

The drink didn't do that

A short book about regular drinking, and the confidence
and relaxation you credit to the glass

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First edition

Written by AI with human guidance. It can
contain mistakes, which later editions correct.

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Before you start

This is a short book. You can read it in two or three evenings.

It's about one belief. You drink most days, or most weekends, and you'd say it does you good in two particular ways. It relaxes you at the end of the day, and it makes you easier company when you're out. A life without it looks tenser and duller, with a stiffer version of you living it.

I'm going to argue that the glass gets credit for work it didn't do. A good share of the relaxation comes from what else happens when you pour. Work stops, you sit down, and you've told yourself you're off duty. A good share of the confidence comes from believing you've had a drink, and from the twenty minutes that pass at any party. Researchers have run experiments that pull these things apart, and I'll describe them.

The title overstates the case, and I'd sooner say so now than have you catch me at it. Alcohol is a drug with real effects. It sedates you, it narrows your attention, and in company it makes strangers smile and talk a little more. Chapter 5 sets out what's real. "The drink did less of that than you think, and sent you part of the cost the next day" is more accurate. It wouldn't fit on a cover.

I won't spend pages on your liver. You've seen the posters in the surgery. Health comes up where it bears on a decision, and that's all.

I won't ask you to stop drinking before you've finished reading, and I won't ask you to carry on either. The book also doesn't assume you'll never drink again. It builds towards an experiment, a month without alcohol in which you do everything you normally drink for, and then a decision that's yours to make. The practical chapters are 12 to 14.

Three cautions before we start. The first matters most.

If your body has become dependent on alcohol, stopping suddenly can be dangerous. The NHS says withdrawal symptoms begin within 6 to 12 hours of the last drink. The milder ones include anxiety after waking, sweating, a tremor in the hands, a racing heartbeat, trouble sleeping, and feeling or being sick in the morning. If you get any of these when you go without a drink, or you need one in the morning to feel steady, see your GP or a local alcohol service before you cut down or stop. They can arrange medicine that makes withdrawal safe. Hallucinations, confusion, severe shaking or a seizure are an emergency, and the NHS advice is to call 999.

This book wasn't written as a treatment for dependence. Its argument may still be useful to you, but medical help comes first and the book comes second.

The second caution is about medicines. Alcohol interacts with a long list of them. If you take anything regularly, your pharmacist can tell you where you stand, and it costs nothing to ask. Nothing in this book is a reason to change or stop a prescribed medicine.

The third is about mental health and pregnancy. If you drink partly to manage anxiety or low mood, chapter 8 is written for you, and the short version is that both are treatable and deserve better than wine. If you're pregnant or trying to be, the NHS advice is not to drink at all, and your midwife or GP can help if that's hard.

One more thing. I think understanding helps, and this book is an attempt at it. It doesn't replace the help that's been shown to work. A conversation with a GP, an alcohol service, a support group and, for dependence, prescribed medicines can all be used alongside it.

The notes at the back give the studies I've relied on and their limits. The rest is my own reasoning, and I'll say so where it matters.

The kitchen at ten to seven

Here's an example. It's a Thursday. The meeting at three went badly, the train sat outside the station for twenty minutes, and you get in at ten to seven with your shoulders somewhere near your ears. You drop your bag in the hall and take your shoes off. You open the fridge, pour a glass of white wine, and take the first mouthful standing at the counter.

You breathe out. It's the first proper breath since about half past two. By the time the onions are in the pan the radio's on and you're half listening to it. By the time you sit down to eat, the meeting has shrunk to something you can deal with tomorrow.

If somebody told you at that moment that the wine had done nothing, you'd think they'd never had a day like yours. You felt it work. It took one mouthful.

I'm not going to tell you that you imagined it. The relief at the counter is real, and a book that starts by denying it deserves to be put down. What I want to look at is the timing.

The breath out came with the first mouthful. Alcohol doesn't work that fast. In one small study, fifteen men drank beer, wine or vodka and tonic over twenty minutes on an empty stomach, and the researchers tracked their blood alcohol. It peaked at about 36 minutes for the vodka, 54 for the wine and 62 for the beer. With food in the stomach it's slower still. Some alcohol reaches the blood within minutes, but nothing like enough to drop your shoulders at the first sip.

So something else did that. Here's what else changed in the same two minutes. You got home and the front door shut behind you. Your shoes came off. Nobody in that kitchen can ask you for a revised forecast. You had something cold that tastes nice. And you told yourself, in the act of pouring, that the working day was over.

I think that last one does most of the work. The pour is a small ceremony. It's how you announce to yourself that you're off duty, and the announcement is what your shoulders respond to. The wine then arrives in your bloodstream half an hour later, adds a mild sedation to a person who has already relaxed, and takes the credit for the lot.

You've seen someone at a pedestrian crossing press the button a second time just as the lights change. They step off the kerb feeling they made it happen. The lights were about to change anyway. The glass at ten to seven isn't quite that, because alcohol does do something when it gets there. But the first sigh belongs to the button-pressing kind of cause.

Three terms will come up through the book, so I'll fix them now. "The glass" means the drink as the thing you give the credit to. "The setting" means everything else that changed when you picked it up, the place and the company and the time and what you'd just stopped doing. "The credit" is the story you tell afterwards about which of them did the work.

The same question applies to the other place you'd say drink helps, which is a room full of people. You arrive stiff, you get a drink, and twenty minutes later you're fine. Chapter 4 looks at what happened in those twenty minutes.

For now, one observation. If you have a drink this week, look at the clock when you pour it and again when you first notice yourself relax. Then list what else you did in that gap. You don't need to change anything yet. You're only checking my claim about the timing against your own kitchen.

What the glass gets the credit for

Nobody keeps doing something for years that does nothing for them. If you drink regularly, the glass seems to be paying you in several ways, and it helps to lay them out before examining any of them.

Relaxation comes first for most people, the ten to seven glass. Confidence comes second, the feeling that you're better company with a drink in you, quicker and warmer and less watchful. Chapters 3 and 4 take those two, since they're the ones in the title.

