohol in amounts that would dangerously affect or even kill some people.

A dependent drinker usually experiences physical and psychological withdrawal symptoms if they suddenly cut down or stop drinking, including:

- hand tremors – "the shakes"
- sweating
- seeing things that aren't real (visual [hallucinations](#))
- [depression](#)
- [anxiety](#)
- difficulty sleeping ([insomnia](#))

This often leads to "relief drinking" to avoid withdrawal symptoms.

Read more about the [risks of alcohol misuse](#).

Am I drinking too much alcohol?

You could be misusing alcohol if:

- you feel you should cut down on your drinking
- other people have been criticising your drinking
- you feel guilty or bad about your drinking
- you need a drink first thing in the morning to steady your nerves or get rid of a [hangover](#)

Someone you know may be misusing alcohol if:

- they regularly exceed the lower-risk daily limit for alcohol
- they're sometimes unable to remember what happened the night before because of their drinking
- they fail to do what was expected of them as a result of their drinking – for example, missing an appointment or work because of being drunk or hungover

Getting help

If you're concerned about your drinking or someone else's, a good first step is to visit your GP. They'll be able to discuss the services and treatments available.

Your alcohol intake may be assessed using tests, such as the:

- [Alcohol Use Disorders Identification Test \(PDF, 224kb\)](#) – a widely used screening test that can help determine whether you need to change your drinking habits
- [Fast Alcohol Screening Test](#) – a simpler test to check whether your drinking has reached dangerous levels
- [Severity of Alcohol Dependence Questionnaire](#) – this helps identify how severely dependent on alcohol you may be

As well as the NHS, there are a number of charities and support groups across the UK that provide support and advice for people with an alcohol misuse problem.

For example, you may want to contact:

- [Alcohol Concern](#) – runs the national drink helpline, Drinkline on 0300 123 1110
- [Alcoholics Anonymous](#) – helpline 0845 769 7555
- [Al-Anon Family Groups](#) – helpline 020 7403 0888

For a full list of charities and support groups, see our page on [alcohol support](#).

Treating alcohol misuse

How alcohol misuse is treated depends on how much alcohol a person is drinking. Treatment options include:

- [counselling](#) – including self-help groups and talking therapies, such as [cognitive behavioural therapy \(CBT\)](#)
- medication
- detoxification – this involves a nurse or doctor supporting you to safely stop drinking; this can be done by helping you slowly cut down over time or by giving you medicines to prevent withdrawal symptoms

There are two main types of medicines to help people stop drinking. The first is to help stop withdrawal symptoms, and is given in reducing doses over a short period of time. The most common of these medicines is chlordiazapoxide (Librium).

The second is a medication to reduce any urge you may have to drink. The most common medications used for this are acamprosate and naltrexone. These are both given at a fixed dose, and you'll usually be on them for 6 to 12 months.

Read more about the [treatment options for alcohol misuse](#).

Further reading

- [alcohol units](#)
- [caring for an alcoholic](#)
- [social drinking: the hidden risks](#)
- [the risks of drinking too much](#)
- [tips for cutting down on your drinking](#)

Alcohol and pregnancy

The Department of Health recommends pregnant women and women trying to conceive should avoid drinking alcohol. Drinking in pregnancy can lead to long-term harm to the baby, and the risk increases the more you drink.

The Chief Medical Officers for the UK recommend that if you're pregnant, or planning to become pregnant, the safest approach is not to drink alcohol at all to keep the risk to your baby to a minimum.

If you're trying to conceive, your partner should drink no more than 14 units of alcohol a week, which should be spread evenly over three days or more. Drinking alcohol excessively can affect the quality of his sperm.

Risks

Alcohol is a powerful chemical that can have a wide range of adverse effects on almost every part of your body, including your brain, bones and heart.

Alcohol and its associated risks can have both short-term and long-term effects.

Short-term effects of alcohol consumption

The short-term effects of alcohol consumption are outlined below. This information is based on the assumption that you have a normal tolerance to alcohol.

Dependent drinkers with a higher tolerance to alcohol can often drink much more without experiencing any noticeable effects.

1-2 units

After drinking 1-2 units of alcohol, your heart rate speeds up and your blood vessels expand, giving you the warm, sociable and talkative feeling associated with moderate drinking.

4-6 units

After drinking 4-6 units of alcohol, your brain and nervous system starts to be affected. It begins to affect the part of your brain associated with judgement and decision making, causing you to be more reckless and uninhibited.

The alcohol also impairs the cells in your nervous system, making you feel light-headed and adversely affecting your reaction time and co-ordination.

8-9 units

After drinking 8-9 units of alcohol, your reaction times will be much slower, your speech will begin to slur and your vision will begin to lose focus.

