

# **London Borough of Bexley - Substance Misuse at Work Management Guide**

HR Service Effective from July 2006

## **Section 1 – general outline of the guide**

### **1. Introduction**

1.1. The Council recognises its duty to maintain and promote a safe, healthy and productive working environment. Providing high standards of customer care to all its service users will be supported by promoting the physical and mental health of its employees.

1.2 The Council is committed to facilitating access to support, assistance and guidance to any employee who requires it within the context of this Guide.

1.3 Under the Health and Safety at Work Act etc 1974 (HASAWA), section 2, employers have a general duty to (as far as is reasonably practicable), safeguard the health, safety and welfare of its employees. Employees are required under section 7 of the Act to take reasonable care of their own health & safety and that of others who may be affected by their acts or omissions. It is also an employee's duty to co-operate with their employer to enable them to carry out their duties under the Act.

1.4 This Guide is designed to provide a framework for managers when dealing with substance misuse at work through the early support for employees with problems, to optimise recovery and to ensure the effects of their condition on work performance and capability are minimised.

1.5 The support of your local HR representative must be sought when dealing with suspected or actual substance misuse at work.

1.6 'Substance' in this Guide includes alcohol, illegal and legal drugs (whether prescribed or not, including over-the-counter medication) and solvents.

1.7 For the purpose of this Guide, "Substance misuse" refers to the use of illegal and legally obtainable drugs including tobacco, alcohol, volatile substances and medicines prescribed or not whether intentionally or unintentionally. Substance misuse is often a chronic, relapsing condition which may require continuing review in order to identify continuing, long-term and flexible support.

1.8 The Guide is drawn from a health & safety perspective also taking into account comments from the trade unions and is therefore recommended as a best practice guide.

### **2. Scope of the Guide**

2.1 The Guide should be used by all managers when dealing with suspected or actual substance misuse at work and is recommended for use by Head Teachers.

2.2 Contractors and agency staff are expected to comply with the Council/School's health & safety standards. Managers who authorise work are responsible for making clear that any contractor or agency staff found under the influence of drugs or alcohol whilst on Council premises will be reported to their managers and prohibited from undertaking further work.

### **3. Consumption of alcohol/use of drugs whilst ‘on duty’**

3.1 ‘On duty’ is defined as covering behaviour on Council/School premises or while acting on Council business or representing the Council in any capacity.

3.2 Consumption of alcohol and drugs is known to affect judgement and physical coordination.

3.3 The Council’s expectations on working standards and maintaining a good public image are outlined in the Employee Code of Conduct and Disciplinary rules available on the HR intranet site.

3.4 Drinking even small amounts of alcohol before or during work can increase the risk of accidents. Further information on the effects of alcohol on health and well-being is available on the Department of Health website ([www.dh.gov.uk](http://www.dh.gov.uk)). Alcohol misuse can reduce work performance and increase sickness absence, which has a detrimental effect on service provision.

3.5 Unauthorised consumption of alcohol on Council/School’s premises is a disciplinary offence and may lead to dismissal. The Licensing (Young Persons) Act 2000 makes it an offence to buy or attempt to buy intoxicating liquor for consumption in a bar in licensed premises by a person under 18.

3.6 Consumption of alcohol during working hours (e.g. lunch time) or on Council/School’s premises at authorised social occasions such as employee’s leaving/retirement or similar events should be kept to a reasonable level.

3.7 Social drinking in moderation at lunchtime is acceptable but not encouraged as it portrays an unprofessional image of the Council. This is particularly strongly discouraged for frontline employees in regular contact with the public or whose duties involve operating machinery/driving.

3.8 It is important to recognise that prescribed/over the counter medicines can affect work performance. Where a manager has concerns or the employee themselves raise concerns over the possible side effects of medication on the ability to work, the employee should be advised to seek advice from their General Practitioner (GP), pharmacist or the Council/School’s Occupational Health Unit.

3.9 Taking illegal drugs during working hours and/or on Council/School’s premises is a disciplinary offence and may lead to dismissal.

## **Section 2 – Dealing with substance misuse**

### **4. Introduction**

This Guide is recommended for use with support from Senior HR Adviser. Managers should therefore contact their local Senior HR Adviser in all circumstances before taking any action.