Then there's fun, the sense that a night with drink in it is a night where things happen. There's sleep, the nightcap that sends you off. There's reward, the glass as the thing you've earned by getting through the day. There's belonging, the rounds and the toasts and the bottle opened when friends arrive. There's taste. And there's identity, being someone who knows their wine or likes a proper pint.

Each of these gets its own look later. Some hold up better than others. I think taste and belonging have more to them than sleep and confidence do, and I'll say why.

The tool for examining them is one question, and I'll call it the test question. What else changed when I picked up the glass? It's the question from the kitchen. Work stopped, the door shut, the shoes came off. At the party it's that twenty minutes went by, you found

someone you knew, and the room warmed up. If a good part of the benefit can be traced to those other changes, then the glass has been taking credit that belongs to the setting.

It's easy to see why the glass gets the credit. It's the most visible thing in the scene, it's in your hand, and the culture you grew up in told you what it would do before you ever tasted it. Drink relaxes you, drink loosens you up, you need a stiff one after a shock. You'd absorbed all that by twelve.

There's a second reason, and I find it the more interesting one. You've got no comparison. If you've drunk at every wedding, every Friday night and every holiday since you were eighteen, then you have no information about what you're like at a wedding without it. Every good evening of your adult life had a drink in it, so drink looks like an ingredient of good evenings. It was also there at every flat one, every row in a taxi and every night you talked too much. It doesn't get credited with those.

The costs I'll name once and then mostly leave alone. There's the money. There are the mornings, even the mild ones. There's the sleep, which chapter 6 covers. There's a list of long-term risks that the NHS sets out plainly, including liver disease, high blood pressure, several cancers, and anxiety and depression. You know these exist.

The cost that gets less attention is the way regular drinking shapes an evening. After the second glass you won't drive, so you can't collect anyone or go anywhere. You won't start the form that needs filling in, or the book that needs attention. Someone has to check whether there's wine in the house, and it's a small bad moment

when there isn't. The evening gets shorter and narrower, and because it happens every night it stops looking like a cost and starts looking like what evenings are.

None of that is an argument yet. It's the price list. Whether the price is worth paying depends on what you're getting, and that's what the next chapters test.

"It relaxes me"

Alcohol is a sedative, so the belief that it relaxes you starts from something true. The useful question is how much of the evening's relaxation the drug accounts for.

Researchers have tested this in laboratories for decades. The usual method is to give some people alcohol and others a placebo or a plain drink, then put everyone through something stressful, often a speech to strangers, and measure how bad they feel. In 2019 a psychologist named Bresin pooled 52 of these studies. People who'd had alcohol did feel less bad after the stressor, and the size of the difference was small to moderate. When he looked instead at how much distress rose from before the stressor to after it, the difference between drinkers and non-drinkers wasn't statistically reliable. He described the evidence overall as mixed.

Set that beside the kitchen. There the relief feels total and close to instant. In the lab, with the setting held equal for everyone, the drug's own contribution is modest and doesn't always show up. My reading is that the gap between the two is the setting. In the lab nobody's working day has just ended.

A second piece of research says something about how the drug part works when it does. In 1990 Claude Steele and Robert Josephs described what they called alcohol myopia. Alcohol doesn't dissolve a worry. It narrows your attention to whatever's immediately in front of you, so that there's less room for anything

else. Their conclusion was that alcohol together with a distracting activity reliably reduces anxiety, because the activity takes up the attention that's left.

You probably know both halves of this from experience. If there's cooking or a film or company to absorb you, the narrowed attention goes there, and the bad meeting fades. If there's nothing, and you're alone at the table with the problem, your attention narrows onto the problem. That's the evening when the second glass makes things darker.

So even the pharmacological part of the relaxation leans on the activity. The radio, the chopping and the person telling you about their day are doing part of the job. All of those are available without the glass.

Here's the honest objection. You may have tried an evening without a drink and found yourself twitchy and irritable, which felt like proof that you need it. I think three things were going on. The ceremony was missing and nothing replaced it, so the working day never got its full stop. You spent the evening watching yourself for signs of missing the drink, which is an unrelaxing way to spend an evening. And if you drink most days, there may have been a mild rebound from the night before, which chapter 7 explains. One evening is a poor test, in the same way that one night in a new bed tells you little about the bed.

What relaxes you at ten to seven is stopping. You need a way to stop, and I take that need seriously. People whose work follows them home, or who go straight from a job to children, need it more

than most. The ceremony deserves to be kept. It doesn't have to contain alcohol to work, because the alcohol hadn't arrived yet when it worked.

If you have a drink tonight, you can test this in ten minutes. Do the whole ceremony first. Shoes off, something cold in a decent glass, sit down, radio on. Pour the wine ten minutes later if you still want it, and notice how much of the relaxation had already turned up.

"It gives me confidence"

Here's another example. A friend is turning forty in the function room above a pub. There'll be sixty people and you know four of them. You arrive, find somewhere for your coat, and stand for a moment with that feeling of having too many arms. You go to the bar. Twenty minutes and one drink later you're talking to somebody's cousin about campervans and enjoying it.

The credit goes to the drink. It always has. You might even call it Dutch courage, a phrase that files the courage under the drink before you've thought about it.

Three experiments bear on this.

In the first, published in 2001, Abrams and colleagues recruited 61 people with social phobia, which means social anxiety severe enough to be diagnosed. Each gave a speech to a group, then had a drink, then gave a second speech. A third were given alcohol and told so. A third were given a drink with no alcohol and told it was alcoholic. A third had a soft drink and knew it. Anxiety fell more from the first speech to the second in the alcohol group than in the soft drink group. It also fell more in the placebo group, who'd had no alcohol at all. The alcohol group probably did a bit better than the placebo group, though that difference wasn't quite reliable. The authors concluded that the drug and the belief add together.

So belief alone produced a measurable drop in anxiety, in people whose anxiety was clinical. They had the confidence in them already. They needed to think it had been supplied.

