

Alcohol Misuse

Understanding the impact, recognising dependence and finding the right support

Alcohol misuse is not defined by one particular kind of person or one single pattern of drinking. It can include regularly drinking above lower-risk guidance, episodes of heavy drinking, using alcohol to manage emotions or sleep, losing control over how much is consumed, or becoming physically dependent. The important question is not whether somebody 'looks like they have a problem', but what alcohol is doing to their health, relationships, choices and everyday life.

Why alcohol can become difficult to manage

Alcohol can temporarily reduce tension, social anxiety, emotional pain or self-consciousness. It can also become attached to routines: finishing work, coping after an argument, getting to sleep, socialising or shutting down intrusive thoughts. Over time the brain adapts. A person may need more alcohol for the same effect, while the relief becomes shorter and the consequences become larger. Shame can then make it harder to talk openly, which can keep the cycle going.

Tolerance, dependence and withdrawal

Tolerance Needing more alcohol than before to achieve a similar effect.	Dependence Alcohol begins to feel necessary to function, settle symptoms or avoid withdrawal.
Withdrawal Symptoms can include sweating, shaking, nausea, anxiety, disturbed sleep and feeling unwell when alcohol wears off.	Loss of control Drinking more or for longer than intended, repeatedly struggling to cut down, or organising life around access to alcohol.

Important: do not abruptly stop if you may be dependent

If you drink heavily or regularly and experience withdrawal symptoms, seek medical advice before stopping suddenly. Alcohol withdrawal after physical dependence can become medically dangerous and, in severe cases, can involve seizures, hallucinations or delirium. A GP or alcohol service can assess whether medication or supervised withdrawal is needed. Call **999** for seizures, severe confusion, collapse, difficulty waking, abnormal breathing or another immediate medical emergency.

Physical health

Long-term harmful drinking can affect the liver, heart and circulation, digestive system, nervous system and immune function, and it increases the risk of several cancers. Alcohol can also contribute to accidents, falls, injuries and unsafe decisions. Nutrition can be affected when alcohol replaces meals or interferes with absorption, and sleep may become fragmented even when alcohol initially makes falling asleep feel easier.

Mental health and the alcohol-anxiety loop

Alcohol may feel calming in the short term but can worsen anxiety, low mood, irritability and sleep afterwards. For some people, the next-day emotional impact becomes a reason to drink again, creating a relief-withdrawal-relief cycle. If suicidal thoughts, severe depression, psychosis or immediate risk are present, seek urgent mental-health or emergency support rather than treating the problem as 'just drinking'.

Signs worth paying attention to

Drinking earlier in the day; hiding or minimising amounts; memory gaps; missing responsibilities; repeated arguments; needing alcohol to sleep or feel normal; unsuccessful attempts to reduce drinking; withdrawal symptoms; increasing tolerance; risky driving; injuries; neglecting food or self-care; and continuing despite clear physical, emotional or relationship consequences are all reasons to seek an assessment.

A simple pattern tracker

For one week, record **when** you drink, **what happened beforehand**, **what you hoped alcohol would change**, and **how you felt later and the following morning**. This is not about scoring yourself. It helps reveal the job alcohol has taken on - stress relief, sleep, confidence, numbing, habit or avoidance - so support can address the need underneath the drinking.

Alcohol Misuse — Support, Treatment & Recovery

Recovery can mean reducing harm, becoming alcohol-free, or working towards change with clinical support

Where to start in the UK

GP	A GP can assess physical health and withdrawal risk, discuss treatment options and refer to local alcohol services.
Local alcohol service	Many areas allow self-referral. Services may offer assessment, keywork, psychological support, harm reduction, medically supported withdrawal and recovery planning.
Drinkline	National alcohol helpline for people worried about their own or someone else's drinking: 0300 123 1110 .
Alcoholics Anonymous	Peer-led mutual aid with meetings across the UK and online. This approach suits some people strongly; others prefer different mutual-aid or treatment models.
SMART Recovery	Practical mutual-aid tools for changing addictive behaviours, with meetings and resources. Family & Friends support is also available.
Emergency / urgent care	Call 999 for a medical emergency. NHS 111 can advise on urgent medical concerns that are not immediately life-threatening.

What treatment may involve

Treatment should reflect the person's drinking pattern, dependence, physical health and goals. It can include motivational work, cognitive and behavioural approaches, relapse-prevention planning, mutual aid, family support and medication where clinically appropriate. People who are dependent may need a medically planned withdrawal rather than attempting to stop alone. Longer-term work often focuses on sleep, stress, trauma, loneliness, relationships and routines as well as alcohol itself.

Reducing harm while seeking support

Do not drive after drinking, and do not assume coffee, food, sleep or another substance makes driving safe. Avoid mixing alcohol with opioids, benzodiazepines or other sedating medicines unless a clinician has specifically confirmed the combination is safe; combined sedation can increase overdose and breathing risks. If you take prescribed medication, ask a pharmacist or prescriber about alcohol interactions rather than guessing.

Supporting a loved one

Choose a calm time to talk, describe what you have noticed rather than using labels, and encourage professional assessment. You cannot control another person's drinking, but you can set boundaries around money, driving, children, aggression and your own home. Family members deserve support in their own right. If somebody is physically dependent, do not pressure them into abruptly stopping without medical advice.

One book to explore

***The Unexpected Joy of Being Sober* — Catherine Gray.** This is a personal, accessible account of changing a relationship with alcohol rather than a clinical treatment manual. Its strength is the lived-experience perspective and the way it explores identity, social life and what comes after drinking. It will not fit every reader, and anyone with dependence or withdrawal risk still needs appropriate medical assessment and evidence-based support.

A message from Maggie

Alcohol can become woven into so many parts of life that imagining change feels bigger than simply changing a drink. It may be how you switch off, sleep, socialise, cope with memories or get through the end of a difficult day. Support works better when we understand those functions rather than only asking how many drinks you have had. You can begin with one truthful conversation. You do not need to have decided exactly what recovery will look like before you ask for help.

Clinical note

This guide provides general information and is not a diagnosis or individual treatment plan. Alcohol withdrawal can be medically dangerous after dependence. Seek clinical advice before an abrupt stop if withdrawal is possible. Emergency symptoms require 999. Contact details and service availability should be checked before publication.