The Council’s aim is to facilitate access to a support and non-punitive approach to dealing with individual personal circumstances in relation to substance misuse.

The underlying aim of any action should be to provide appropriate levels of support and advice as possible to enable the employee recover.

4.1 Substance misuse can cause a number of problems at work, and may be characterised by some of the following:

- increased accidents and injuries, deliberate disregard for health and safety standards
- deterioration in general health e.g. unusually high level of absenteeism for minor illnesses such as colds and gastric upset
- reporting for work late and smelling of alcohol/drugs or acting under the influence of alcohol or drugs
- absences from work e.g. taking unauthorised leave, frequent absences
- absenteeism whilst at work e.g. repeated absences from post, prolonged breaks and leaving work early
- effects on performance, such as poor judgement or decision-making, loss of concentration or memory e.g. difficulty in recalling job instructions, jobs take an unreasonable amount of time to complete, and an increasing reluctance to take on tasks
- erratic behaviour at work e.g. increased general unreliability and unpredictability, missed deadlines, mistakes due to inattention, complaints from colleagues and service users
- deterioration in relationships with colleagues and/or family e.g. overreaction to real or perceived criticism, paranoia, resentment and avoidance of managers or colleagues
- deterioration in appearance/personal care e.g. becoming unkempt with a lack of personal hygiene.

4.2 Some of these problems may be more noticeable at certain times of the week, such as Monday mornings. Employees who have or are developing a dependency problem often deny or hide their problem. Identifying the symptoms of dependency and providing a non-hostile, supportive environment will enable the employee to admit to the problem, which is the first essential step on the way to recovery.

## **5. Management response to substance misuse**

5.1 Managers have a responsibility to assess the risks to health and safety of employees. The Council has a legal duty under the Management of Health and Safety at Work Regulations 1999 to ensure that an employee under the influence of alcohol or drugs is not allowed to continue working and his/her behaviour does not place others at risk.

5.2 The flowchart in Appendix A outlines the various circumstances in which substance misuse may be identified and the management response that should be considered in dealing with each situation as described below.

The role of HR in supporting managers is detailed in Section 3.

### **5.3 Self – declaration by the employee**

In circumstances where an employee voluntarily raises the problem whether home- or work-related with their manager in confidence, a meeting should be arranged to discuss the underlying causes. A course of action, which may include relevant help, advice or assistance through the Council/School's Occupational Health Unit should be agreed.

Raising the problem in this way allows the Council/School to provide appropriate levels of support to the employee throughout the period of treatment of the problem. In addition, where an employee needs to be

absent as part of the treatment, such absence should be agreed between the employee and his/her manager. When agreeing such absence, employees will be expected to provide sick certificates in accordance with the Sickness Absence Procedure. Absence due to side effects of treatment is treated as sickness absence with sick certificates provided as appropriate.

Managers may authorise the use of annual leave or flexitime as appropriate if booked in advance for planned absences relating to treatment.

5.4 Where the issue of alcohol or drug misuse is raised by the employee as part of disciplinary, sickness absence or capability proceedings, the manager chairing the hearing may adjourn proceedings to consider options and take into account where relevant:

- any record of alcohol addiction or drug misuse
- the employee's performance at work
- any personal/domestic problems
- any problems at work (including relationships with colleagues/managers etc)
- the employee's attendance record
- the seriousness of the allegations being considered at the hearing
- timing and circumstances leading to employee raising the alcohol or drug problem

The manager chairing, having considered the above factors, may decide to recommend that the employee be referred to the Council/School's Occupational Health Unit. This should include regular reviews by management and failure by the employee to adhere to or complete the programme of treatment prescribed by their GP may result in further action taken (see 5.9).

It is important to note that substance misuse should not be used as an excuse for misconduct.

#### 5.5 Management initiated action

Where a manager believes that an employee has a substance misuse problem that is affecting attendance or work performance, this should be raised with the employee at a meeting. The manager is advised to monitor and keep records in order to specify particular instances that have occurred during the meeting. Guidance for managers on holding the meeting is provided as Appendix B.

#### 5.6 Circumstance/Event initiated

Where an incident occurs, and the employee's behaviour appears to be directly linked to substance misuse, the employee should be asked to leave the work situation/Council premises. Transport should be arranged if needed at the employee's expense. It is an offence under the Road Traffic Act 1988 for any person unfit through drink or drugs to be in charge of a motor vehicle also an employer would also be guilty of a criminal offence under the Transport and Works Act 1992 unless they have shown due diligence in trying to prevent such an offence being committed.