The second experiment is about what that confidence is worth. In 2013 Laurent Bègue and colleagues gave 94 people either an alcoholic or a non-alcoholic drink, and told half of each group the truth and half the opposite. Everyone then gave a short speech and rated how attractive, bright, original and funny they'd been. People who believed they'd had alcohol rated themselves higher, whatever had been in the glass. Then 22 independent judges watched the recordings. The boost in self-rating had no relation to how people had performed.

I'd put it this way. Believing you'd had a drink made you feel funnier. It didn't make you funnier. What you've been calling confidence looks to me like a drop in self-monitoring, a quieter version of the voice that asks how you're coming across.

The third experiment cuts against my argument, and it belongs here for that reason. In 2012 Michael Sayette's team put 720 young social drinkers into groups of three strangers, and gave each group a moderate dose of alcohol, a placebo, or a soft drink they knew was soft. Over 36 minutes the alcohol groups showed more genuine smiling, more of the easy turn-taking of good conversation, and fewer negative expressions. The placebo groups looked like the soft drink groups. Here the drug did something that belief didn't.

One detail complicates even that result. Afterwards people rated how bonded they felt to their group. The drinkers averaged 7.22 on the scale and the people who knew they were on cranberry juice averaged 7.07, a difference too small to be statistically reliable. By their own account, strangers drinking juice got on about as well as

strangers drinking vodka. The lowest score, 6.74, came from the people who thought they were drinking vodka and weren't. My guess is that they were waiting for a lift that never arrived.

A later review by Catharine Fairbairn and Sayette proposed that alcohol's social effect comes largely from freeing people from preoccupation with rejection. That's a fair description of the first twenty minutes at the fortieth. The too-many-arms feeling is preoccupation with how you look to a room that isn't looking.

And those twenty minutes pass for everybody. The start of any party is the worst of it, for the drinkers and the drivers alike. You find a familiar face, the room fills and gets louder, someone introduces the cousin. Time and the drink arrive together, and the drink gets the credit.

You might say you really are shy, and that may be so. But consider how you've practised. If every party since you were seventeen has started at the bar, then you've never once practised walking into a room without a drink, and every success you've had has been filed under the glass. The skill is yours. You've been signing someone else's name on it.

There's an easy observation to make at the next do. Find the people who aren't drinking, the driver, the pregnant friend, the one on antibiotics. Watch them at ten o'clock and ask yourself whether they're visibly worse company than the rest of the room.

"But I can feel it working"

By now you may be thinking that this is all very well, but you know what a drink feels like. There's a warmth about ten minutes into the second glass that no amount of taking your shoes off will produce. You're right, and this is the chapter where the title has to give some ground.

At the amounts most regular drinkers have, alcohol does several real things. It sedates you. It slows your reactions. It narrows your attention, as chapter 3 described. It loosens your judgement, including your judgement of yourself. In company it produces more smiling and more talk. None of that is belief. In the Sayette experiment, the people who only thought they'd had vodka didn't show the extra smiling and talk.

I'd make two points about the real part. The first is that it's blunter than the words we use for it. "Confidence" and "relaxation" sound like things added to you. What the drug does is take things away. You get less attention, less alertness and less self-monitoring. Sometimes less is what you want, and I won't pretend otherwise. But the reduced self-monitoring that lets you talk to the cousin is the same reduction that has you telling the campervan story twice, and that makes the third drink look like a sound idea. The drug can't tell the inhibitions you'd like to lose from the ones that were doing a job.

The second point is tolerance, which means a smaller effect from the same amount after repeated use. A 2021 review from the US National Institutes of Health called it a critical yet understudied

factor in alcohol addiction. It has been among the formal signs of an alcohol problem for decades, and the NHS list of signs includes needing increasing amounts of alcohol to get the same effect.

You don't need to be anywhere near that list for tolerance to apply to you. It's a matter of degree, and you can check it against your own memory. There was a time when one glass of wine made itself felt. If you drink most days, one glass now does very little that you'd notice, and the warmth you're thinking of arrives during the second.

This puts the regular drinker in an odd position. The part of the effect that's real is smaller for you than for your friend who drinks twice a month. You take the drug more often and get less from each dose. The ten to seven glass still seems to work as well as it ever did, and I'd argue that's because the setting and the belief were always doing most of that particular job, and they don't wear off.

Tolerance leaves two roads open. Either the amount creeps up to chase the old effect, or the amount stays put and the credit the glass receives gets less deserved every year. Look back five years. A small glass may have become a large one, or one may have become two, or Friday and Saturday may have become Thursday to Sunday. If so, there's no moral in it. That's what tolerance does to anybody. It's useful to know which road you've been on.

So yes, you can feel it working. What you feel is a real, fairly blunt sedative effect that has shrunk with use, arriving half an hour after the relaxation it gets praised for.

"It helps me sleep"

Plenty of people who'd give up the ten to seven glass without much fuss would fight for the one at ten. You have it, you get drowsy, you go up and you're gone in minutes. On nights without it you lie there. The conclusion seems to draw itself.

Sleep researchers have looked at this closely. In 2013 a team at the London Sleep Centre reviewed every study they could find of alcohol's effect on the sleep of healthy volunteers. At all doses alcohol shortened the time it took to fall asleep, and it made the first half of the night deeper and more solid. At all doses it also increased disruption in the second half. The first period of dreaming sleep, which is called REM sleep, came later than normal, and at moderate and high doses there was less REM sleep over the whole night.

The NHS says the same thing in plainer words. Alcohol can help some people fall asleep quickly, but it disrupts sleep patterns and stops you sleeping deeply, and cutting down should help you feel more rested when you wake.

This explains why the belief survives. You're awake for the part where alcohol helps. You notice dropping off. The cost comes hours later when you're in no state to notice causes. You surface at four with a dry mouth and a busy mind, or you sleep through and wake feeling you haven't, and you put it down to stress, or age, or the neighbour's security light. Hardly anyone lying awake at four thinks back to a glass of red at ten.

The cost then carries into the next day. A short, broken night makes for a thinner skin at work and a heavier tiredness by evening. That's the state you bring home at ten to seven, and it makes the glass feel more necessary than it did yesterday. Chapter 7 follows that thread.

