HEALTH BASICS

Teenagers and drugs

An overview of how substance use can affect teenagers and how to respond safely

WHAT IT IS
Teen use of alcohol, nicotine, medicines, or other substances

WHERE IT COMES UP
Health visits, school concerns, family conversations, or emergencies

WHY IT MATTERS
Effects on safety, development, mental health, and dependence risk

WHAT IT IS NOT
Not a diagnosis or proof of a substance use disorder

WHO TO ASK
Pediatric, family medicine, adolescent health, or addiction services

HOW IT IS CHECKED
Private discussion and screening questions; targeted tests when needed

Overview

"Teenagers and drugs" is a health and safety topic, not a disease or diagnosis. Here, "drugs" includes alcohol, nicotine, cannabis, inhaled chemicals, illegal drugs, and medicines used in ways that were not prescribed.

A teenager may encounter substances through friends, social media, family members, parties, stress, curiosity, pain treatment, or attempts to sleep or concentrate. One report of use does not show how often it happens or whether the teenager has a substance use disorder.

A substance use disorder is a medical condition in which substance use becomes difficult to control and continues despite harm. Clinicians assess a pattern over time rather than deciding from one event or laboratory result.

Language matters. Calm terms such as "substance use" are more useful than labels such as "addict" or "drug abuser." A respectful approach can make it easier for a teenager to speak honestly and accept help.

How it works

Alcohol and other drugs can change communication between brain cells. Depending on the substance, this may affect judgment, coordination, attention, memory, mood, heart rate, breathing, or awareness.

The brain continues developing during adolescence. Systems involved in planning, impulse control, learning, and decision-making are still maturing. This does not mean teenagers cannot make sound choices. It does mean that intoxication and repeated substance exposure may have effects during an important period of development.

The effect of a substance is influenced by:

Mixing substances can create risks that are not obvious. Alcohol, opioids like oxycodone or morphine , sleeping medicines, and some anxiety medicines can all slow brain activity and breathing. Taking them together can increase that effect.

Products bought outside regulated pharmacies may not contain what their packaging claims. Counterfeit tablets can contain potent opioids such as fentanyl. Appearance, taste, or a seller's reassurance cannot confirm what is in a pill or powder.

Some substances activate the brain's reward system. Repeated use can lead to tolerance, meaning more may be needed for the same effect. Dependence means the body has adapted and may react when use stops. Neither term, by itself, confirms a substance use disorder.

- What was taken, how much, and how strong it was
- Whether it was swallowed, inhaled, smoked, or injected
- Other substances or medicines taken at the same time
- The teenager's health, body size, experience, and surroundings
- Whether the contents and strength were known

Why it matters for your health

Substance use can affect immediate safety. Intoxication may contribute to falls, road injuries, drowning, violence, unsafe sexual situations, or accidental poisoning. Driving after using alcohol, cannabis, sedating medicines, or other impairing substances is unsafe. Riding with an impaired driver also creates risk.

Nicotine can lead to dependence, whether it comes from cigarettes, vapes, or other products. Vaping liquids and aerosols may contain nicotine even when packaging or informal sellers suggest otherwise.

Alcohol and cannabis can interfere with attention, coordination, and memory while their

effects are present. Stimulants like methylphenidate or lisdexamfetamine may increase heart rate, anxiety, agitation, and wakefulness. Opioids can cause heavy sleepiness and dangerously slow breathing.

Substance use and mental health can affect each other. Some teenagers use substances while dealing with anxiety, depression, trauma, pain, attention difficulties, or sleep problems. Substances may also worsen mood, anxiety, sleep, or unusual thoughts. A clinician can assess both areas rather than assuming one explains everything.

The health impact is not limited to frequent use. A single exposure can matter if the substance is unexpectedly strong, mixed with another drug, taken before driving, or used in an unsafe setting. At the same time, not every teenager who has tried a substance will develop ongoing problems.

What can go wrong

Intoxication means that a substance is currently affecting the brain or body. A teenager may have impaired judgment, poor coordination, unusual sleepiness, agitation, confusion, or vomiting, depending on what was taken.

Poisoning or overdose happens when a substance overwhelms the body. The amount involved may be unknown, especially with counterfeit pills, concentrated products, or mixed substances.