5.7 In all cases where a substance misuse problem has been identified, this should be raised with the employee at a meeting. Where requested, a trade union representative or work colleague may be present at the meeting.

Guidance for managers on holding a meeting is provided as Appendix B. The purpose of the meeting should be to:

- a) discuss the problem and explore the reasons and possible underlying causes whether home or work related
- b) agree a course of action and timescale (e.g. 3 months) committing the employee to seek appropriate help and support from his/her GP and referral to the Council/School's Occupational Health Unit/Counselling Service
- c) inform the employee of management's commitment to providing support in the workplace through regular reviews of progress
- d) explain to the employee the consequences of failing to improve work performance and/or attendance to an acceptance level.

5.8 The names and addresses/telephone numbers of local organisations that can provide are listed in **Appendix C**.

5.9 A failure by the employee to start or complete a programme of treatment where this has been agreed should trigger a management review meeting. The meeting should consider the employee's explanation for non-adherence to the treatment programme.

A trade union representative or work colleague may be present at this meeting.

As a result of the management review meeting and after taking the employee's explanation into account, the manager may decide:

- a) where the employee's explanation is acceptable - to consider support for a further programme of treatment, subject to any conditions laid down by the manager in consultation with the employee, Senior HR Adviser and Occupational Health Unit
- b) where no reasonable explanation has been given - to withdraw any further Council support towards treatment of the employee (including any time off arrangements). A report from Occupational Health Unit should inform this decision
- c) finally, where problem relates mainly to:
  - performance - consider action under the existing Capability Procedure
  - attendance - consider action under the Sickness Absence Management Procedure
  - behaviour/conduct - consider action under the Disciplinary Procedure

Where (a) or (b) applies, the employee should be informed of the consequences of any future non-adherence to agreed way forward where it affects the performance of the employee/team including the possibility of further action against the employee.

5.10 Depending on the circumstances, disciplinary action relating to the problem should not normally be taken following a voluntary approach to the manager by an employee on a confidential basis for help and support. This also applies where the manager has raised the issue in the first instance and the employee is participating in an agreed programme of treatment for their substance misuse problem with an estimated end date.

5.11 Managers have a responsibility to keep all information relating to any case in the strictest confidence. The exception to this is where there are clear health and safety implications or for criminal investigation. All medical records kept by the Occupational Health Unit are confidential and can only be accessed by Occupational Health staff.

5.12 The employee may need a period of support back to work. Managers play a crucial role in providing the necessary long-term support with advice from the Occupational Health Unit. This may include regular meetings and performance reviews. Consideration should be given to flexible working arrangements that may facilitate this process e.g.:

- part time hours gradually increasing to full time working
- gradual resumption of responsibilities

5.13 Some employees may require ongoing support and treatment. This may be in terms of additional flexibility on working hours to collect prescribed medication from local pharmacy daily.

5.14 It is also necessary to be sensitive to employee's needs and potential difficulties during work related social occasions where alcohol may be available.

5.15 Where the employee denies that attendance, work performance and/or circumstance/event are related to substance misuse, a referral to Occupational Health should be made through the relevant existing procedure depending on the circumstances.

## **Section 3 – Role of HR Service and Schools HR**

### **6. Referral to the Occupational Health Unit**

6.1 The Occupational Health Unit plays a crucial role in the management of the return to work by providing advice on how to ensure a suitable and satisfactory return to work.

6.2 The Occupational Health Unit provides advice and support to arrange referral for treatment and rehabilitation through the employee's own General Practitioner (GP) who will in consultation with the employee, take steps to arrange counselling, treatment and rehabilitation.

6.4 The Occupational Health Unit shall advise HR Service/Schools HR and the manager if it is suitable for the employee to continue to attend work during treatment and if any adjustments are necessary to their work. Each case will be dealt with on an individual basis. Any absences due to treatment should be recorded as appropriate (i.e. as sickness absence with sick certificates covering the period or as agreed annual leave or flexi leave).

6.5 The main aim of treatment and rehabilitation is to ensure optimum recovery and return to work. In the majority of cases this should be back to the job the employee was doing before the problem was recognised.

