

Advice and support if you are drinking too much alcohol

Emergency Department

Information for Patients

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Introduction

This leaflet will offer you some advice and guidance about alcohol and its effect on your life. You have been given this leaflet either because it is suspected that alcohol contributed to your attendance to hospital, or because your alcohol consumption has the potential to cause harm to your health.

Alcohol is a depressant drug that slows down your central nervous system. With at least 90% of the UK population drinking alcohol, it has become known as “our favourite drug”.

Alcohol affects people differently according to age, sex, physical condition, amount of food eaten, other drugs or medication taken, and the amount of alcohol consumed.

People tend to drink because it is sociable and relaxing. However, if we begin drinking out of habit, and our intake rises, it can cause problems.

Are you drinking too much?

How much is too much?

You are safest not to drink regularly more than 14 units per week. This is to keep health risks from drinking alcohol to a low level. If you do drink as much as 14 units per week it is best to spread this evenly across the week.

People aged 65 and over should not regularly drink more than 11 units per week.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester’s Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What are units?

Different drinks will have different amounts of pure alcohol (ethanol) in them. 1 unit is 10ml of ethanol. The stronger the drink, the more ethanol it contains, and the greater the number of units.



It is safest not to drink more than 14 units - or .11 if you are 65 or over - per week on a regular basis



Calculate how many units are in your drink:

To work out the how many units are in your drink, multiply the volume of the drink (in millilitres) by the percentage of alcohol (% ABV), then divide this number by 1000.

For example: 2 litres (2000ml) of white cider (7.5% ABV)

$$(2000 \times 7.5) \div 1000 = 15 \text{ units}$$

More information about units can be obtained at www.nhs.uk/units

Examples of units in common drinks

1 unit:



Half a pint of lower strength (4%) lager, beer or cider.



A single measure (25ml) of spirits (40%)

2 units:



A standard glass (175ml) of 12% wine



A pint of lower strength (4%) lager, beer or cider



A 440ml can of medium strength (4.5%) lager, beer or cider



A double (50ml) measure of spirits (40%)

3 units:



A pint of medium strength (5%) lager, beer or cider



A large glass (250ml) of 12% wine

4 units:



A 500ml can of high strength (8%) lager



A large bottle (750ml) of alcopop



A 500ml can of (7.5%) white cider

What can go wrong?

Drinking more than the recommended units over time can cause health issues that affect the brain, nerves, heart, stomach, liver, pancreas, and other organs. It can also affect your mental health, and other areas of your life such as family, work, finances, or legal trouble.

Issues may include

- Weight loss or weight gain
- Loss of appetite
- Heartburn and indigestion
- Short-term memory loss
- Pins and needles in your hands and feet
- Yellow eyes (jaundice)
- High blood pressure
- Irregular heartbeat
- Irregular or no menstruation
- Sleeplessness
- Mood swings
- Self-neglect
- Depression and anxiety

Other people may notice some of these changes before you do.

**If your family think you have a drink problem,
then maybe you have a drink problem.**

**Look at the bottle or can from which you drink;
it will always say how many units are inside.**

Can I get addicted to alcohol?

If you do drink every day you could possibly have a physical dependence on alcohol.

If you are physically dependent you may notice some withdrawal symptoms, usually in the morning or when you have not had a drink for a few hours:

Symptoms of alcohol dependence include:

- tremor in the hands
- sweats
- hot and cold flushes
- anxiety
- feeling sick (nausea), retching or being sick (vomiting)
- increased heart rate
- cravings

If you have any level of alcohol dependence, then it is unwise to stop suddenly, or go “cold turkey”. Instead, stabilise and reduce your intake. See ‘Tips for cutting down’ on p6.

**If you get any withdrawal symptoms, do not stop drinking suddenly.
Withdrawing suddenly from alcohol can have serious side effects.
Call 999 if your symptoms are severe.**

Tips for cutting down

- Work out how many units you normally drink a day. This is your starting point.
- From your starting point, a sensible approach is to try to reduce by around a 1/10 (tenth) every 2 to 3 days.
- Remember, you are drinking to control withdrawal symptoms, not to get intoxicated.
- Do not assume you have to have a drink straight away after waking up. Try drinking nothing until you notice withdrawal symptoms.
- Try to drink only when you start to feel yourself withdraw and then drink about 2 units at a time (for example 1 can of 4% cider). Wait 20 to 30 minutes for the alcohol to take effect and repeat this process each time you get withdrawal symptoms.
- If you have disturbed or disrupted sleep due to withdrawal symptoms, you could try a double dose before bed.
- Remember, as you successfully reduce your daily alcohol intake, you should find your withdrawal symptoms become less severe, although in the short term your sleep could suffer.
- Keep a daily record of what and when you drink and what withdrawal symptoms you get. This will help you keep track of your progress. Use the drink diary on the next page.
- Remember to eat little but often. Your blood sugar levels could get too low if you don't.
- If you are having withdrawal symptoms which are making you feel unwell, you may have cut down too quickly. Drink a little more, or seek medical attention if you are very unwell.
- If you can, swap to a lower-strength drink, for example, 4 to 5% ABV cider or beer, even if this means you are drinking more fluid than you are used to. It is much easier to reduce this way.
- Reducing intake using wine or spirits is much harder due to the strength of the drink.

Reduce your drinking safely

The “textbook” way to overcome alcohol dependence safely is to reduce by around 10% every 2 to 3 days, but the rate you reduce your drinking is up to you. You are in control.

It's important to try to strike a balance between not cutting down so quickly that you get severe withdrawal symptoms and not too slowly that you never actually stop!