The objection is a fair one. Without the nightcap you may well lie awake, at least at first. Trouble sleeping is on the NHS list of withdrawal symptoms for people who are dependent. For regular drinkers well short of that, a few unsettled nights after stopping are commonly reported, though I haven't found a study that puts a number on it. I'd expect it for a plain reason. If you've used a sedative to get to sleep every night for years, you're out of practice at doing it unaided.

I can't promise when that settles or that it will be quick. The argument rests on what the research above shows about the second half of the night. If your sleep is still poor after several weeks without alcohol, take that to your GP, because something else is going on and it can usually be helped.

The day after

This chapter isn't about hangovers. You know what a hangover is and you know what caused it. It's about the day after an ordinary evening, two glasses or three, nothing anyone would remark on.

That day has a texture that's easy to miss because it's so familiar. You're a little tired. There's a faint unease with nothing to attach itself to, so it attaches itself to an email you haven't answered. You're a little shorter with people than you'd like. If you noticed it at all, you'd call it Tuesday.

The NHS notes that hangovers often leave people anxious and low, and that if you already feel anxious or sad, drinking can make it worse. The question for a regular drinker is whether something milder happens after milder evenings.

In 2000 Matt Kushner and two colleagues reviewed the research on why anxiety problems and alcohol problems so often turn up in the same person. They concluded that each can start the other. They also proposed, tentatively, that the short-term reduction in anxiety from a drink, combined with a longer-term increase in anxiety from regular drinking and its aftermath, can set up a cycle in which each feeds the other.

I need to be careful here. Kushner's review was about diagnosable disorders and heavy use. It wasn't about two glasses on a weeknight. What follows is my interpretation. I think a fainter version of the same cycle is a fair description of ordinary regular drinking.

The mechanism, in plain terms, goes like this. Give the brain a sedative every evening and it adjusts by turning itself up slightly, so that you function normally with the sedative on board. Researchers call this kind of adjustment an opponent process. When the alcohol has gone, the turned-up setting is still there for a while. You feel it as edginess, light sleep and that unattached unease.

Now go back to the kitchen. You arrive at ten to seven carrying two things. One is the day, the meeting and the train. The other is what last night's wine left behind, which has been quietly raising your idle speed since about four in the morning. The glass settles both. Since you can only see the day, the day gets the blame for all of it, and the glass gets the credit for fixing a tension it helped to make.

This is the point where books like this one tend to overreach, so I'll mark the limit. Your job is real. So are your children, your money worries and your mother's health. Wine didn't make any of them, and stopping drinking won't make them go away. My claim is only that some part of your evening tension is left over from the night before, and that you can't tell how big a part while you're still drinking most days.

The only way to find out is to go long enough without for your baseline to settle. For dependent drinkers the NHS says withdrawal usually lasts three to seven days, with some symptoms lasting longer. For a regular drinker who isn't dependent, I'd expect two or three weeks to show you your own baseline. That figure is my estimate and not a research finding.

In the meantime the test question gets a second half. When you're wound up at ten to seven, ask what else changed when you picked up the glass, and also ask how you slept and what you drank last night.

"I've earned it, and my stress is real"

Some of what the glass is for is entirely legitimate, and an honest book should say which parts.

You need a line drawn under the day. You need some reward for a day spent doing what other people wanted. If you give your working hours to an employer and your evenings to a family, you need one thing that's yours. When something is badly wrong, you need relief from thinking about it. Nobody is weak for having these needs.

My objection is to the arrangement in which one tool does every one of those jobs, and it's the tool that takes a little off tomorrow. If the glass is your full stop, your reward, your private time and your painkiller, then giving it up looks like losing all four at once. No wonder it looks impossible. The needs aren't the problem. The problem is that you've got one supplier for all of them.

So take them one at a time. The full stop is the ceremony from chapter 3, and it works with anything cold in a good glass. The reward can be food you like, a bath, a programme saved for the purpose, or the good chair and twenty minutes in which nobody may speak to you. The thing that's yours can be almost anything, so long as you defend it the way you currently defend the wine.

I'll be straight about what the alternatives lack. The glass is quick, it needs no planning and nobody questions it. A walk needs shoes and a decision. Convenience is the drink's advantage, and it's a genuine one. It's also the only one on this list I can find.

The fourth job, relief, needs separate treatment, because the evidence on it is sobering. A large American survey interviewed over 43,000 adults and went back to about 34,600 of them three years later. Rosa Crum and colleagues found that drinkers who said they drank to ease low mood had about three times the odds of becoming dependent on alcohol by the second interview. Among those already dependent, it was linked to similar odds of staying that way. Using the same survey, Robinson and colleagues found that people with anxiety disorders who medicated themselves with alcohol or drugs had between two and a half and five times the odds of developing a substance problem.

These are observational studies, and they can't prove that drinking to cope causes the trouble. People who drink to cope may differ in other ways. But the direction is consistent, and it fits the cycle in chapter 7. Of all the reasons to drink, relief from bad feelings is the one most strongly tied to problems later. Taste and company are safer reasons than needing it.

If anxiety or low mood is what you've been treating with wine, I'd like you to hear this as good news. Both respond to proper treatment, and wine was never going to be that. Your GP is the place to start. In England you can also refer yourself to NHS talking therapies for anxiety and depression without seeing a GP first, and social anxiety is on their list.

Your stress is real. That's the reason to stop handing it to something that returns a little more of it the next day.

"Everyone I know drinks"

For a lot of people the evenings at home are the easy part to imagine. The hard part is other people. Your friendships run on pubs and dinners, your family opens a bottle when you arrive, and work has a Christmas do. The fear has several parts, and I'll take them one at a time.

The first is being quizzed. You will be asked, usually once, usually in the first ten minutes. A short answer with no apology works best. "I'm not drinking tonight." "I'm having a month off." Then ask them something about themselves. The answers that cause trouble are the long ones, because a justification invites a debate. Have something in your hand, too. A glass with anything in it ends most of the interest before it starts.

