



The Carer series

🌿 ALCOHOL AND DRUG USE

When someone you love is drinking or using

A warm, practical guide for families: why a loved one's drinking or drug use is a treatable condition and not your fault, how to talk so they can hear you, what to do when they refuse help, and the danger signs that need a doctor now.

Who this is for: the husband, wife, parent, son or daughter of someone whose drinking or drug use has become a problem.

Cited: NICE, WHO, and peer-reviewed research.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

1

✿ WHERE TO BEGIN

It is not a moral failing, and it is not your fault

✿ IN SHORT

A loved one's drinking or drug use is a treatable health condition, not a weakness in them or a failure in you. It changes the brain's reward wiring, which is why argument and effort alone cannot end it. One quiet principle can steady you: you did not cause it, you cannot control it, you cannot cure it, but you can change your own part and you can help.

You have probably tried everything. Reasoning, pleading, threatening, taking it on yourself. You have lain awake working out what you did wrong. The love behind all of that is real. So is the exhaustion.

Here is the part that takes the weight off. Addiction is a recognised health condition that reshapes the brain's reward wiring over time. That is why you cannot end it by being firmer or cleverer, and not because you have not loved them enough. You did not cause it, you cannot control it, and you cannot cure it. But you can change your own part, and you can help.

It is also far more common than most families ever say out loud.

most common

group of mental health problems in
India is substance use

In the National Mental Health Survey, problems from alcohol and drug use were the most common group surveyed. You are not the only family carrying this.

More, if you want it ^

Those three Cs, you did not cause it, cannot control it, cannot cure it, are not a way of giving up. They are a way of putting your effort where it can actually work. You stop trying to win an argument with an illness, and you start doing the things that genuinely move the odds: how you talk, what you stop carrying, how you keep yourself standing, and how you help them reach real treatment. That is a fourth C worth holding onto. You can help.

● TRY THIS

Say this once, plainly, out loud if you can: this is a health condition, and it is not my fault. Notice how that lands differently from all the blame you have been carrying. You are allowed to put down the part that was never yours to fix, and keep the part you can actually do.

2

✿ WHAT IT DOES TO THE FAMILY

The eggshells and the rollercoaster

✿ IN SHORT

Living alongside someone's drinking or using is hard on the whole family. The broken promises, the walking on eggshells, the highs and lows, all of it can leave you anxious, low, and worn out. Looking after your own wellbeing and safety is not selfish. It is part of the response, not a distraction from it.

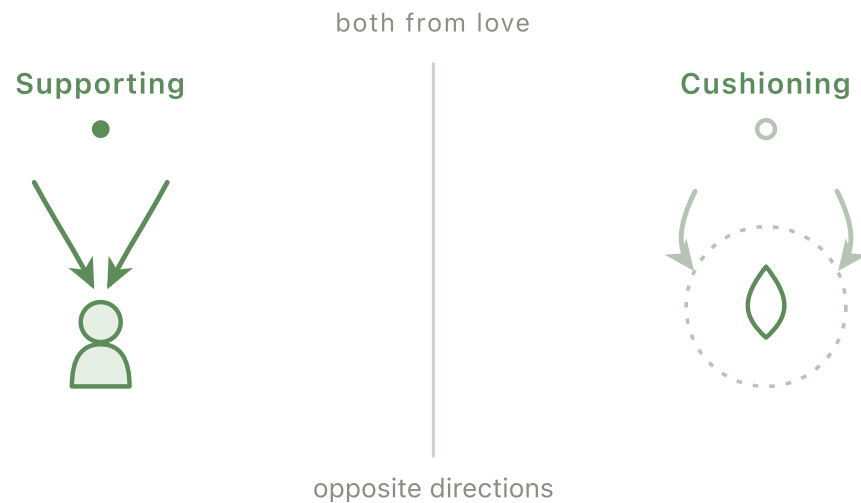
You probably know the rollercoaster well. The good stretch when you let yourself hope. The slide back, the broken promise, the lie you both pretend not to notice. The careful reading of their mood as you walk in the door, deciding which version of the evening you are about to get. Over months and years, that watchfulness wears a person down. Your own sleep, mood, and health pay for it.

