

The Parent's Guide

ALCOHOL AND DRUG USE

Your child, alcohol and drugs

A warm, plain guide for a parent whose teenager is drinking, vaping or using, and the calm, steady moves at home to try in place of raids, shouting or shame.

Who this is for: parents who have found out, or suspect, that their teenager or young adult is drinking, vaping or using drugs.

Cited: NICE, the World Health Organization, and peer-reviewed research.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

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IS THIS YOUR HOME

Trying it, or a pattern?

IN SHORT

If you have found out, or you suspect, that your teenager is drinking, vaping or using drugs, the fear is real. You are not a bad parent, and this is not the end of the story. Take a breath: a calm next step is the place to start.

Maybe you found a vape in a school bag. Maybe a jacket smelled of smoke, or money went missing from your purse. Maybe a teacher called, or a cousin told you. Your mind has probably gone straight to the worst.

Trying something once is not the same as a habit.

Watch for use that grows more often, use alone, or use to cope with stress or sadness. Falling marks, new secrets, missing money and dropped friends add to the picture. One evening is a worry; a pattern that keeps growing needs help.

When use takes hold like this, the word people use is addiction. Only a doctor can say whether it applies to your child. This booklet will not put that label on your child. It will help you see clearly and respond calmly.

Timing matters too. In a large US survey of adults, those who started drinking younger were more likely to develop a serious drinking problem.

More than 4 in 10

adults who started drinking at 14 or younger

had a serious drinking problem at some point in life, against about 1 in 10 who started at 20 or older. In this US survey, the risk fell with each later year of starting.



Anita at Kabir's door, the night she found out.

Anita's son Kabir is 16 and in Class 11 in Pune. One evening she found a vape in his school bag. His jacket smelled of something sweet and smoky. Her husband wanted to search the whole room and take away his phone. Her mother-in-law said, "Tell no one. Log kya kahenge?" Anita lay awake, angry and frightened, wondering where she had gone wrong.

She had not gone wrong. What she does next matters more than what she found. A midnight raid might teach Kabir to hide better. A calm talk the next day could keep him talking to her.

TRY THIS

Unless your child is unwell or in danger, you do not have to act tonight. Wait until you are calm and your child is sober. For a few days, simply notice. When is your child easy and happy, and when do things go wrong? You are not fixing anything yet. You are learning the pattern.

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WHAT IT REALLY IS

A growing brain, an easy pull

IN SHORT

Your child is still growing, and starting young carries more risk. With repeated use, the pull can become strong and hard to control. It is not bad character, and it is not bad parenting.

With repeated use, alcohol or a drug can come to matter more than the things your child once valued. Some young people then feel a strong craving and lose control over how much they use. Look for the pull behind the behaviour, not someone to blame.

Vapes deserve a plain word too. They are small, sweet-smelling and easy to hide. Take a vape you find as seriously as anything else.

I stopped asking who to blame and started asking what he was running from.

Anita, mother of Kabir, 16

Ask yourself what the substance is doing for your child. It may help them fit in with friends. It may calm exam stress, bring sleep, or numb sadness or loneliness. It can be an answer to a problem you cannot yet see.

In many of our homes the verdict comes fast. Bad company, too much freedom, a mother who is too soft. Shouting, beating and public shaming can feel like taking charge. Put them down, and choose calm, firm and kind instead. Do not let "log kya kahenge" keep your family silent.

More, if you want it

None of this means there are no rules. Your child needs limits, perhaps more now than before. The difference is how you hold them: calm, clear and predictable, not angry and sudden. The next section shows you how.

TRY THIS

The next time you think "he is doing this to defy me", try another sentence: "Something is pulling at him, and he needs me steady." Notice whether your own body softens. A calmer parent is already part of the help.

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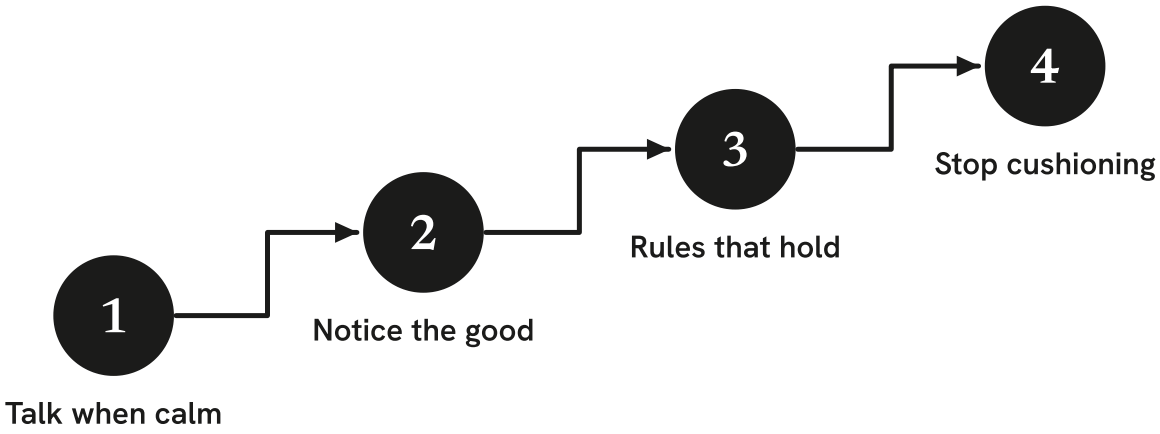
WHAT HELPS MOST