Now and then someone will push. In my view a person who badly needs you to have a drink is usually asking a question about their own drinking. You don't have to answer it for them. You're not judging anyone by ordering a lime and soda, and you needn't act as though you are.

The second fear is rounds, and it's easily solved. Say "I'll get my own tonight", or buy your round and include yourself at soft drink prices. Nobody minds the cheap member of a round.

The third is that refusing feels awkward, and at first it does. It's a skill, and it improves with use. Richard de Visser and colleagues followed 857 British adults who signed up for Dry January. Six months later they were drinking less and felt more able to turn

down a drink. That held even for people who hadn't managed the whole month, though it was stronger among those who had. Very few reported drinking more afterwards. These were volunteers with no comparison group, so the study can't show that the month caused the change. It does suggest that refusing gets easier with practice, as most things do.

The fourth fear is being bored, and here the answer is mixed. Some evenings are dull without a drink. If a night is only bearable after four pints, I'd say that's information about the night. You'll leave some things earlier than you used to, and you're allowed. Other evenings, mostly the ones built around food and people you like, turn out about the same. You also remember how they ended, and you can drive home.

The situation that gets least attention is the one at home. If you and your partner share a bottle most evenings, then the hardest social occasion of your month happens nightly, on your own sofa. My suggestion is to present it as an experiment about you and not a verdict on them. Don't ask them to join in, and don't count their glasses. Keep the part that was always the point, which is sitting down together when the day's over. Expect a little prickliness in the first week, since a change in one person's habit can feel like a comment on the other's. In most households it passes once it's clear that nobody is being judged.

There's a quieter fear underneath these, which is about who you are. "I'm someone who likes a drink" feels like a fact about your character. It's more a fact about your history. You adopted it around eighteen, when it was the only version of adult social life on offer.

You can like pubs, know about wine, be the last to leave a good dinner, and have something else in your glass. The people worth keeping will adjust in about a fortnight.

Alcohol-free beers and wines have improved a lot and many people find them useful, because they keep the ceremony and the glass in the hand. One caution. If you've been dependent on alcohol, ask your alcohol service what they think before relying on them. Opinions differ on whether they help or act as a reminder.

"The best nights had drink in them"

Ask people for the best nights of their lives and you get a list like this one. The wedding where everybody danced until the lights came up. The evening the exams finished. A bar on holiday, somewhere nobody can now find on a map. Drink runs through all of them, so drink looks like what made them.

The first thing to say is a point of logic, and it's mine, not a research finding. You've had perhaps a thousand evenings with a drink in them. Five or ten were wonderful. The alcohol was much the same on all thousand. What differed on the wonderful ones was the people, the occasion, the music, being somewhere new, and nobody having to get up in the morning. Something that was present every time can't be what made a few of them special.

Drink does add one thing to nights like that, and I want to be exact about what. Steele and Josephs, the researchers from chapter 3, argued that alcohol makes social behaviour more extreme by blocking what they called response conflict. That's the tug between an impulse and the reasons against it. At the edge of a dance floor, the impulse is to dance and the reason against is the fear of looking daft. Alcohol quietens the second voice.

So some of the permission is pharmacological. I think a larger part is an agreement. Everyone in the room accepts "we'd had a few" as cover for singing, dancing and telling a friend you love them. The placebo experiments in chapter 4 suggest that belief carries a good deal of this. The room also contains evidence. At midnight the

driver and the pregnant bridesmaid are on the dance floor with everyone else, using the same licence without the drink. Children at the same wedding have been running in circles since four.

You may feel certain you wouldn't dance without a drink. At eight o'clock, in a bright room, to a song you don't like, you probably wouldn't, and nor would most of the drinkers. At eleven the floor is full, the lights are low and your song comes on. The bar to joining in has dropped for everyone by then, because everyone else is already doing it. The first time is the hardest one. There may also be things you've only ever done drunk that you'd choose not to do, and finding that out is useful too.

There's a cost to the best nights that seldom gets counted. The NHS notes that memory loss can be a problem while drinking. Think about how you remember those nights. The first half is sharp, the speeches and the first dance and the moment your friend arrived. The last two hours are a smear of repeated conversations and a taxi. The nights you value most are the ones you're keeping least of.

The list of best nights also has a companion list that nobody recites. It includes the row in the street, the thing you said to your brother-in-law, and the text you sent. Drink was on those nights too, and did more of the work there than it did at the wedding.

If you try a big night without drinking, you'll notice something drinkers can't. There's a point, often around the time the stories start repeating, when the night stops being fun for anybody and carries on out of momentum. You can stay for the dancing and leave at that point, and you'll have had the best of it.

"I just like it"

Some readers will have got this far slightly irritated, because none of it describes them. You don't drink for courage or to cope. You like a cold beer after mowing the lawn. You like a good red with a roast. You like it the way you like cheese.

I believe you, and I'm not going to claim the pleasure is an illusion. A well-made drink at the right moment is a real pleasure, and of all the things the glass gets credit for, this is the one I'd argue with least.

Look at where the pleasure sits, though. For most people it sits at the front. The first few mouthfuls of the first drink are vivid. You notice the cold, the taste and the small sense of occasion. The rest of that glass is pleasant. The second is fine. By the third you aren't tasting much, and if someone swapped it for a cheaper bottle you might not spot it.

That third glass wasn't chosen the way the first was. You chose the first one with a clear head, for the taste. By the third, the choosing was being done by someone with two drinks in them, whose judgement had been loosened in the way chapter 5 described. Wanting the next drink seems to be one of the things a drink produces, though that's my observation and I haven't cited a study for it. Momentum poured that one, and pleasure had little to do with it.

If you have a drink this week, you can check this for yourself. As you finish each glass, give it a mark out of ten for how much you enjoyed it. Be honest about the later ones. Most people find the marks fall quickly.

If yours do, there's a plain conclusion. Even on pleasure's own terms, regular drinking is poor value. Most of the enjoyment comes from a small share of the units, and the remainder is paid for at full price in money, sleep and the day after. Someone who has one good glass with Saturday dinner gets a large part of the pleasure you get from a week's worth. Because they've lost their tolerance, they also feel it more.

