

PATIENT INFORMATION · GENERAL HEALTH

Alcohol and your health

including why stopping suddenly can be dangerous

Most people who drink more than they intend to are not dependent, and cutting down is straightforward with the right approach. For a smaller group, physical dependence has developed — and for them, stopping abruptly without support is genuinely dangerous. Knowing which group you are in matters.

Call 999 if someone has

- a **seizure** during or after stopping drinking
- **confusion, hallucinations, severe agitation or fever** after stopping — possible delirium tremens
- **vomiting blood**, or black tarry stools
- **yellowing of the skin or eyes**, with confusion or abdominal swelling
- been **unable to be roused** after drinking, or is breathing irregularly
- **severe unsteadiness with confusion and eye movement problems**

Do not leave someone unconscious after drinking to sleep it off — place them in the recovery position and call 999. Delirium tremens carries a significant mortality and needs hospital treatment. Confusion with unsteadiness and abnormal eye movements suggests Wernicke's encephalopathy, which needs urgent thiamine.

Do not stop suddenly if you are physically dependent

If you **drink every day**, particularly heavily, and get **shakes, sweating, nausea, anxiety or a craving in the morning** that improves when you drink, you may be physically dependent. Stopping abruptly can cause seizures and delirium tremens, both of which can be fatal. **Do not stop on your own.** A medically supported detox with a benzodiazepine regimen and thiamine is safe and available. If you are in this position, that is a reason to seek help sooner rather than a reason to delay.

The UK guideline

14 units

3+ days

No level

a week, for men and women alike

spread over, with drink-free days

is completely risk-free

A unit is 10ml of pure alcohol. A large glass of wine is around **3 units**, a pint of strong lager around **3**, and a single 25ml spirit measure **1**. Most people substantially underestimate what they drink at home, because home measures are considerably larger than pub ones.

What it does

- **Liver** — fatty liver, then hepatitis, then cirrhosis. Fatty liver and hepatitis are reversible; cirrhosis is not.
- **Cancer** — alcohol is a Group 1 carcinogen, causing cancers of the mouth, throat, oesophagus, liver, bowel and breast. **Breast cancer risk rises from low levels of drinking**, which is not widely known.
- **Blood pressure and heart** — raises blood pressure, causes atrial fibrillation, and weakens heart muscle.
- **Mental health** — a depressant. It reduces anxiety for two hours and increases it for the following day, which is how the cycle sustains itself.
- **Sleep** — shortens time to fall asleep and destroys the second half of the night.
- Weight, fertility, and interactions with many medicines including paracetamol at high doses.

The 'red wine is good for you' finding has not held up

Older studies appeared to show light drinkers living longer than non-drinkers. Much of that effect came from the comparison group including people who had **stopped drinking because they were already ill**. Better-designed studies, including genetic ones, show no protective threshold for most outcomes and a straightforward dose-response for cancer and blood pressure. It is fine to drink; it is not a health measure.

Cutting down

What works

- Setting a specific weekly unit target and tracking it honestly
- Several drink-free days a week — more effective than reducing every day
- Measuring home pours; most are double a pub measure
- Alcohol-free alternatives, which have improved enormously
- Identifying your two main triggers and planning specifically for them

Less effective

- Vague intentions to 'cut back'
- Switching drink types without reducing units
- Relying on willpower alone in the same situations
- Drinking on an empty stomach to make less go further
- Going alone if you are physically dependent

What we check

Liver function including GGT, full blood count with MCV, clotting, ferritin, HbA1c, blood pressure and weight, alongside a structured assessment of your drinking. A FIB-4 score and liver ultrasound assess whether there is

fibrosis. Thiamine and vitamin replacement is important in heavy drinkers, and a liver that has been damaged can recover substantially if drinking stops early enough.

Why come to us. Most people who want to drink less never raise it, because they expect judgement or a lecture. You will not get either. We take a straightforward history, check **liver function, GGT, blood count, ferritin and HbA1c in-house** with results explained the same visit, perform **liver ultrasound on site**, and tell you plainly where you stand. Where a supported detox is needed we arrange it safely rather than leaving you to stop alone. Confidential, seven days a week.

An honest picture, without the lecture

Liver bloods and ultrasound on site, results the same visit. Confidential.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

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Written and reviewed by Dr H Bolat, GP & Clinical Director Review date: 26 July 2026 Next review due: July 2028

Ref: TBH-PIL-225

This leaflet is based on current NHS, UK Chief Medical Officers' low risk drinking guidelines and NICE CG100/CG115 guidance on alcohol-use disorders. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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