Your liver, which filters alcohol out of your body, will be unable to remove all of the alcohol overnight, so it's likely you'll wake with a [hangover](#).

10-12 units

After drinking 10-12 units of alcohol, your co-ordination will be highly impaired, placing you at serious risk of having an accident. The high level of alcohol has a depressant effect on both your mind and body, which makes you drowsy.

This amount of alcohol will begin to reach toxic (poisonous) levels. Your body attempts to quickly pass out the alcohol in your urine. This will leave you feeling badly [dehydrated](#) in the morning, which may cause a severe [headache](#).

The excess amount of alcohol in your system can also upset your digestion, leading to symptoms of nausea, vomiting, [diarrhoea](#) and [indigestion](#).

More than 12 units

If you drink more than 12 units of alcohol, you're at considerable risk of developing [alcohol poisoning](#), particularly if you're drinking many units over a short period of time.

It usually takes the liver about an hour to remove one unit of alcohol from the body.

Alcohol poisoning occurs when excessive amounts of alcohol start to interfere with the body's automatic functions, such as:

- breathing
- heart rate
- gag reflex, which prevents you choking

Alcohol poisoning can cause a person to fall into a [coma](#) and could lead to their death.

Other risks

Some of the other risks associated with alcohol misuse include:

- **accidents and injury** – more than 1 in 10 visits to accident and emergency (A&E) departments are because of alcohol-related illnesses
- **violence and antisocial behaviour** – each year in England more than 1.2 million violent incidents are linked to alcohol misuse
- **unsafe sex** – this can lead to unplanned pregnancies and [sexually transmitted infections \(STIs\)](#)
- **loss of personal possessions** – many people lose personal possessions, such as their wallet or mobile phone, when they're drunk

- **unplanned time off work or college** – this could put your job or education at risk

Long-term effects of alcohol misuse

Drinking large amounts of alcohol for many years will take its toll on many of the body's organs and may cause organ damage. Organs known to be damaged by long-term alcohol misuse include the brain and nervous system, heart, liver and pancreas.

Heavy drinking can also increase your blood pressure and blood cholesterol levels, both of which are major risk factors for heart attacks and strokes.

Long-term alcohol misuse can weaken your immune system, making you more vulnerable to serious infections. It can also weaken your bones, placing you at greater risk of fracturing or breaking them.

There are many long-term health risks associated with alcohol misuse. They include:

- [high blood pressure](#)
- [stroke](#)
- [pancreatitis](#)
- [liver disease](#)
- [liver cancer](#)
- [mouth cancer](#)
- [head and neck cancer](#)
- [breast cancer](#)

- [bowel cancer](#)
- [depression](#)
- [dementia](#)
- sexual problems, such as [impotence](#) or [premature ejaculation](#)
- [infertility](#)

As well as having a significant impact on your health, alcohol misuse can also have long-term social implications. For example, it can lead to:

- family break-up and divorce
- [domestic abuse](#)
- unemployment
- homelessness
- financial problems

Kindling

Kindling is a problem that can occur following a number of episodes of withdrawal from alcohol. The severity of a person's withdrawal symptoms may get worse each time they stop drinking, and can cause symptoms such as [tremors](#), agitation and convulsions (seizures).

Alcohol has a suppressing effect on the brain and central nervous system. Research has shown that when alcohol is removed from the body, it activates brain and nerve cells, resulting in excessive excitability (hyperexcitability). This can lead to behavioural symptoms such as seizures.

With each alcohol withdrawal episode, the brain and nervous system becomes more sensitised and the resulting side effects become more pronounced.

This kindling effect can also occur after chemical stimulus to the brain or body, such as anti-convulsant medication. This means a person's alcohol withdrawal programme needs to be carefully planned, with close monitoring of its effects.

Read more about [kindling in alcohol withdrawal \(PDF, 163kb\)](#).

Alcohol poisoning: what to do

Signs of alcohol poisoning include:

- confusion
- vomiting
- seizures (fits)
- slow breathing
- pale or bluish skin
- cold and clammy skin
- unconsciousness

Dial 999 for an ambulance if you suspect alcohol poisoning and you're worried. Don't try to make the person vomit because they could choke on it. To prevent choking, turn them on to their side and put a cushion under their head.

If a person loses consciousness, don't leave them to "sleep it off". Levels of alcohol in the blood can continue rising for 30-40 minutes after the last drink, and symptoms can worsen.

Treatment

The treatment options for alcohol misuse depend on the extent of your drinking and whether you're trying to drink less (moderation) or give up drinking completely (abstinence).

This page covers:

- [brief intervention](#)
- [moderation vs abstinence](#)
- [detox and withdrawal symptoms](#)
- [medication for alcohol dependency](#)
- [therapy for alcohol dependency](#)

Brief intervention

If you are worried about your drinking or have had an alcohol-related accident or injury, you may be offered a short [counselling](#) session known as a brief intervention.