Calm talk, and rules that hold

IN SHORT

Skip the raid, the lecture and the threat. Try calm talk at a sober moment, warmth when things go well, and a few clear rules you keep every time.

One approach built for families is called CRAFT, short for Community Reinforcement and Family Training. It works with parents, to help them bring a young person who refuses help into treatment. In one small study of 42 families, about 7 in 10 parents got their teenager into treatment, and the parents' own distress eased.



Four steady moves that lower the heat at home.

Talk when calm: a sober, quiet moment, about your worry, not their faults.

Notice the good: praise and enjoy the days they do not use.

Rules that hold: a few clear rules, the same small consequence every time.

Stop cushioning: do not cover for them, so the problem meets the ground.

The words matter. Speak from your own worry: "I love you, and I am scared about the drinking." Keep it short and about one thing. Leave out "you always" and "you never". Then listen far more than you speak. If they come home drunk or high, keep it brief and safe, and talk the next day.

Keep rules few and clear, and agree them before trouble starts. Both parents need to back the same rules, or a teenager will find the gap. Tie each rule to a small, fair consequence, such as an earlier curfew or no scooter for a week. Then keep it calmly, every single time.

Choose a small consequence you will always keep over a huge one you never will. Try not to search their room in secret or read every message. If you ever need to check for safety, say so openly and say why. Never use beating, locking them in, or holding back food.

More, if you want it

Pick one or two moves to begin with. Praise costs nothing, and it is easy to drop when you are tired. Aim to notice several good moments for every correction. If your child is a young adult, things shift. They make their own choices, and their privacy matters more. You can still set the rules of your home, and these moves still apply.

REMEMBER

Reward the sober time, not only the end goal. Say "It was really nice having you at dinner tonight", and skip another lecture about the drinking.

TRY THIS

This week, find one calm evening when your child is sober. Say one warm, specific thing about it, and nothing about the problem. Notice how different that feels, for both of you.

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THE RISKS TO KNOW

Cannabis and the young mind

IN SHORT

Cannabis is often called harmless, but it is not risk-free. Teenage use is linked to low mood later on, and heavy use to a higher risk of serious mental illness. Talk about it calmly, and tell the doctor what you see.

Many young people believe cannabis is natural, so it must be safe. Around Holi, bhang can make it feel ordinary too. But studies that followed young people for years found a link. For any one teenager, the added risk is moderate to low. Teenagers who used cannabis were more likely to have low mood as young adults, and thoughts of not wanting to live. If you ever hear talk like that, turn to the last section now.

Heavier use carries a further risk. Studies find that the more a person uses cannabis, the higher the chance of a serious mental illness in which they lose touch with what is real. If your child starts to seem out of touch with what is real, see a doctor quickly.



Anita and Kabir, a calm talk on an ordinary Sunday.

Kabir had started smoking ganja with friends from coaching, most evenings now. He said it helped him switch off. Anita noticed he slept late, missed classes and seemed flat and far away. She did not shout. On a quiet Sunday she said, "I love you, and I am worried. You have stopped enjoying things." Kabir was angry at first. A week later he agreed to see the family doctor with her.

More, if you want it

Talk about cannabis the way you would talk about any health risk. Share what you know, ask what they think, and listen. "You will ruin your life" can sound like exaggeration. "I am worried about your sleep and your mood" sounds like care. If your child already has low moods, strong worries or odd experiences, or such illness runs in the family, tell the doctor.

TRY THIS

Before you talk, write down what you have actually seen: sleep, mood, marks, friends, money. Keep to facts, not guesses. Facts are easier to say calmly, and the doctor will want them too.

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LOOKING AFTER YOU

You are not failing

IN SHORT

Finding out your child is using is frightening and exhausting. The guilt and fear you carry are real. You did not cause this, you cannot cure it alone, and you can help. Looking after yourself is part of helping.

Your own sleep may suffer. You may lie awake listening for the door at 2 a.m. You may count the money in your purse, or replay every argument. That is not weakness. It is what love looks like under strain.

Hold on to the three Cs. You did not cause it. You cannot cure it by yourself. You can help, and you help best when you are not running on empty. A steady parent is part of the help, not an extra.

