



Western Australian Network of  
Alcohol & other Drug Agencies

**House of Representatives Standing Committee on Regional  
Australia**

**Parliamentary Inquiry into the use of 'fly in fly out' (FIFO) work  
practices in regional Australia**

**Western Australian Network of Alcohol and other Drug Agencies  
(WANADA)**

**Written Submission**

**March 2012**

## Introduction

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug service sector in Western Australia, offering advocacy and support to 90 member agencies, including metropolitan, regional, remote and Indigenous organisations.

WANADA wishes to submit that

- a) Fly-in fly-out (FIFO) workers, as clients, impact on alcohol and other drug services; and
- b) FIFO work impacts on alcohol and other drug use.

For this submission, WANADA consulted with member agencies in both metropolitan and regional Western Australia.

## Impact on alcohol and other drug (AOD) services

AOD agencies reported that they do not record data on the number of FIFO workers that access their services.

Metropolitan agencies reported anecdotally that the number of FIFO workers who access their services is small. While these services strive to accommodate FIFO workers their work rosters often do not allow them to meet regular appointments as frequently as may be needed. For the worker and counsellor, this means that the therapeutic relationship is often compromised.

*“The counsellor and client need to spend more time catching up, re-establishing the therapeutic relationship and discussing three or more weeks worth of activity and related issues, for example. This isn’t always achievable in the hourly time slots we routinely offer clients for a one-on-one counselling session. The extended time lapse between sessions consequently impacts on treatment outcomes.”*

FIFO workers are less able to access continued treatment for AOD related concerns due to the split time spent at home and at work. Coordinated care between metropolitan and regional services would require specific resources, and would currently place an additional burden on the limited resources of the AOD sector services.

Service type options are limited for FIFO workers, with their rosters not able to accommodate residential or intensive care if identified as needed.

*“Typically, these clients are only able to access one-on-one counselling sessions, albeit sporadically, irrespective of their need and potential suitability for group sessions.”*

*“The service fits appointments in to suit the FIFO client’s roster, however this impacts on the regularity of appointments made with other clients and affects the waiting list, particularly if regular treatment is a mandatory requirement.”*

*“The FIFO rosters are unsuitable for clients on pharmacotherapy treatments such as methadone replacement therapy. Work in remote communities is also not conducive to people on pharmacotherapy treatment.”*

Government and non-government AOD agencies in communities dependent on the FIFO workforce face extraordinary challenges in recruiting and retaining staff, partly due to the competition for workers and partly due to the lack of affordable housing.

“It is difficult to compete for staff when salaries offered by the mining industry are so high.”

“If you’re not working in the mining sector, to try and compete is really difficult. If you’re not working for government and working in community services, you’re really struggling.”

“The increased cost of living in Western Australia, particularly in mining related communities means that AOD sector workers cannot afford to live in the community they serve.”

“The difference between people who are able and willing to work in FIFO roles, and those members of the community who cannot, is widening... It is becoming like an apartheid. Housing for young people who do not work in the mining industry in some locations is non-existent.”

### **FIFO impact on AOD use**

While problematic AOD use is related to a range of short- and long-term health and social harms, AOD agencies reported that “family and relationship issues are the main motivator for FIFO workers” to seek information, support or treatment for AOD use.

Agencies also reported that “FIFO workers often want information about drug testing and how to use without detection.” Abstinence is the best way to pass drug tests, however agencies report that some FIFO workers choose to “binge on alcohol and/or amphetamines in the first days off work so that drug tests can be clear when they return.” This pattern of use impacts on family and relationships because the worker is “not available to family in those days, is impacted by ceasing heavy alcohol and other drug use while still at home with family, and then flies out to work.”

Many agencies reported that FIFO workers are not aware of the health impacts of alcohol and/or other drug binges and / or excessive use, and that the culture in many mining and construction communities supports this pattern of excessive use or bingeing. Agencies believe that FIFO workers often do not access treatment because they believe their AOD consumption is “normal” when in reality it places them at risk of short- and long-term health conditions. Agencies also report that because FIFO workers are generally on a higher income, AOD use may not be recognised as a problem because the user can afford to continue.

AOD agencies expressed concern that “FIFO workers are unaware of the risk to their health, both physical and mental.”

AOD services generally believe that the FIFO conditions contribute to problematic AOD use, with “extended leisure, long periods of separation from family, an increased disposable income especially for young unattached workers, limited access to regular and routine recreational activities, and an expectation/culture of partying while at home.” AOD services also generally believe that this has contributed to a general community “culture” of bingeing and problematic AOD use.

## **Recommendations**

- That companies that employ FIFO workers recognise the impact that excessive/binge AOD use has on their current and future workforce in terms of health and wellbeing, offer workers AOD education and links to AOD services, and support workers to engage in activities that either do not involve drinking, or which promote safer drinking.
- That unions which represent FIFO workers facilitate access to AOD education and AOD services for their members and promote the long-term benefits for individuals and families of safer AOD use.
- That government ensures that communities are provided with affordable housing options for community services, community workers, and the range of community members.
- That government and the corporate sector support and resource innovative approaches to positively changing the culture of AOD use in Western Australia.