It helps to know the difference between two things that look like love but work very differently. Supporting helps the person; rescuing them from every consequence quietly helps the drinking or the drug stay. Paying off the debt, calling in sick on their behalf, smoothing over every mess, all of it comes from love, and all of it can remove the very pressure that might have moved them toward help.



The family holding together with care, not blame.

None of this means going cold or cutting them off. It means stepping out of the role of the person who keeps the problem comfortable. You can love someone completely and still stop cleaning up after the drinking. You can stay warm and still let a natural consequence land. The aim is not to punish. It is to stop being the cushion that lets the illness carry on without ever meeting the ground.



Two things that both come from love, working in opposite directions. Supporting helps the person; cushioning helps the problem stay.

Supporting: be warm, listen, and praise any step toward help.

Supporting: let natural consequences land instead of absorbing them.

Cushioning: covering debts, lies, and missed work so nothing changes.

Cushioning: making excuses to family and bosses to keep the peace.

REMEMBER

You can love someone and still refuse to keep the problem comfortable. Stepping out of the cushioning role is one of the few things that is genuinely in your hands, and it is an act of care, not coldness.

3

✿ HOW TO BE HEARD

Talking so they can actually hear you

✿ IN SHORT

How you raise it matters, and it can be learned. Warm, calm, non-confrontational talk gets a reluctant person into help far more often than confrontation or threats. You are not staging a showdown. You are keeping the door open and making it easier, not harder, to walk through it.

It feels natural to confront, to lay out the damage, to corner them with the truth. The trouble is that cornering usually triggers defending, and the conversation becomes about who is right rather than about getting help. There is a tested, gentler approach. When family members learn positive, non-confrontational ways of communicating at home, far more of their reluctant loved ones go on to enter treatment than when families confront or simply detach, and the family members themselves feel better too.

The shape of it is simple. Speak from your own experience, not their faults. Say what you feel and what you would like, not what is wrong with them. "I miss you when the evenings disappear" lands very differently from "you have ruined another night." Name the specific thing, keep it short, and follow it with warmth and a clear, doable offer.



Warm, non-confrontational talk so they can hear you.

Timing carries half of it. Raise hard things when they are sober and the house is calm, never in the middle of an argument or when they have been using. Pick one thing, not the whole list of grievances. End on an open door rather than an ultimatum: "whenever you are ready to talk to someone about this, I will go with you." You are not letting it slide. You are making the path toward help short and well-lit.

● TRY THIS

Before the next hard conversation, write one short "I" line: "I feel ... and I would like ..." Keep it about you, not their faults, and keep it to a single thing. Having it ready makes it far easier to stay calm when the moment comes.

4

✿ WHEN THE ANSWER IS NO

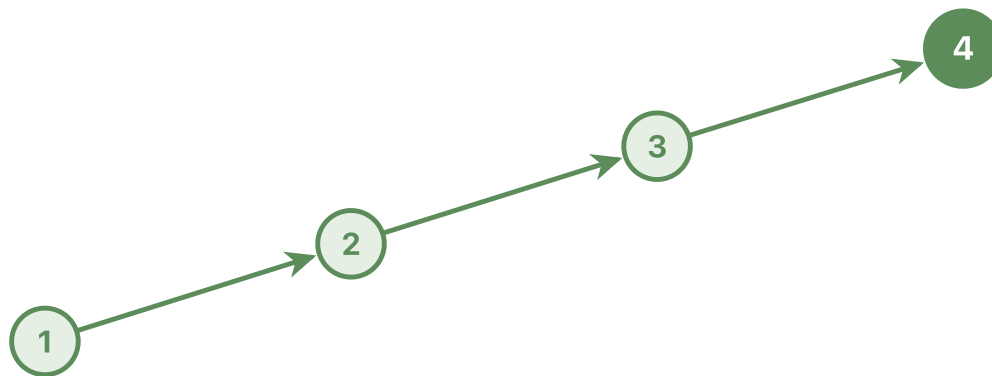
When they refuse help

✿ IN SHORT

A refusal is not the end of the road, and it is not a reason to start dosing them in secret. There is a tested path that does not need secrecy: keep using warm, positive communication, keep the door to treatment open, and reduce harm in the meantime. Hiding medicine in their food or drink breaks trust, can be dangerous, and does not treat the condition.

