

Early Warning Signs

Recognising changes before substance use becomes more deeply established

Substance use does not always move from occasional to problematic in an obvious straight line. Early changes may be small: a shift in routine, more secrecy, increasing tolerance, using for a different reason, or consequences beginning to appear. Noticing a cluster of changes early can create an opportunity for a calm conversation and support before the pattern becomes more entrenched.

Look for change, not a stereotype

There is no single appearance or personality that tells us somebody has a substance-use problem. One sign on its own may have many explanations. What matters more is a change from the person's usual pattern, several signs appearing together, increasing frequency or severity, and whether use is beginning to affect health, safety, relationships, work, education, money or control.

Early changes you might notice

Area	Possible changes
Use itself	Using more often, larger amounts, stronger products, mixing substances, using alone, or needing more for the same effect.
Reasons for use	Moving from occasional/social use towards using to sleep, cope, calm anxiety, block memories, manage stress or feel able to function.
Daily life	Late arrivals, missed responsibilities, disrupted sleep, changes in eating, reduced self-care or activities being dropped.
Relationships	More secrecy, defensiveness, unexplained absences, conflict, withdrawing from familiar people or a changing social circle.
Money & risk	Unexplained spending, borrowing, risky driving, unsafe situations, injuries or decisions that are out of character.

Tolerance, craving and loss of choice

Needing more of a substance to achieve a similar effect can indicate tolerance. Other changes can include thinking about the next opportunity to use, planning life around access, repeatedly using more than intended, or finding that an attempt to take a break is much harder than expected. These signs deserve attention even if the person is still working, studying or managing many responsibilities.

Mental and emotional changes

Anxiety, low mood, irritability, unusual agitation, emotional flatness, suspiciousness, memory difficulties or dramatic sleep changes may occur alongside substance use, but they can also have other causes. Avoid diagnosing the cause from the outside. If there is a marked or sudden change in mental state, especially confusion, hallucinations, severe depression or suicidal thinking, seek professional help.

Physical changes

Repeated unexplained injuries, tremor, sweating, nausea, changes in pupils, slurred speech, unusual drowsiness, marked restlessness, changes in weight or appetite, or appearing unwell at particular times may be relevant. Physical signs vary greatly by substance and should be considered alongside context rather than used as proof.

Emergency signs

Call **999** if somebody is unconscious or cannot be properly woken, has severely abnormal or stopped breathing, has a seizure, collapses, is severely confused, or appears to be experiencing another life-threatening reaction after drugs or alcohol. Tell ambulance staff what you know about what may have been taken.

Starting the Conversation Early

Concern can be expressed without accusation, interrogation or shame

Before you speak

Choose a time when the person is as calm and clear-headed as possible and when you are not in the middle of an argument. Think about the specific changes you have noticed. "You have missed work three times and I have noticed you are using most evenings" is easier to respond to than "You are becoming an addict." Keep the conversation about wellbeing, impact and safety rather than trying to win an argument about labels.

A useful conversation structure

Observe	Describe the change without exaggerating: "I've noticed you have been sleeping through the day and missing things you normally care about."
Ask	Use open questions: "Has something changed?" "What does using do for you at the moment?" "Are you worried about any part of it?"
Listen	Leave space for the answer. You can disagree with a choice without dismissing the reason behind it.
Offer	Suggest one practical next step: GP, local drug/alcohol service, FRANK, an appointment together or information about treatment.
Protect	Set boundaries around driving, children, aggression, shared money or substances in the home where safety requires it.

Questions that can reveal the pattern

Instead of asking only "How much are you taking?", explore: **When do you most want it? What happens just before? Are you using more than six months ago? Have you tried to cut down? What happens when you do? Has it affected sleep, work, money, relationships or health? Are you mixing substances? Do you ever use alone?** The answers can help identify risk and what support may be needed.

When the person says there is no problem

You do not have to force agreement in one conversation. Keep the door open and stay specific about what you have observed. You can say that you will help if they decide they want support while still maintaining necessary boundaries. Repeated confrontation, humiliation or searching for a confession can make secrecy stronger.

Early action can include harm reduction

A person does not have to promise immediate abstinence before receiving help. NHS drug services can offer treatment and harm-reduction support, and local services can often be contacted directly without going through a GP. Early support may include discussing safer practices, physical and mental health, housing, relationships, medication, testing and treatment options.

A simple early-warning tracker

For two weeks, note only observable information: **date; what changed; situation beforehand; substance if known; immediate effect; later consequence; impact on sleep/work/relationships; and any safety concern.** Avoid turning the tracker into surveillance. Its purpose is to see patterns clearly and give useful information if the person seeks professional help.

Withdrawal needs substance-specific advice

Do not assume every substance can be stopped in the same way. Withdrawal risks vary. In particular, sudden stopping of alcohol after physical dependence can be medically dangerous. Opioid dependence also benefits from professional assessment and evidence-based treatment. A GP or local drug and alcohol service can advise on the safest route.

Getting Help Before Things Escalate

Support is appropriate before somebody reaches crisis point

Where to start in the UK

A GP can discuss concerns and refer to treatment, but people can also approach many local drug treatment services directly. NHS guidance states that treatment is available and can include a keyworker, talking therapies, medicines for some types of dependence, detoxification where appropriate, self-help or mutual aid, and harm-reduction support.

Useful support routes

Local drug/alcohol service	Can assess substance use, physical and mental health, risk and treatment needs. Many accept self-referrals.
FRANK	Confidential drug information and advice. Helpline: 0300 123 6600 . FRANK also provides a local support finder.
GP / NHS	Useful for physical or mental-health concerns, medication review and referral into treatment.
Family support	Families can seek help in their own right. NHS information signposts Adfam, SMART Family & Friends and other organisations.
Emergency	999 when there is an immediate threat to life after drugs or alcohol, including severe breathing problems, unconsciousness, seizures or collapse.

For parents, partners and families

You may notice changes before the person is ready to talk. Support does not mean covering every consequence, lending unlimited money or accepting unsafe behaviour. Agree what you can and cannot do. Protect children and shared finances where necessary. Get advice for yourself; family members do not need to wait until the person using substances enters treatment.

One book to explore

***Beyond Addiction* - Jeffrey Foote, Carrie Wilkens, Nicole Kosanke and Stephanie Higgs.** Written for families, this book focuses on communication, reinforcement, boundaries and ways of encouraging change without relying entirely on confrontation. It can be particularly useful when somebody is not yet ready to seek treatment. It is a self-help resource and does not replace emergency or specialist clinical advice.

A message from Maggie

Early warning signs are not about catching somebody out. They are about noticing when something has shifted and being willing to name it before the consequences become larger. You may not know exactly what is happening, and you do not need to diagnose it. Start with what you can see, ask with curiosity, listen carefully and make support easier to reach. Sometimes one calm conversation is the first crack of light.

Clinical note & sources

This guide is educational and should not be used to diagnose substance dependence from isolated signs. Current UK support information was checked against NHS drug-addiction guidance, FRANK and NICE guidance on psychosocial interventions for drug misuse. Substance-specific risks, intoxication and withdrawal require appropriate clinical assessment. Emergency symptoms require 999.