In a joint family the pressure can multiply. Relatives may blame your parenting or your child's friends. Some will say beat it out of him, and others will say keep it quiet. You do not have to win every argument. A short, steady line helps: "We are dealing with it, and a doctor is helping us."

Talk with your partner first, away from the children, so you speak with one voice. Brothers and sisters notice too. Tell them simply that their sibling is going through a hard time and is getting help. Tell them it is not their job to fix it, or to keep the secret.

More, if you want it

Find one person on your side: your partner, a sister, a friend, or a parent who has been through this. Say the hard part out loud to them. If your own sleep, mood or drinking is slipping, see a doctor for yourself too.

♡ IN YOUR CORNER

On the night you found out and said things you regret, hear this. One hard night does not undo years of love. A parent who reads a whole booklet to help their child is not failing. You are still on their side, and that matters most.

● TRY THIS

Tonight, name one thing you did well as a parent today. Maybe you stayed calm once. Maybe you listened instead of lecturing. Say it to yourself before you sleep, every night for a week.

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GETTING HELP

Getting help, and when to act fast

IN SHORT

A doctor can help your child and your family, so do not keep this from them. Some signs mean an emergency: call 112 straight away. Tele-MANAS, 14416, is a free mental-health helpline, open day and night, for you as well as your child.

Start with someone you trust: your family doctor, your child's paediatrician, or a psychiatrist who sees young people. Do not hide the drinking or drug use from them out of shame. They cannot help with what they are not told, and they have heard it many times before. Bring your notes of what you have seen.

Good help usually brings the family in. For drinking problems, guidelines from England ask doctors to involve the family. For 10 to 17 year olds, they advise one-to-one talking therapy, or family programmes where there are other problems or little support. These guidelines cover alcohol only. Be wary of any centre that promises a quick cure, or keeps young people locked in. Ask a doctor first, and visit before you agree to anything.

More, if you want it

If your child is 18 or older, ask the doctor what they can share with you. You can still tell the doctor what you have seen. You can also ask your child, kindly and with respect, if you may be part of the plan.

One safety note. If your child has been drinking heavily every day, do not make them stop suddenly at home. Stopping all at once can cause shaking, and in severe cases confusion or fits. A doctor can help them stop safely.

Some moments cannot wait. Too much alcohol or drugs can poison the body. Know these signs, and call 112 at once if you see any of them.

Cannot be woken.

They barely respond to your voice or touch, or not at all.

Breathing looks wrong.

It is very slow, or it seems to stop.

A fit.

The body jerks or goes stiff, in someone who has been drinking or using, or has just stopped.

Very confused or agitated.

They do not know where they are, see things that are not there, or are very agitated.

Stay with them until help arrives, and never leave them to sleep it off. If they are very drowsy or cannot be woken, lay them on their side so they do not choke. Do not give them anything to drink while they are this drowsy.

Tell the doctors honestly what you think they took. They need it to treat your child, not to judge your family.

Sometimes drinking or using sits on top of deep sadness. If your child talks about dying, or about not wanting to be here, act now. Stay with them, and reduce access to things that could be used to hurt themselves. Call Tele-MANAS on 14416, at any hour, or 112 in an emergency.

Then ask gently and directly how they are feeling. WHO guidance says talking about suicide does not provoke it, and asking often helps a person feel relieved and understood. Help is there, for your child and for you.

REMEMBER

When in doubt, treat it as an emergency. Calling 112 for a child who turns out to be fine is never a mistake. Waiting to be sure can be.



The teenager reaching for a substance today can, with a steady family and the right help, find other ways through and grow beyond it.

TRY THIS

Save two numbers on your phone tonight: 112, and Tele-MANAS, 14416. Beside them, write the name of the doctor you will call first. Then they are ready before you ever need them.

WHERE THIS COMES FROM

Grant BF. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. J Subst Abuse, 1997. doi.org/10.1016/s0899-3289(97)90009-2

NICE guideline. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence (CG115). 2011. 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 and SUI modules). 2016. who.int/publications/i/item/9789241549790

Waldron HB. Engaging resistant adolescents in drug abuse treatment. J Subst Abuse Treat, 2007. doi.org/10.1016/j.jsat.2006.07.007

Gobbi G. Association of cannabis use in adolescence and risk of depression, anxiety, and suicidality in young adulthood: a systematic review and meta-analysis. JAMA Psychiatry, 2019. doi.org/10.1001/jamapsychiatry.2018.4500

Marconi A. Meta-analysis of the association between the level of cannabis use and risk of psychosis. Schizophr Bull, 2016. doi.org/10.1093/schbul/sbw003

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.
- Tele-MANAS, the free national helpline: **14416**. Any time, day or night. From the Government of India.