6.6 If after referral to Occupational Health, the employee continues to deny that there is a problem, refuses the help offered, discontinues treatment and/or reverts to previous patterns of behaviour or Occupational Health advises that they cannot confirm any substance misuse problem, then the appropriate HR policy/procedure may be invoked as follows:

- performance - action under the Capability Procedure
- attendance – action under the Sickness Absence Management Procedure
- behaviour/conduct – action under the Disciplinary Procedure

6.6 The Occupational Health Unit will not test the employee for drugs or alcohol.

## **7. Role of Senior HR Advisers**

Senior HR Advisers arrange referrals to the Occupational Health Unit, liaise with line management and any other parties as appropriate to facilitate a resolution of the problem within a reasonable period of time.

Senior HR Advisers provide advice and guidance on the application and interpretation of this Guide and monitor its effectiveness with a view to updating the Guide as appropriate.

Their advice should be sought when managers are considering taking formal action in accordance with this Guide.

## **8. Substance Misuse and Relationship to HR Policies & Procedures**

8.1 Employees who voluntarily request assistance for a dependency problem, or who accept assistance because of management or occupational health advice, should be given support. Any authorised absences for treatment should be treated as sickness absence.

8.2 It is an offence under the Misuse of Drugs Act 1971 for any person to knowingly permit the production, supply or use of controlled drugs on their premises except in specified circumstances (e.g. when they have been prescribed by a doctor). Disciplinary action shall be taken against any employee who is found in possession of, distributing or selling illegal drugs while on Council/School premises, or on Council/School business. This is considered gross misconduct and may lead to summary dismissal. The Police will also be informed.

8.3 It is gross misconduct for an employee to be unable to carry out their duties or constitute a serious safety risk because of substance misuse. This may lead to summary dismissal. The Road Traffic Act 1988 states that 'any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence. An offence is also committed if a person unfit through drink or drugs is in charge of a motor vehicle in the same circumstances. There may also be behavioural issues because of substance misuse, which may be misconduct.

8.4 If an employee commits a disciplinary offence or there is deterioration of work performance and substance misuse is found to be a genuine aspect of the offence, this will be taken into account. However, it will not automatically protect the employee from the consequences of misconduct or poor performance. Disciplinary action or action under the Capability Procedure may in some cases be postponed pending referral for assessment and/or treatment.

8.5 Employees who return from a break in an unfit state to perform their duties may be liable for disciplinary action and possible suspension under the Disciplinary procedure. The Disciplinary and Capability Procedures are available on the Human Resources intranet page and from the HR Service/Schools HR.

**Please contact the HR Service/Schools HR for further advice and assistance.**



## **9. Monitoring & Review**

The Guide will be reviewed periodically in line with any relevant legislation and/or best practice.

## Appendix A – Process for Managers

### Self-declaration by employee

1. Employee seeks help for a substance misuse problem.
2. Meet with the employee informally to discuss the problem. Explore reasons and possible underlying causes whether home or work related.
3. Employee admits existence of substance misuse problem and agrees to referral to the Council's Occupational Health Unit/School's Occupational Health Provider for advice and support to commit to seek appropriate help from his/her GP (**go to step 5**).
4. Employee does not admit the existence of substance misuse problem.
5. Refer to Council's Occupational Health Unit/School's Occupational Health Provider through the relevant existing procedure (e.g. Sickness Absence Management Procedure).
6. Arrange review meetings at agreed and appropriate times.
7. If employee improves, communicate this to employee and continue to monitor and encourage through agreed regular meetings (**go to step 10**).
8. If progress deteriorates or employee fails to improve at a satisfactory level, consider further action below (**go to step 11**).
9. If employee refuses offer/s of help or Occupational Health advises that they cannot confirm substance misuse problem, consider further action below (**go to step 11**).
10. Consider other appropriate ongoing support e.g. flexible working arrangements that may facilitate full recovery.
11. Finally, where problem relates to:
  - performance - consider action under the existing Capability Procedure
  - attendance - consider referral to Occupational Health Unit/School's Occupational health provider (if employee has not already been referred once)/action under the Sickness Absence Management Procedure
  - behaviour/conduct - consider action under the Disciplinary Procedure

