

1. Recognizing concerns and checking safety

Understanding Youth Substance Use and How Caregivers Can Respond

Pay attention to changes, establish what is known, and respond to the level of risk. A concern deserves investigation; it does not by itself establish a substance use disorder.

Describe what you have observed

What changed in attendance, schoolwork, sleep, mood, relationships, spending, or daily responsibilities? When did it begin?

What is known about the substance, product, amount, timing, or situation? For edibles or drinks, what does the label say about THC per serving and per package? What remains uncertain?

These changes can have several explanations. Ask directly and compare available information rather than treat one sign as proof. If use is reported or observed, do not dismiss it because the child seems to be functioning well.

Know what the product may contain

A vape may contain nicotine, THC, or other substances. Gummies, baked goods, and drinks may contain THC. Familiar packaging and “alcohol-free” wording do not establish that a product is free of intoxicants. Edible effects can be delayed; timing varies by product (Lin et al., 2022; CDC, 2024a).

Which products need closer examination? Could the child obtain cannabis foods or drinks at home or elsewhere?

Separate urgent danger from the later conversation

Call 911 for unresponsiveness, difficulty breathing, seizures, or suspected alcohol overdose. Do not leave an impaired child alone or assume they can sleep it off. Follow the dispatcher’s instructions. For suspected poisoning, including a child ingesting cannabis or vape liquid, call Poison Control at 1-800-222-1222; use 911 first for severe symptoms (NIAAA, n.d.; CDC, 2024a, 2024b).

Who will provide immediate supervision, safe transportation, or medical help if needed?

Safety comes first. Discuss expectations and consequences when the young person is sober and able to participate.

Sources: SAMHSA (2020); Lin et al. (2022); CDC (2024a, 2024b); NIAAA (n.d.). Full source information follows the summaries.

2. Having the conversation and planning the response

Be direct, calm, and specific. Listen to understand what is happening while maintaining clear expectations about substance use and safety.

Begin with the facts

Possible opening: “I noticed _____. I am concerned about your safety. Tell me what happened and what you used, if anything.” Avoid labels, public humiliation, or an argument about whether the child is a “bad kid.”

What observation will I use to begin the conversation?

Ask what the use is doing for the child

Ask about curiosity, friends, fitting in, stress, sleep, or an attempt to cope. A coping explanation identifies another need to address; it does not make the substance harmless. Trauma may be relevant without explaining every instance of use.

What does the child expect to gain from using? What do they believe about the risks?

What concern needs further assessment rather than an assumption?

Make the expectation concrete

What rule or boundary applies? What supervision or access restriction is needed? What proportionate consequence addresses established conduct?

Keep necessary care, education, and treatment available. Make clear that the child should call for help if impaired or stranded. A request for rescue should not become a reason to delay getting them safe; discuss the conduct afterward.

Practice another response

Examples: “No, I’m not using that.” “I need a ride out of here.” “I’m overwhelmed and need help.” Identify a trusted adult and practice the words, the exit, and the call.

What alternative will the child practice? Who will help them practice it?

Understanding the reason for use helps shape the response. Support, clear boundaries, and follow-through belong together.

Foundation: NIDA (2016) and SAMHSA (2019, 2020). Conversation prompts are practical teaching tools, not a diagnostic instrument.

3. Getting appropriate assessment and assistance

Do not wait for a crisis to ask for help. Choose assistance based on the child's age, pattern of use, safety, functioning, and other needs.

Identify the right starting point

Contact the child's pediatrician or primary care clinician, or a qualified substance use professional with adolescent experience. Ask about screening and a comprehensive assessment. A CADC or another appropriately credentialed clinician may help; verify credentials, adolescent experience, and the services offered. Medical or mental health concerns may require additional professionals.

Whom will I contact first? What observations and questions will I bring?

Ask before choosing a provider

Do you work with children of this age? How do you assess substance use and related mental health needs? How are caregivers involved? What are the confidentiality and consent rules? What care do you recommend, and why? What are the costs, insurance options, waiting times, and arrangements if concerns become urgent?

Provider or program:

Contact:

Appointment or next step:

Person following up:

Remove practical barriers

What could prevent attendance or participation: transportation, work schedules, cost, waiting lists, or unclear instructions?

Who will address each barrier, and by when?