That points to a perfectly respectable place to end up, which is drinking occasionally, for the taste, in small amounts. This book isn't trying to talk you out of that. I'd add two cautions.

The first is that "one good glass" is a harder rule to keep than "none tonight". The reason is mechanical. The first drink loosens the judgement that was supposed to stop the second. Plenty of people manage it. Plenty find that a plain no is less work than a nightly negotiation, and there's no shame in being either kind.

The second is that you can't judge any of this well from inside a daily habit. While the ten to seven cue is firing and tolerance is high, "I just like it" and "I'm used to it" feel identical. The way to tell them apart is to step away for long enough that the habit quietens. Then see what you still want.

What a month shows

Everything so far has been argument, and an argument can only take you so far against twenty years of evenings. The belief that the glass relaxes you and makes you good company has never been tested in your adult life, because the glass has always been there. A child riding with stabilisers can't find out whether she can balance while they're still bolted on. At some point they have to come off for an afternoon.

So the book's main suggestion is an experiment. Take a month without alcohol, and during it do every single thing you'd normally drink for.

The second half of that sentence matters more than the first. If you spend the month at home avoiding everyone, you'll have tested nothing, and you'll come out believing that life without drink is lonely. Go to the fortieth. Go to the pub on Friday. Cook at ten to seven with the radio on and something cold in a glass. The point is to find out what the setting can do with the glass taken out.

I'd choose a month, and not cutting down, for a particular reason. Cutting down leaves a glass in every situation, so the credit never gets tested. You'd be a bit less sedated at the same events, and you'd still walk in via the bar. Cutting down may well be where you end up. It's a poor way to run the test.

A week isn't long enough, because the first week is the worst evidence you'll collect. The ten to seven cue fires and gets no answer. Sleep may be unsettled. Whatever rebound you carry is

still working through. You're watching yourself all the time. Judging life without alcohol on those seven days would be like judging a job by the first morning. A month holds several Fridays, probably a social event or two, and at least one properly bad day, and it gives sleep time to settle.

There's some research on what people find. In 2018 a team at University College London studied 94 moderate to heavy drinkers who took a month off, and 47 who carried on. They were drinking about 32 units a week on average, and nobody with dependence or liver disease was included. After the month the abstainers' insulin resistance had fallen by about a quarter, their blood pressure by about 6 per cent and their weight by about 1.5 per cent. The group who carried on showed no change. The participants chose which group to be in, so it wasn't a randomised trial.

In a survey of 4,232 people doing Dry January, de Visser and Nicholls found that wellbeing and people's sense of being able to manage their lives both rose over the month, and rose more in those who completed it. These were volunteers again, with no comparison group. A larger study followed about 10,000 adults in Hong Kong and checked its findings against 31,000 in the United States. Women who'd been moderate drinkers and stopped showed a better change in mental wellbeing than women who'd never drunk, and came close to their level within four years. That finding was in women, and the study was observational.

None of this proves you'll feel better. What it does is remove the fear that the evidence points the other way. When people stop for a while, the research doesn't show their lives getting worse.

Keep brief notes, because memory will flatter whichever conclusion you started with. In the first week and again in the fourth, write down how you slept and whether you woke at four. Note your mood at eleven in the morning and how wound up you were at ten to seven. After any social event, note how long the stiff part lasted and how the rest of the night went. Note the bad things too. Some evenings will be flat. The first party may feel stiff for forty minutes and not twenty. That's part of the result, and leaving it out would spoil the experiment.

One repeat of the caution from the start. If you get sweats, shaking, morning anxiety or nausea when you go without a drink, this experiment isn't for you yet. See your GP or an alcohol service first, because stopping suddenly can be dangerous when the body is dependent.

The decision

If the argument has made sense to you, here's a way to act on it. It has seven parts. The research behind a few of them is in the notes, but the plan as a whole is mine and hasn't been tested as a package.

Count first. For one ordinary week, write down what you drink, in units. A unit is 10ml of pure alcohol. By the NHS figures, a large 250ml glass of wine is 3 units, a pint of stronger lager is 3, and a bottle of wine at 13.5 per cent is 10. The guidance for keeping risk low is no more than 14 units a week on a regular basis, spread over three or more days, with several drink-free days. Fourteen units is about six pints of ordinary beer or six medium glasses of wine. A large glass every weeknight gets you to 15 before the weekend starts. Most regular drinkers are surprised by their total. Be one of them in private, with a pencil.

Check that stopping is safe. Go back to the first caution at the front of the book. If any of those withdrawal signs are familiar, or your weekly total is very high, talk to your GP or an alcohol service before you change anything. This isn't a formality.

Pick a start date. Make it soon, and make it an ordinary month. A month chosen because the diary's empty tests nothing. If there's a wedding in it, good.

Keep the ceremony. Decide what goes in the glass at ten to seven and buy it before the first day. It should be something you like and wouldn't have at your desk. Tonic with ice and lime, a decent

alcohol-free beer, a ginger beer with some bite to it. Pour it in the good glass, sit down, and give it ten minutes. You're keeping the full stop to the day and changing the ink.

Write three plans in advance. There's good evidence that a plan in the form "when X happens, then I'll do Y" is more likely to be carried out than a general intention. Write one for each of your likeliest moments. For example, "When I get in from work, then I'll pour a tonic and sit down for ten minutes before anything else." "When someone offers me a drink, then I'll say I'm having a month off and ask for a lime and soda." "When I've had a rotten day and want wine, then I'll walk round the block and decide when I get back."

That last one deserves a word. The wish for a drink will turn up, sometimes strongly. It rises and then, if you do nothing about it, it falls, usually within the time it takes to do something else. I'm offering that as my understanding and not a cited finding. The point is that an urge is an experience you're having. It isn't an instruction.

Tell a few people. Tell the person you live with and one or two friends. The NHS suggests this, and it helps in a practical way. It's harder for someone to press a glass on you when they already know.