Drink diary

Keeping a drink diary can be a good way of monitoring your alcohol consumption. Here is a chart for you to get started:

Day	Type of drink	Amount / Volume	Units
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
		Total units =	

Advice for one-off drinking

If you have 1 or 2 heavy drinking sessions a month you still increase the risks of death from long-term illnesses, accidents and injuries. When it comes to single drinking occasions you can keep the short term health risks at a low level by following the advice below:

- Limit the total amount of alcohol you drink on any occasion
- Drink slowly, drink with food, and alternate with water
- Eat before you start drinking
- Have bottles of beer or single shots, rather than pints and doubles
- Do not join in with “rounds” as it may commit you to drinking more than you want
- Stick to lower strength drinks

Socialising does not have to involve alcohol - do something else instead

Advice for pregnant women

The Chief Medical Officer (CMO) guidance is that pregnant women should not drink any alcohol at all. If you are pregnant or planning pregnancy, the safest option is not to drink alcohol. This is to keep the risks to your baby to a minimum. The more you drink the greater the risk to your baby.

Drinking during pregnancy can lead to foetal alcohol syndrome. **This** can cause learning difficulties and facial deformities for the unborn baby.

What if I have already drunk alcohol in pregnancy?

If you find out you are pregnant after having drunk alcohol early in the pregnancy you should avoid drinking further. Official advice is that it is unlikely in most cases that the baby would be affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Driving and alcohol

Question: How many drinks can I safely have and not be over the limit?

Answer: None.

Do not drink and drive

While the legal limit for driving is 80mg of alcohol in 100mls of blood, this cannot be translated into a number of drinks and is dependent on age, sex, weight and metabolism. So the advice is not to drive on any amount of alcohol.

It takes the average liver 1 hour to process each unit of alcohol, so please beware that after a heavy session of drinking you may still be over the drink-drive limit the next day.

Sleep advice

The brain can develop a tolerance to the sedative effects of alcohol; this can cause an increase in light sleep and may not immediately return to normal when alcohol consumption is stopped.

Alcohol will normally act as a sedative for about 4 hours and then you may find it difficult to fall back to sleep naturally.

Here are some ideas to help you relax and practice a good sleep routine:

- No caffeine after 6pm
- Try to go to sleep and wake up at the same time every day
- Exercise daily but not right before bedtime
- Try not to look at phones or tablets, or watch television in bed
- Try not to use bedtime as worry time. Make a to-do list and leave your worries until the morning
- Avoid heavy meals at bedtime
- Limit or avoid alcohol, caffeine, and nicotine before bedtime
- Control the night-time environment with a comfortable temperature
- Create a quiet and dark environment to sleep in
- Try not to clock watch
- Wear comfortable, loose fitting clothes to bed
- If not able to sleep within 30 minutes, get out of bed and do a soothing activity such as listening to soft music or reading, but avoid exposure to bright light during these times and things that may stimulate the brain. When you are feeling tired, try again.

Preventing a relapse

Identify triggers and high-risk situations:

These could include stress, boredom, certain friends, places, unhappy anniversaries. Thinking ahead, how could you handle these situations without turning to alcohol? Or could you avoid these situations altogether?

Handle your problems and feelings as they occur:

Each day, as you have negative (or positive) feelings and problems, deal with them on a here and now basis. This way, you avoid stresses from building up and exploding.

Make the most of support:

Friends, family and Turning Point can help you to deal with your problems and emotions, and help you to support your goals.

Take better care of yourself:

Eat more healthily, get moving every day, drink plenty of water, and get some sleep. This will improve your wellbeing dramatically and make relapse less likely.

Cope with cravings:

A craving is when your brain remembers all the good things about alcohol, forgets all the bad things, and tries to convince you to have a drink. Remind yourself of the problems drink has caused you. Challenge “permission-giving” thoughts such as “I deserve a drink,” or “I won’t hurt.”

Or you can “surf” the craving. Rather than trying to ignore or struggle with the uncomfortable feeling of a craving, imagine you are surfing it like the crest of a wave. You will find that eventually the wave will subside, and you will have successfully ridden out your craving. Most cravings only last a few minutes.

Distract yourself:

Get your mind off alcohol by doing something. Walk the dog, hike round the park. See a friend for lunch or go to a library. Do anything other than just sit there allowing your cravings to fester. Anything physical is perfect as you will always feel better after you’ve exerted yourself.

Don’t let a lapse become a relapse:

A lapse is 1 slip-up; a bad day. You’re human – it happens. A relapse is when this quickly returns to regular, excessive drinking. Keep blips to 1 day, and get back on your plan in the morning.

Further support

If you would like any further advice or would like to see someone about your drinking, you can access support from the details below.

If you are an inpatient in the hospital, or a member of staff, call the Substance Misuse Liaison Team (Leicester Royal Infirmary) on **0116 258 7285** or **07734 694857** or email:

uhl-tr.turningpointreferralsmailbox@nhs.net

If you would like to be referred straight into treatment with Turning Point (2 Eldon Street, Leicester LE1 3QL) call **0330 303 6000**.

Turning Point works with anyone who is affected by drugs or alcohol and wants support to make changes. We offer a variety of treatment options and will support you to find the right treatment for you.

Turning Point Leicester, Leicestershire and Rutland have service hubs in Leicester City, Coalville and Loughborough as well as satellite services in other towns. You can view information on our website: www.turning-point.co.uk

Turning Point offers:

- A full and comprehensive assessment to help you determine your goals
- Sessions to discuss your use, look at triggers, and learn new ways to cope
- Detox and rehab – we can explain these processes and arrange them if appropriate
- Sign-posting and support to access other services such as housing or debt management
- Prescribing services
- Harm reduction services including needle exchange
- Support for pregnant women who are using drugs or alcohol
- Dedicated Family & Friends worker
- Opportunities to volunteer

We would love to hear your feedback. Please scan the QR code.



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اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net