Find services and confirm availability

SAMHSA's FindTreatment.gov allows searches for local services, including children/adolescents. Its National Helpline is 1-800-662-HELP (4357) for treatment referrals and information. Confirm ages served, openings, cost, and suitability directly with the provider; a directory listing is not a completed referral (SAMHSA, n.d.-a, n.d.-b).

If the first provider cannot help, what is our next contact?

A screening result is a starting point. Assessment should determine what assistance is appropriate; not every child needs the same level of care.

Sources: SAMHSA treatment locator and National Helpline; caregiver questions support an individualized assessment.

4. Strengthening support and checking progress

Make the plan workable. Follow both the young person's participation and the adults' commitments.

Reduce access and strengthen daily support

Secure alcohol, nicotine products, cannabis, and medications. Keep cannabis products in locked, childproof storage, out of children's sight and reach. Maintain dependable routines, supervision, school connection, and trusted relationships. Ask what the child will do during the hours when the caregiver is unavailable (CDC, 2024b; NIDA, 2016).

What access or supervision issue will we address first?

Assign responsibilities

Young person's agreed responsibilities:

Caregiver's responsibilities:

Provider, school, or trusted adult's responsibilities:

Look for concrete change

Consider substance use, safety, attendance, completed responsibilities, coping, earlier help-seeking, and participation in recommended care. Better grades alone do not establish that risky use has stopped.

What two or three changes will we watch for? What is the starting point?

Review date:

How will we check progress?

Respond to setbacks

Establish what happened, check safety, address established conduct, and contact the provider when the plan is insufficient. Review unmet needs and missed adult commitments. Avoid treating a setback as proof that the child cannot change.

Our next action:

Person responsible:

Completion date:

If this does not help, whom will we contact?

The goal is safer choices, appropriate care, and dependable follow-through—not a permanent identity built around substance use.

Foundation: NIDA (2016); SAMHSA (2019); CDC (2024b). This worksheet can support discussion and planning; it does not replace individualized care.

Vaping and youth

Caregiver summary • Nicotine and cannabis vaping

What caregivers need to understand

Vaping is a delivery method, not a single substance. Devices can deliver nicotine, cannabis compounds such as THC, or other ingredients. A device's shape or a pleasant flavor does not establish what it contains. The SAMHSA guide describes devices resembling everyday objects and explains how flavors, peers, marketing, and perceived low harm can influence use (SAMHSA, 2020).

Nicotine can produce dependence. THC can produce intoxication, and cannabis use can also lead to dependence. These require different questions and potentially different responses. Vaping aerosol should not be treated as harmless water vapor. Ask what was used rather than assume every vape contains the same substance.

What to ask

“What is in it?” “How often do you use it?” “Where do you get it?” “What happens when you cannot use it?” “What do you like about it, and what problems has it caused?” A young person may not know the contents; uncertainty is a reason for caution, not reassurance.

What caregivers can do

Set clear expectations, restrict access, and respond to established use. If dependence, repeated use, or difficulty stopping is present, seek a clinician with adolescent substance use or nicotine-treatment experience. School prevention and cessation programs may help, but confirm the program's suitability and current availability.

Respond to physical symptoms medically. Difficulty breathing, collapse, or seizures require emergency help. Poison Control can advise on exposure to vape liquids. Punishment alone does not assess dependence or address withdrawal and the reasons for continued use.

Choose assistance that fits the child

Ask how a recommended program addresses this child's use, what participation requires, and how progress will be reviewed. Keep caregivers involved and address practical barriers to attendance.

Identify the product, examine the pattern, address safety, and connect the child with appropriate assistance.

Primary source: SAMHSA (2020), Reducing Vaping Among Youth and Young Adults. Emergency information: NIAAA (n.d.) and CDC (2024b).

Cannabis edibles and drinks

Caregiver summary • Recognizing products, preventing exposure, and responding safely

Recognize what may be in ordinary-looking products

Cannabis products include gummies, chocolates, cookies, brownies, and beverages that may resemble soda, juice, or flavored seltzer. Some packaging resembles familiar snacks. Appearance, taste, and the absence of smoke are unreliable guides to the contents (Lin et al., 2022).