Many families reach a point where the person simply says no. In that exhausted moment, some families turn to giving medicine in secret, mixed into food or tea. It is worth saying plainly why this is a known temptation: covert dosing is a real and documented practice in Indian caregiving. In one study of families caring for a relative with a serious mental health condition, giving medicine secretly had been used at least once for about one in three of them. If you have thought about it, you are not a bad person. You are a tired one.

But the honest path is better, and it is better for clear reasons. Dosing in secret breaks trust if it is ever found out, can be unsafe without a doctor watching, and does not by itself bring them into treatment. There is a tested alternative that does not ask you to deceive anyone. The same warm, positive way of talking that helps a willing person also raises the odds for a reluctant one, far more than detaching or going to war.



no secrecy needed

When they say no: a steadier path than dosing in secret. Stay warm, keep the door open, and reduce harm while you wait.

Stay connected: keep talking warmly;
do not cut them off or punish.

Ask, do not corner: offer help plainly,
then let them keep their say.

Keep the door open: "whenever you
are ready, I will go with you."

Reduce harm and route to a doctor
instead of dosing in secret.

More, if you want it ^

Keeping the door open is not the same as approving of the drinking or the drug. You can be completely clear that you want them to get help, and still make it as easy as possible to accept it when they are ready. Many people refuse five times and accept the sixth. The work in between is not nagging. It is staying in the relationship, watching for the open moment, and being ready with a real, concrete next step when it comes, the doctor's name, the appointment, the offer to go along.

** A WORD ON SAFETY**

Never push someone to suddenly stop heavy drinking, or to stop sleeping or anxiety tablets, all at once on their own. Stopping these abruptly can cause fits and a dangerous state that needs hospital care. Getting them to a doctor to stop safely is the help here. If you are unsure or worried, you can call Tele-MANAS, the free national helpline, on 14416, any time, day or night.

5

✿ YOUR OWN OXYGEN MASK

Looking after yourself and the rest of the family

✿ IN SHORT

You cannot pour from an empty cup. Your own rest, support, and safety are not extras to get to once they are better. They are part of how this family gets through. Caring for yourself is what lets you keep caring for them, and the rest of the family needs looking after too.

On a plane, you are told to fix your own oxygen mask before helping anyone else, because you are no use to them unconscious. The same is true here. The months of watchfulness, broken sleep, and held breath take a real toll, and a carer running on empty cannot hold steady for anyone. Protecting your own wellbeing is not turning your back on them. It is the only way to be there for the long haul.

That can look ordinary and small. Keeping one part of your life that is just yours, a friend, a walk, a faith, a routine. Letting someone share the load instead of carrying it alone in silence. Your wellbeing is not a reward for fixing them. It is what makes the helping possible at all.



You are allowed to be a whole person, not only a helper. The family that keeps its own ground is the one that can still be standing when the open moment finally comes.

More, if you want it ^

Spare a thought, too, for the others in the house, especially children, who often absorb the tension without anyone explaining it. They do not need the whole story, but they do need to hear, in plain words, that this is not their fault and not their job to fix. Family support, whether a trusted relative, a group, or a counsellor, is for all of you, not only the person using. You do not have to be the only one holding this.

● TRY THIS

Write down one thing this week that is only for you, small and doable: a phone call to a friend, a walk, an hour with the door shut. Then actually do it, before you feel you have earned it. Notice that the family did not fall apart while you breathed.