### Management initiated action

1. Work performance indicates possible existence of substance misuse.
2. Monitor and keep records of particular instances.
3. Meet with the employee informally to discuss the problem. Explore reasons and possible underlying causes whether home or work related.
4. Employee admits existence of substance misuse problem and agrees to referral to the Council's Occupational Health Unit/School's Occupational Health Provider for advice and support to commit to seek appropriate help from his/her GP (**go to step 6**).
5. Employee does not admit the existence of substance misuse problem.
6. Refer to Council's Occupational Health Unit/School's Occupational Health Provider through the relevant existing procedure (e.g. Sickness Absence Management Procedure).
7. Arrange review meetings at agreed and appropriate times.
8. If employee improves, communicate this to employee and continue to monitor and encourage through agreed regular meetings (**go to step 11**).
9. If progress deteriorates or employee fails to improve at a satisfactory level, consider further action below (**go to step 12**).

10. If employee refuses offer/s of help or Occupational Health advises that they cannot confirm substance misuse problem, consider further action below (**go to step 12**).
11. Consider other appropriate ongoing support e.g. flexible working arrangements that may facilitate full recovery.
12. Finally, where problem relates to:
  - performance - consider action under the existing Capability Procedure
  - attendance - consider referral to Occupational Health Unit/School's Occupational health provider (if employee has not already been referred once)/action under the Sickness Absence Management Procedure
  - behaviour/conduct - consider action under the Disciplinary Procedure

## **Circumstance/event initiated**

1. Incident occurs where employee's behaviour appears directly linked to substance misuse.
2. Remove employee from work situation. Ask employee to leave the premises (arrange transport). It might be necessary to call the Police to remove employee if behaviour is unmanageable.
3. On return to work, take action as below as soon as possible
4. Meet with the employee informally to discuss the problem. Explore reasons and possible underlying causes whether home or work related.
5. Employee admits existence of substance misuse problem and agrees to referral to the Council's Occupational Health Unit/School's Occupational Health Provider for advice and support to commit to seek appropriate help from his/her GP (**go to step 7**).
6. Employee does not admit the existence of substance misuse problem.
7. Refer to Council's Occupational Health Unit/School's Occupational Health Provider through the relevant existing procedure (e.g. Sickness Absence Management Procedure).
8. Arrange review meetings at agreed and appropriate times.
9. If employee improves, communicate this to employee and continue to monitor and encourage through agreed regular meetings (**go to step 12**).
10. If progress deteriorates or employee fails to improve at a satisfactory level, consider further action below (**go to step 13**).
11. If employee refuses offer/s of help or Occupational Health advises that they cannot confirm substance misuse problem, consider further action below (**go to step 13**).
12. Consider other appropriate ongoing support e.g. flexible working arrangements that may facilitate full recovery.
13. Finally, where problem relates to:
  - performance - consider action under the existing Capability Procedure
  - attendance - consider referral to Occupational Health Unit/School's Occupational health provider (if employee has not already been referred once)/action under the Sickness Absence Management Procedure
  - behaviour/conduct - consider action under the Disciplinary Procedure

## Appendix B – Guidance for managers on holding a meeting

The focus of this meeting should be on support and assistance in dealing with what can be a very difficult and hard to acknowledge problem. Managers should be aware that there is the possibility of the employee not admitting a substance misuse problem for a variety of reasons even when all visible signs point to this.

It is important that the meeting is conducted sensitively and an awareness of the fact that the underlying problem may not be work related and may be very emotional for the employee.

Any meeting arranged with the employee should be done at a pre-arranged date and time within normal/teaching hours and ensuring that the employee is aware of the reasons why the meeting is being held.

Reasonable requests by the employee to re-arrange the meeting should be agreed, however the meeting should not be unnecessarily delayed.

Request by the employee to be accompanied by a trade union representative or work colleague should be granted.