Read the label for THC and other ingredients. Check whether the listed amount applies to one serving or the entire container. “Alcohol-free” does not mean a drink cannot cause impairment. When the product or amount is uncertain, tell the responding clinician or Poison Control what is known rather than guess.

Delayed effects can lead to consuming more

A young person may take more because the first amount has not yet produced noticeable effects. Onset and duration vary with the product and the person; some beverages can act sooner than solid foods. Do not teach a single waiting time as proof that the child is safe or unimpaired (Lin et al., 2022; CDC, 2024a).

Prevent accidental exposure and address intentional use

Keep cannabis products locked, out of children’s sight and reach, in their original labeled packaging. Keep them separate from ordinary snacks and drinks. Discuss storage with other adults whose homes the child visits (CDC, 2024b).

For adolescents, ask what they used, how much, when, where it came from, and whether alcohol or other substances were involved. Establish boundaries and a safe way to request help or a ride. Do not allow an impaired young person to drive. After safety is addressed, examine the conduct, reasons for use, and need for assessment.

Respond without waiting for symptoms

If a child accidentally consumes a cannabis product, call Poison Control at 1-800-222-1222 immediately, even if they seem well. For unresponsiveness, breathing difficulty, seizures, or another medical emergency, call 911 first. Stay with the child and follow instructions. Keep the packaging and report the possible amount and time of exposure (Illinois Poison Center, n.d.; CDC, 2024a).

Recognize the product, secure access, address safety, and obtain appropriate help. A familiar-looking snack or drink can contain an intoxicating substance.

Sources: Lin et al. (2022); CDC (2024a, 2024b); Illinois Poison Center (n.d.).

Underage drinking and caregiver responsibilities

Caregiver summary • Alcohol access, supervision, and safety

Alcohol access and adult responsibilities

Alcohol prevention involves access, supervision, and adult responsibilities. SAMHSA's Learn the Law guide explains policies concerning furnishing alcohol, hosting parties, social host liability, and impaired driving (SAMHSA, 2021).

The practical caregiver message

Ask where alcohol comes from: household supplies, peers, older siblings, other adults, or gatherings. Make expectations and supervision clear. Coordinate with other caregiving adults rather than assume everyone applies the same rules. Address transport before social events and make sure the young person knows whom to call for a safe ride.

Do not assume that hosting a drinking gathering makes it safe or that adult supervision removes legal responsibilities. Specific laws and exceptions depend on the state and circumstances. Check current local rules when questions concern legal responsibilities.

Recognize an emergency

Alcohol overdose can involve difficulty staying conscious, confusion, vomiting, seizures, and slow or irregular breathing. Call 911 if overdose is suspected. Do not wait for every symptom. Coffee, cold showers, and walking do not reverse an overdose; do not assume a person who has passed out can safely sleep it off (NIAAA, n.d.).

After immediate safety is addressed

Discuss what happened when the child is sober. Clarify amount, timing, other substances, access, and consequences. Repeated use, impaired functioning, or difficulty controlling use warrants professional assessment. An adult's familiarity with alcohol should not lead to minimizing a child's risk.

Reduce access, set clear boundaries, plan safe transportation, and obtain help when concerns arise.

Primary source: SAMHSA (2021), Learn the Law: Preventing and Reducing Underage Drinking. Emergency information: NIAAA (n.d.).

Prevention begins in early childhood

Caregiver summary • Building protection before substance use begins

What the guide contributes

NIDA's 2016 guide examines development from the prenatal period through about age eight. Its central contribution is that early interventions can strengthen protective factors, reduce risks, and influence later development. It does not suggest that young children need adult-style drug lectures or that an early difficulty determines their future (NIDA, 2016).

Put prevention into everyday care

Dependable relationships, predictable routines, appropriate supervision, language development, emotional regulation, and support for learning are relevant foundations. Teach children to ask for help, wait, name feelings, and practice another response to frustration. Use expectations that fit their development and provide repeated opportunities to practice.

Persistent developmental, emotional, or learning concerns deserve attention. Obtain appropriate evaluation and assistance rather than assume that the child will simply grow out of every difficulty. Caregiver support matters too: practical help with stress, appointments, and daily routines can make follow-through possible.