Line up help if you'd like it. You don't have to qualify as a problem to talk to someone. Your GP will have had this conversation many times. Drinkline is a free, confidential helpline on 0300 123 1110. The NHS has a free app called Drink Free Days, and Alcohol Change UK has a short quiz for checking your drinking. There's

evidence for even light-touch help. A Cochrane review pooled 34 trials with over 15,000 people. A brief conversation with a GP or nurse left people drinking about 20 grams of alcohol a week less a year later, which is two and a half units. That's a modest effect, and it came from a few minutes' conversation.

Then, at the end of the month, while your head is clear, decide what happens next. I can see three reasonable outcomes.

You may find you don't miss it enough to go back, and carry on as you are. You may decide to drink occasionally, in which case write your rules down before the first drink. I'd suggest treating the NHS guidance as a ceiling and keeping most days drink-free. I'd also suggest not drinking to cope, and settling on the number before you start, since the first drink is a poor judge of the second. Or you may find that the month was much harder than you expected, or that your rules don't hold once you return. That's the subject of the next chapter, and it's more common and less shameful than it feels.

I can't tell you which of these you'll land on, and I'm not going to promise the month will be easy. What I'd expect is that by the end of it you'll know what the glass was doing for you and what it wasn't, from evidence you collected yourself.

When it doesn't go to plan

Suppose it's day eleven, the week has been dreadful, and you have a glass of wine. Or suppose the month went well, you wrote your rules, and six weeks later you notice that two glasses on Saturday has become two glasses most nights.

The first thing to deal with is a thought, because the thought does more harm than the drink. It goes "well, that's that ruined, I may as well finish the bottle." On day eleven you've had one glass of wine after ten days without. Those ten days happened. What you learned in them still holds. One glass cancels none of it, and the experiment has twenty days left to run.

So stop at the one if you can, and at tonight if you can't. Then, the next day, get curious about it, because a slip is the most informative thing that will happen all month. Work out which situation it was and which need. See whether you had a plan for it, or whether it was one you hadn't thought of. Ask yourself whether the drink delivered what you expected. People often find it was flatter than the wanting had promised. Write a new when-then plan for that situation, and carry on the same day.

I'd avoid counting streaks. A streak turns one drink into the loss of everything before it, which is the ruined thought again, with numbers attached. Count drink-free days in the last thirty. Twenty-seven out of thirty is a very different month from your usual one, and it gives you almost the same information as thirty.

The second case is different. If your own limits keep slipping, I want to be clear about what that does and doesn't mean. It doesn't mean you misread this book, or that you didn't want it enough, or that your character is weak. "Regularly drinking more than you mean to" and "difficulty stopping or reducing, even if you want to" are the first two signs on the NHS list for alcohol-use disorder. They describe a condition, and the condition is common and has treatments.

It means the problem is bigger than a book, and that's useful to know. The NHS says treatment can include talking therapies such as cognitive behavioural therapy, medical help with withdrawal, and medicines such as acamprosate and naltrexone that reduce cravings once you've stopped. Support groups, including AA and SMART Recovery, run in most areas. None of that is reserved for people whose lives have fallen apart. Going early is the sensible time to go.

Talk to your GP or an alcohol service if any of these apply.

- You get sweats, shaking, a racing heart, nausea or morning anxiety when you cut down. Get medical advice before you reduce any further. For hallucinations, confusion, severe shaking or a seizure, call 999.
- You need a drink in the morning, or to steady yourself.
- You regularly drink more than you meant to, in spite of serious attempts to change it.
- Low mood or anxiety continues, or gets worse, after several weeks without alcohol.
- Someone close to you is worried about your drinking.

- You're pregnant, or trying to be, and finding it hard to stop.
- You have thoughts of harming yourself. That needs help the same day, from your GP or NHS 111, or from 999 if you're in immediate danger.

The kitchen again

Picture the same Thursday a few months on. The three o'clock meeting went badly again, because some meetings do. The train sat outside the station. You get in at ten to seven with your shoulders up.

Bag down, shoes off. You take the good glass from the cupboard and fill it with ice and tonic and a bit of lime, and you drink the first mouthful standing at the counter. You breathe out. It arrives at the same moment it always did, because it was always the front door and the shoes and the decision to be off duty. The radio goes on and the onions go in. The meeting shrinks to something for tomorrow.

You sleep through. On Friday you wake without the faint unease and don't notice its absence, which is how you can tell it's really gone. On Saturday there's a party. You stand there with too many arms for a while, as you always have and as everybody does. Then someone introduces a cousin, and there are campervans, and at eleven you drive four grateful people home.

Whether there was a glass of good red with dinner that Saturday is your business. This book never needed you to become someone who doesn't drink. It needed you to find out what the drink does. The relaxation was mostly the stopping. The confidence was yours, signed with the wrong name. The real part of the drug was smaller than its reputation, and some of what it fixed each evening it had caused the night before.

I won't pretend the months in between are effortless, or that every evening without a drink is an improvement. Some aren't. What changes is that you're choosing with accurate information, and a glass you choose is a different thing from a glass you need.

If you do one thing today, make it small. Count last week's units on the back of an envelope, or put a start date in your diary. Either takes about five minutes.

Notes

This book gives general information. It isn't medical or psychological advice, and it's no substitute for a doctor, pharmacist or alcohol service who knows your situation.

I've kept sources out of the chapters where I could so they read easily. Here they are by chapter, with the limits I'm aware of. I read the published summaries of these papers and not the full texts, with one exception noted under chapter 4. Where a chapter isn't listed, it rests on my own reasoning. That includes the list in chapter 2, the account of where pleasure sits in chapter 11 and the closing chapter. The NHS pages were read in September 2026. They're written for England, and services differ elsewhere.

Before you start. The withdrawal symptoms, their timing and the advice to get medical help before stopping are from the NHS pages "Alcohol-use disorder" and "Alcohol support". The advice on pregnancy is from the first of those pages.

Chapter 1. Mitchell, Teigen and Ramchandani, "Absorption and peak blood alcohol concentration after drinking beer, wine, or spirits", *Alcoholism: Clinical and Experimental Research* 38, 2014, pages 1200 to 1204. Fifteen healthy men, drinking after an overnight fast. It's a small study and it measured blood alcohol and not mood. The step from its timings to the claim that the first sigh can't be the drug is my inference. The account of the pour as a ceremony is mine too.