A brief intervention lasts about 5 to 10 minutes, and covers risks associated with your pattern of drinking, advice about reducing the amount you drink, [alcohol support](#) networks available to you, and any emotional issues around your drinking.

Keeping a ["drinking diary"](#) may be recommended so you can record how many [units of alcohol](#) you drink a week. You may also be given tips about [social drinking](#), such as alternating soft drinks with alcoholic drinks when you're out with friends.

Moderation vs abstinence

Moderation or abstinence are treatment options if you're:

- regularly drinking more than the lower-risk daily levels of alcohol – 14 units a week
- experiencing health problems directly related to alcohol
- unable to function without alcohol (alcohol dependency)

Cutting alcohol out completely will have a greater health benefit. However, moderation is often a more realistic goal, or at least a first step on the way to abstinence.

Ultimately, the choice is yours, but there are circumstances where abstinence is strongly recommended, including if you:

- have liver damage, such as [liver disease](#) or [cirrhosis](#)
- have other medical problems, such as [heart disease](#), that can be made worse by drinking
- are taking medication that can react badly with alcohol, such as antipsychotics
- are [pregnant](#) or planning to become pregnant

Abstinence may also be recommended if you've previously been unsuccessful with moderation.

If you choose moderation, you'll probably be asked to attend further counselling sessions so your progress can be assessed, and further treatment and advice can be provided if needed.

You may also have regular [blood tests](#) so the health of your liver can be carefully monitored.

Detox and withdrawal symptoms

If you're dependent on alcohol to function, it's recommended you seek medical advice to manage your withdrawal.

Some people may be prescribed medication to help achieve abstinence. You may also choose to attend self-help groups, receive extended counselling, or use a talking therapy such as cognitive behavioural therapy (CBT).

Where detox is carried out

How and where you attempt detoxification will be determined by your level of alcohol dependency. In mild cases, you should be able to detox at home without the use of medication as your withdrawal symptoms should also be mild.

If your consumption of alcohol is high (more than 20 units a day) or you've previously experienced withdrawal symptoms, you may also be able to detox at home with medication to help ease withdrawal symptoms. A tranquiliser called chlordiazepoxide is usually used for this purpose.

If your dependency is severe, you may need to go to a hospital or clinic to detox. This is because the withdrawal symptoms will also be severe and are likely to need specialist treatment.

Withdrawal symptoms

Your withdrawal symptoms will be at their worst for the first 48 hours. They should gradually start to improve as your body begins to adjust to being without alcohol. This usually takes three to seven days from the time of your last drink.

You'll also find your sleep is disturbed. You may wake up several times during the night or have problems getting to sleep. This is to be expected, and your sleep patterns should return to normal within a month.

During detox, make sure you drink plenty of fluids (about three litres a day). However, avoid drinking large amounts of caffeinated drinks, including tea and coffee, because they can make your sleep problems worse and cause feelings of [anxiety](#). Water, squash or fruit juice are better choices.

Try to eat regular meals, even if you're not feeling hungry. Your appetite will return gradually.

You must not drive if you're taking medication to help ease your withdrawal symptoms. You should also get advice about operating heavy machinery at work. You need to tell the [DVLA](#) if you have an alcohol problem – failure to do so could result in a fine of up to £1,000.

It's likely the medication will make you feel drowsy. Only take your medication as directed.

Detox can be a stressful time. Ways you can try to relieve [stress](#) include reading, listening to music, going for a walk, and taking a bath. Read more about [stress management](#).

If you're detoxing at home, you'll regularly see a nurse or another healthcare professional. This might be at home, your GP practice, or a specialist NHS service. You'll also be given the relevant contact details for other support services should you need additional support.

Withdrawal from alcohol is an important first step to overcoming your alcohol-related problems. However, withdrawal isn't an effective treatment by itself. You'll need further treatment and support to help you in the long term.

Medication for alcohol dependency

A number of medications are recommended by the National Institute for Health and Care Excellence (NICE) to treat alcohol misuse. These include:

- acamprosate
- disulfiram
- naltrexone
- nalmefene

These medications are discussed in more detail below.

Acamprosate

Acamprosate (brand name Campral) is used to help prevent a relapse in people who have successfully achieved abstinence from alcohol. It's usually used in combination with counselling to reduce alcohol craving.

Acamprosate works by affecting levels of a chemical in the brain called gamma-amino-butyric acid (GABA). GABA is thought to be partly responsible for inducing a craving for alcohol.

If you're prescribed acamprosate, the course usually starts as soon as you begin withdrawal from alcohol and can last for up to six months.

Disulfiram

Disulfiram (brand name Antabuse) can be used if you're trying to achieve abstinence but are concerned you may relapse, or if you've had previous relapses.