6

✿ WHEN IT CANNOT WAIT

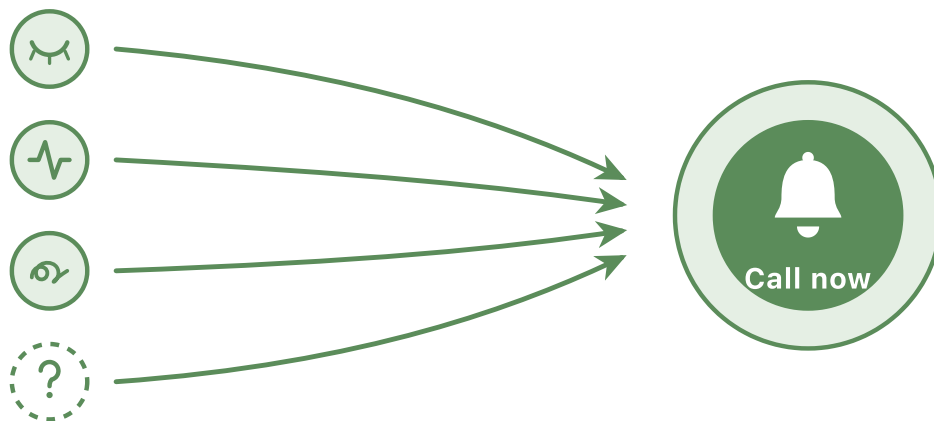
Crisis and safety

✿ IN SHORT

Some moments need a doctor now, not later. Signs of an overdose, or of severe withdrawal from alcohol or sleeping or anxiety tablets, are emergencies. Know the danger signs, keep the emergency number to hand, and remember that reaching out earlier always improves the chances.

Most of this guide is about the long, patient work. But a few situations are emergencies, and knowing them in advance means you act instead of freeze. An overdose can look like someone you cannot wake, breathing that is very slow or has stopped, or a fit. Severe withdrawal from heavy alcohol or from sleeping or anxiety tablets can look like bad confusion, seeing things that are not there, heavy shaking, or a fit. Any of these means call for emergency medical help straight away; do not wait to see if it passes.

This is also why no one should be pushed to quit heavy drinking, or sleeping or anxiety tablets, suddenly and alone. Stopping those abruptly can itself be dangerous. Safe stopping is done with a doctor, who can ease the withdrawal and, for some people, offer medication and other treatment chosen together. Reaching out earlier, not at the very last moment, gives the best chance, and a relapse along the way is an expected, recoverable part of the road, not a failure.



a doctor now, not later

The signs that mean a doctor now, not later. When in doubt, treat it as an emergency and call for help.

Cannot be woken, or breathing is very slow or has stopped.

A fit or seizure, in overdose or in withdrawal.

Bad confusion, heavy shaking, or seeing things that are not there.

When unsure, call emergency help on 112; do not wait it out.

♥ IN YOUR CORNER

You do not have to manage any of this alone. For guidance, crisis support, or simply someone to talk it through with, you can call Tele-MANAS, the free national mental-health helpline, on 14416, any time, day or night. In a medical emergency, call 112. The crisis card linked below has more people you can reach.

More, if you want it ^

Hold on to the long view. Most of what you can do is quiet: staying warm, keeping the door open, and being ready when they are. You cannot do their recovery for them. But families are the most common source of help there is, and the presence you keep is often what is still there when they are ready.

WHERE THIS COMES FROM

NICE guideline. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence (CG115). [nice.org.uk/guidance/cg115](https://www.nice.org.uk/guidance/cg115)

World Health Organization. mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (SUB module).
[who.int/publications/i/item/9789241549790](https://www.who.int/publications/i/item/9789241549790)

Royal College of Psychiatrists. Alcohol, mental health and the brain. [rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/alcohol-mental-health-and-the-brain](https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/alcohol-mental-health-and-the-brain)

Miller WR. Engaging the unmotivated in treatment for alcohol problems: a comparison of three strategies for intervention through family members. J Consult Clin Psychol, 1999.
doi.org/10.1037/0022-006x.67.5.688

Hegde PR. Study on covert administration of medications practices among persons with severe mental illness: A cross-sectional study. Int J Soc Psychiatry, 2021.
doi.org/10.1177/00207640211065675

Gautham MS. The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. Int J Soc Psychiatry, 2020.
doi.org/10.1177/0020764020907941

FURTHER READING

- NHS: Drug addiction, getting help
-

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

- Feeling like it is all too much? **Read the crisis card.** Help is one page away.