Apply this respectfully to foster and adoptive families

Caregivers may be building these foundations after loss, instability, or unmet needs. Start with the child's current abilities and circumstances. A placement history is not a diagnosis or a forecast of substance use. The goal is to strengthen what helps the child function and obtain assistance for what remains difficult.

Keep the age range clear

Some broad principles remain useful with older children, but findings about specific early-childhood programs should not be represented as direct evidence that the same program treats an adolescent's substance use. Prevention and treatment are connected parts of care with different immediate tasks.

Build protective foundations through dependable care, appropriate expectations, and early assistance.

Primary source: NIDA (2016), Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide.

Substance misuse during the transition to adulthood

Caregiver summary • Young adults ages 18 to 25

What changes during this transition

The SAMHSA guide focuses on ages 18–25, including changes in education, employment, living arrangements, relationships, and independence. These transitions can change access to substances, peer influences, and the availability of support (SAMHSA, 2019).

Keep the whole situation in view

Look at patterns of use alongside daily functioning, safety, mental health, relationships, housing, and work or school participation. A person may use to cope, fit in, explore, or seek pleasure; do not assign the same explanation to everyone. Understanding the context helps identify a response and does not remove responsibility for harmful choices.

Support autonomy while maintaining boundaries

Explain what support the family can provide and what expectations apply to the home, transportation, finances, and conduct. Involve the young adult in decisions. Ask providers how consent and confidentiality affect family participation rather than assume the caregiver has the same access or authority as with a minor.

Assist with arranging assessment, transportation, payment questions, and a plan for maintaining appointments. Encourage safer peer relationships and constructive daily activity. Supports must be practical enough to use during real transitions, not simply listed in a referral.

Match evidence to the age group

Use this guide for older adolescents approaching adulthood and young adults. Do not transfer its college or young-adult prevalence statistics to younger children. Its 2019 publication and older survey figures provide context rather than a current statistical portrait.

The guide reviews prevention practices and programs; it does not establish that every approach works equally well for every young person. A professional assessment should guide treatment needs and level of care.

Plan how support, expectations, access to care, and participation will change as the young person approaches adulthood.

Primary source: SAMHSA (2019), Substance Misuse Prevention for Young Adults.

Sources and practical resources

Use these sources for further reading and the contacts below to find assistance.

Centers for Disease Control and Prevention. (2024a, February 15). *Cannabis and poisoning*.
<https://www.cdc.gov/cannabis/health-effects/poisoning.html>

Centers for Disease Control and Prevention. (2024b, February 16). *Cannabis health effects*.
<https://www.cdc.gov/cannabis/health-effects/index.html>

Illinois Poison Center. (n.d.). *Are cannabis edibles toxic?* <https://illinoispoisoncenter.org/my-child-ate/cannabis-edibles/>

Lin, A., O'Connor, M., Behnam, R., Hatef, C., & Milanaik, R. (2022). Edible marijuana products and potential risks for pediatric populations. *Current Opinion in Pediatrics*, 34(3), 279–287.
<https://doi.org/10.1097/MOP.0000000000001132>

National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Understanding the dangers of alcohol overdose*.
<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose>

National Institute on Drug Abuse. (2016). *Principles of substance abuse prevention for early childhood: A research-based guide*. National Institutes of Health.

Substance Abuse and Mental Health Services Administration. (n.d.-a). *FindTreatment.gov*. <https://findtreatment.gov/>

Substance Abuse and Mental Health Services Administration. (n.d.-b). *National helpline*.
<https://www.samhsa.gov/find-help/helplines/national-helpline>

Substance Abuse and Mental Health Services Administration. (2019). *Substance misuse prevention for young adults* (Publication No. PEP19-PL-Guide-1).

Substance Abuse and Mental Health Services Administration. (2020). *Reducing vaping among youth and young adults* (Publication No. PEP20-06-01-003).

Substance Abuse and Mental Health Services Administration. (2021). *Learn the law: Preventing and reducing underage drinking* (Publication No. PEP21-03-00-001).

Keep these contacts available

Emergency medical assistance: 911

Poison Control: 1-800-222-1222

SAMHSA treatment-referral helpline: 1-800-662-HELP (4357)

Local services: FindTreatment.gov; confirm adolescent services directly.

Online resources checked October 14, 2026. Seek a qualified provider for individualized assessment, medical care, and treatment recommendations.