Disulfiram works by deterring you from drinking by causing unpleasant physical reactions if you drink alcohol. These can include:

- nausea
- chest pain
- vomiting
- dizziness

In addition to alcoholic drinks, it's important to avoid all sources of alcohol as they could also induce an unpleasant reaction. Products that may contain alcohol include:

- aftershave
- mouthwash
- some types of vinegar
- perfume

You should also try to avoid substances that give off alcoholic fumes, such as paint thinners and solvents.

You'll continue to experience unpleasant reactions if you come into contact with alcohol for a week after you finish taking disulfiram, so it's important to maintain your abstinence during this time.

When taking disulfiram, you'll be seen by your healthcare team about once every two weeks for the first two months, and then every month for the following four months.

Naltrexone

Naltrexone can be used to prevent a relapse or limit the amount of alcohol someone drinks.

It works by blocking opioid receptors in the body, stopping the effects of alcohol. It's usually used in combination with other medicine or counselling.

If naltrexone is recommended, you should be made aware it also stops painkillers that contain opioids working, including morphine and codeine.

If you feel unwell while taking naltrexone, stop taking it immediately and seek advice from your GP or care team.

A course of naltrexone can last up to six months, although it may sometimes be longer.

Before being prescribed any of these medications, you'll have a full medical assessment, including [blood tests](#).

Nalmefene

Nalmefene (brand name Selincro) may be used to prevent a relapse or limit the amount of alcohol someone drinks.

It works by blocking opioid receptors in the brain, which reduces cravings for alcohol.

Nalmefene may be recommended as a possible treatment for alcohol dependence if you've had an initial assessment and:

- you're still drinking more than 7.5 units a day (for men) or more than 5 units a day (for women)
- you don't have any physical withdrawal symptoms
- you don't need to stop drinking immediately or achieve total abstinence

Nalmefene should only be taken if you're receiving support to help you reduce your alcohol intake and continue treatment.

Therapy for alcohol dependency

Self-help groups

Many people who have alcohol dependency problems find it useful to attend self-help groups, such as [Alcoholics Anonymous \(AA\)](#).

One of the main beliefs behind AA is that alcoholic dependence is a long-term, progressive illness and total abstinence is the only solution.

The treatment plan promoted by AA is based on a 12-step programme designed to help you overcome your [addiction](#).

The steps include admitting you're powerless over alcohol and your life has become unmanageable, admitting you've acted wrongly and, where possible, making amends with people you've harmed.

Read more about the [12 steps of Alcoholics Anonymous](#) and [alcohol support](#).

Twelve-step facilitation therapy

Twelve-step facilitation therapy is based on the programme devised by AA. The difference is you work through the stages on a one-to-one basis with a counsellor, rather than in a group.

The therapy may be your preferred treatment option if you feel uneasy or unwilling to discuss your problems in a group setting.

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is a talking therapy that uses a problem-solving approach to alcohol dependence.

The approach involves identifying unhelpful, unrealistic thoughts and beliefs that may be contributing towards your alcohol dependence, such as:

- "I can't relax without alcohol."
- "My friends would find me boring if I was sober."
- "Just drinking one pint can't hurt."

Once these thoughts and beliefs are identified, you'll be encouraged to base your behaviour on more realistic and helpful thoughts, such as:

- "Lots of people have a good time without alcohol, and I can be one of them."
- "My friends like me for my personality, not for my drinking."
- "I know I can't stop drinking once I start."

CBT also helps you identify triggers that can cause you to drink, such as:

- stress
- social anxiety

- being in "high-risk" environments, such as pubs, clubs and restaurants

Your CBT therapist will teach you how to avoid certain triggers and cope effectively with those that are unavoidable.

Family therapy

Alcohol dependence doesn't just impact on an individual – it can also affect a whole family. Family therapy provides family members with the opportunity to:

- learn about the nature of alcohol dependence
- support the member of the family who is trying to abstain from alcohol

Support is also available for family members in their own right. Living with someone who misuses alcohol can be stressful, so receiving support can often be very helpful.

There are a number of specialist alcohol services that provide help and support for the relatives and friends of people with a dependence on alcohol.

For example, [Al-Anon](#) is an organisation affiliated with AA that provides relatives and friends with help and support. Its confidential helpline number is 020 7403 0888 (10am to 10pm, 365 days a year).

Read more about the different [types of talking therapies](#).

Drinking diary

If you're aiming to moderate your drinking, you may be asked to keep a "drinking diary".

On a daily basis, make a note of:

- all the alcoholic drinks you've had
- what time you had them
- where you were
- how many units you drank – you can use the [Alcohol Concern unit calculator](#) to work this out

This will give you a good idea of how much alcohol you're drinking, the situations in which you drink, and how you could start to cut down.