Call emergency services immediately if a teenager:

If an opioid may be involved, give naloxone if it is available and you know how to use it. Naloxone can temporarily reverse an opioid overdose and will not harm someone if opioids are not the cause. Emergency care is still needed because its effect can wear off. Stay with the person, follow emergency instructions, and provide rescue breathing or CPR if directed or trained. Do not make the person vomit.

A poison information service can advise about a possible exposure when the person is awake and stable. Do not wait for poison-control advice instead of calling emergency services when severe signs are present.

Other related conditions include substance use disorder, nicotine dependence, withdrawal, alcohol poisoning, opioid overdose, and substance-induced psychosis. Psychosis means losing contact with reality, such as hearing or seeing things others do not or holding fixed beliefs that are not based in reality. These conditions need professional assessment; they cannot be confirmed from a checklist or home test.

- Cannot be woken or is not responding normally
- Has slow, irregular, or absent breathing
- Has blue, grey, or unusually pale lips or skin
- Has a seizure, collapses, or develops severe chest pain
- Is extremely confused, overheated, or dangerously agitated
- May have taken an unknown substance and is becoming seriously unwell

What you can do

Choose a calm time to talk. Ask open questions, such as what substances are common among friends, what the teenager has heard about them, and what they would do if someone became unwell. Listening before responding can help you understand the situation.

Be clear about safety. Discuss not driving while impaired, not accepting unknown pills, not mixing substances, and getting emergency help rather than leaving an unresponsive friend alone. Fear of punishment should not delay lifesaving care.

If there is an ongoing concern, keep a factual record of dates, reported substances, medicines, unusual events, and safety problems. Avoid trying to interpret ordinary teenage behaviour as proof of drug use.

A pediatrician, family clinician, or adolescent health service can use confidential screening questions about alcohol, nicotine, cannabis, and other drugs. Ask:

Confidentiality rules differ by location and situation. Clinicians generally explain when information can remain private and when immediate safety concerns require involving another adult.

Urine, saliva, blood, and hair tests exist, but each has limits. A result may show exposure to a particular substance during a certain time window. It usually cannot prove impairment, frequency of use, dependence, or who supplied the substance. Some substances are not included in routine panels, and prescribed medicines may affect results. Testing is most useful when there is a clear clinical or safety question.

Routine follow-up is appropriate for concerns about repeated use, falling school performance, changes in relationships, nicotine dependence, or substance use alongside anxiety, low mood, pain, or sleep problems. Urgent assessment is appropriate for severe confusion, hallucinations, escalating agitation, or concern about withdrawal. Emergency warning signs are listed above.

- What parts of the visit can remain private?

- Is a screening questionnaire appropriate?
- Could medicines, mental health, pain, or sleep be involved?
- Is referral to an adolescent substance-use service needed?
- Should naloxone be available because of possible opioid exposure?

Common questions

Does trying a drug mean a teenager has an addiction?

No. Experimentation does not by itself establish a substance use disorder. Clinicians look for a pattern that may include loss of control, cravings, increasing use, difficulty meeting responsibilities, unsafe use, and continued use despite harm.

Should I secretly use a home drug test?

A home test may damage trust and can be difficult to interpret. It may miss some substances or detect a prescribed medicine without showing misuse. Discuss the purpose, limits, and consent issues with a clinician before testing.

Can someone tell whether a pill is genuine by looking at it?

No. Counterfeit pills can closely resemble pharmacy products. Medication should come from a licensed pharmacy and be taken only by the person for whom it was prescribed.

What if a teenager refuses to discuss substance use?

Keep the conversation calm and return to it later. Focus on specific safety concerns rather than demanding a confession. You can still ask a clinician how to arrange a private adolescent health visit.

Is vaping only a concern when nicotine is listed?

No. Labels may be incomplete or inaccurate, especially for informal products. Vapes can contain nicotine, cannabis compounds, flavouring chemicals, or other substances. The aerosol is not simply water vapour.

Can a teenager stop using suddenly?

That depends on the substance and pattern of use. Withdrawal from alcohol, sedatives, or some other drugs can require medical care. If regular or heavy use is suspected, ask a clinician before relying on an unsupervised plan.

Sources

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