Chapter 3. Bresin, "A meta-analytic review of laboratory studies testing the alcohol stress response dampening hypothesis", *Psychology of Addictive Behaviors* 33, 2019, pages 581 to 594. The pooled effect on distress after a stressor was $d = -0.38$. The author says the review doesn't give a definitive answer. Steele and Josephs, "Alcohol myopia: its prized and dangerous effects", *American Psychologist* 45, 1990, pages 921 to 933. This is a theory paper built on the authors' own experiments. My three reasons for a twitchy evening without a drink are not from a study.

Chapter 4. Abrams, Kushner, Medina and Voight, "The pharmacologic and expectancy effects of alcohol on social anxiety in individuals with social phobia", *Drug and Alcohol Dependence* 64, 2001, pages 219 to 231. The authors describe the gap between the alcohol and placebo groups as a strong trend, which means it fell short of the usual statistical threshold. Bègue, Bushman, Zerhouni, Subra and Ourabah, "Beauty is in the eye of the beer holder: people who think they are drunk also think they are attractive", *British Journal of Psychology* 104, 2013, pages 225 to 234. Sayette and eight colleagues, "Alcohol and group formation: a multimodal investigation of the effects of alcohol on emotion and social bonding", *Psychological Science* 23, 2012, pages 869 to 878. I read this one in full, and the three bonding scores are from the full text. Participants were aged 21 to 28 and were strangers to one another, so the results may not carry over to a forty-year-old among friends. The authors' own conclusion is that the drug mattered more than the belief in their study. My guess about why the placebo group scored lowest isn't theirs. Fairbairn and Sayette, "A social-attributional analysis of alcohol response", *Psychological*

Bulletin 140, 2014, pages 1361 to 1382. The idea that confidence is a drop in self-monitoring is my reading of these papers. So is the point about the first twenty minutes of a party.

Chapter 5. Elvig, McGinn, Smith, Arends, Koob and Vendruscolo, "Tolerance to alcohol: a critical yet understudied factor in alcohol addiction", *Pharmacology Biochemistry and Behavior* 204, 2021, 173155. Most of the work it reviews was done in rodents. The list of signs is from the NHS page "Alcohol-use disorder". The argument that setting and belief fill the gap tolerance leaves is mine.

Chapter 6. Ebrahim, Shapiro, Williams and Fenwick, "Alcohol and sleep I: effects on normal sleep", *Alcoholism: Clinical and Experimental Research* 37, 2013, pages 539 to 549. The review covers healthy volunteers in sleep laboratories. The NHS wording is from "Tips on cutting down on alcohol". I found no study of how long sleep takes to settle in regular drinkers who aren't dependent, so the chapter gives no figure.

Chapter 7. Kushner, Abrams and Borchardt, "The relationship between anxiety disorders and alcohol use disorders: a review of major perspectives and findings", *Clinical Psychology Review* 20, 2000, pages 149 to 171. The authors call their proposed cycle tentative, and it concerns disorders. Applying a milder version to ordinary regular drinking is my interpretation, as the chapter says. Opponent processes are mentioned in the Elvig review above. The NHS line on hangovers and mood is from "Tips on cutting down on alcohol". The estimate of two or three weeks is mine.

Chapter 8. Crum and ten colleagues, "A prospective assessment of reports of drinking to self-medicate mood symptoms with the incidence and persistence of alcohol dependence", JAMA Psychiatry 70, 2013, pages 718 to 726. The adjusted odds ratios were 3.10 for new dependence and 3.45 for persisting dependence. Robinson, Sareen, Cox and Bolton, "Role of self-medication in the development of comorbid anxiety and substance use disorders", Archives of General Psychiatry 68, 2011, pages 800 to 807. Both used the same American survey and both are observational. Self-referral is described on the NHS page "Talking therapies".

Chapter 9. De Visser, Robinson and Bond, "Voluntary temporary abstinence from alcohol during Dry January and subsequent alcohol use", Health Psychology 35, 2016, pages 281 to 289. One author worked for the charity that runs Dry January. The advice on what to say, on rounds and on partners is mine. So is the remark about people who push drinks.

Chapter 10. Steele and Josephs 1990, as above. The NHS line on memory is from "Tips on cutting down on alcohol". The rest is my argument.

Chapter 12. Mehta and sixteen colleagues, "Short-term abstinence from alcohol and changes in cardiovascular risk factors, liver function tests and cancer-related growth factors: a prospective observational study", BMJ Open 8, 2018, e020673. Average intake in the abstinence group was 258 grams a week, which I've converted at 8 grams to the UK unit. De Visser and Nicholls, "Temporary abstinence during Dry January: predictors of success, impact on well-being and self-efficacy", Psychology and Health 35, 2020, pages 1293 to 1305. One author worked for the charity that runs Dry

January. Yao and six colleagues, "Change in moderate alcohol consumption and quality of life: evidence from 2 population-based cohorts", CMAJ 191, 2019, pages E753 to E760.

Chapter 13. Units, drink sizes and the low-risk guidance are from the NHS pages "Alcohol units" and "Tips on cutting down on alcohol". Kaner and eight colleagues, "Effectiveness of brief alcohol interventions in primary care populations", Cochrane Database of Systematic Reviews 2018, issue 2, CD004148. The reduction was 20 grams a week, with a range of 12 to 28, and the reviewers rated the evidence as moderate quality. The people in those trials were drinking about 30 units a week on average. Plans in "when, then" form are from Gollwitzer and Sheeran, "Implementation intentions and goal achievement: a meta-analysis of effects and processes", Advances in Experimental Social Psychology 38, 2006, pages 69 to 119. The Drinkline number and the app are from the NHS page "Alcohol support". The claim that urges rise and fall if left alone is a common one in advice on habits, and I haven't cited a study for it.

Chapter 14. The signs, treatments and emergency advice are from the NHS pages "Alcohol-use disorder" and "Alcohol support". The advice against counting streaks is mine.