The purpose of the meeting should be to:

- discuss the problem and explore the reasons and possible underlying causes whether home or work related
- agree a course of action committing the employee to seek appropriate help and support from his/her GP, referral to the Council/School's Occupational Health Unit/Counselling Service and/or review of working arrangements
- inform the employee of management's commitment to providing support in the workplace through regular review of progress
- explain to the employee the consequences of failing to improve work performance and/or attendance to an acceptance level

When conducting the meeting:

- ensure the meeting is held in a private room or office, free from interruptions
- prepare by identifying the structure and aims of the meeting
- be prepared for possible emotional response from the employee and focus on support rather than formal action
- have on hand any written standards of job performance and all documentation regarding failure to meet the standards
- stress that the meeting is around identifying possible support/solutions to enable the individual to improve and meet the standards required in order to avoid formal action being taken
- allow the employee to put forward their views including their suggestions for resolving the problem/s
- acknowledge the employee's positive contribution to the organisation

- if the referral to the Occupational Health Unit is agreed, inform the employee that the Occupational Health Unit will send him/her a letter confirming the date and time of the appointment
- fix a date if appropriate to meet again to check on progress
- keep a record of the meeting and any outcomes agreed

## Appendix C - Sources of Help

### **Bexley and Greenwich Resource for Alcohol (B&GRA)**

108 Bellegrove Road Welling, Kent. DA16 3QD

Telephone number: 020 8304 6588

B&GRA is an appointment only service. Please call for an appointment.

Services offered include:

- full assessment
- a day programme to help you to make changes so that you can live positively without alcohol
- support groups, including separate women's and men's groups
- evening groups for those who work
- evening group if you're affected by someone else's alcohol use
- counselling
- support and group programme if you've had problems with drugs in the past and now have issues with alcohol
- advice and information relating to alcohol problem

### **Bexley Drug & Alcohol Care Management Team**

8 Brampton Road, Bexleyheath, DA7 4HB

Telephone number: 020 8298 7372

Times: Monday - Friday 9am - 5pm

This service is for anyone resident in Bexley. Services include community care assessments, care Planning and aftercare support.

### **Bexley Drug and Alcohol Services, The Pier Road Project**

Erith Health Centre, 50 Pier Road, Erith, DA8 1RQ

[prpbexley.org.uk](http://prpbexley.org.uk), email [slm-trPierRoadProject@nhs.net](mailto:slm-trPierRoadProject@nhs.net)

Telephone number: 01322 357940

The Pier Road Project is part of South London and Maudsley NHS Trust and provides a range of information and support services for those affected by alcohol and drug problems to Bexley residents aged 18 and over, or their carers, relatives, or friends.

## **Welling Alcohol Service Provision (WASP)**

3 Central Avenue Welling, DA16 3AX

Telephone number: 020 8303 2818

A day centre helping people to live independent lives by overcoming their alcohol-related problems

## **Beat My Addictions**

A charity offering some free drug and alcohol services. They are based in Sidcup:

<https://www.beatmyaddictions.com>

## **Drink Line**

A free confidential national helpline for people who are concerned about their own or someone else's drinking.

Telephone number: 0300 123 1110 (free phone, 9am-8pm Monday to Friday: 11am – 4pm Sat-Sun)

## **Talk to Frank**

[www.talktofrank.com](http://www.talktofrank.com)

Telephone number: 0300 123 6600 (24 hours a day, 7 days a week)

Provides free, confidential information and advice, 24 hours a day.

## **Alcoholics Anonymous**

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk), email [help@aamail.org](mailto:help@aamail.org)

0800 9177 650 (Free National help line)

AA provides a confidential help line for people who are alcoholics or who have a drinking problem and who want to stop and remain abstinent. Callers are given details of local contacts and local groups that meet weekly in the Greater London area.

## **Narcotics Anonymous**

[www.ukna.org](http://www.ukna.org), email [pi@ukna.org](mailto:pi@ukna.org)

Telephone number: 0300 999 1212 (National help line)

Narcotics Anonymous is a non-profit society of men and women for whom drugs have become a major problem. NA offers a confidential help-line for people who want to stop using drugs and stay clean. NA provides telephone callers with information about weekly meetings in the London area.

## **Al-Anon Family Groups UK**

[www.al-anonuk.org.uk](http://www.al-anonuk.org.uk), e-mail: [helpline@al-anonuk.org.uk](mailto:helpline@al-anonuk.org.uk)

Telephone number: 0800 0086 811 (Free confidential Helpline)

Al-Anon is worldwide and offers understanding and support for families and friends of problem drinkers, whether the person is still drinking or not. Groups meet throughout the UK and Eire.

Alateen, a part of Al-Anon, is for young people aged 12-17 who have been affected by someone else's drinking, usually that of a parent. For information and details of local group meetings, contact the confidential help line.