

AI TRANSCRIPT FOR BRAAAINS PODCAST EPISODE 016 - ADDICTION (BRAAAINSPodcast.COM)

00:00:10 - Heather Taylor

Welcome to Braaaains, a podcast exploring the inner workings of our brains and how film and television portray them. Hosted by me, writer-director Heather Taylor.

00:00:18 - Sarah Taylor

And by me, film and television editor Sarah Taylor. Before we begin, we want to acknowledge that the lands from which we recorded this podcast are part of territories that have long served as a gathering place for diverse indigenous peoples. And we are thankful as guests on this land to be able to live, work, and gather here.

00:00:34 - Heather Taylor

On today's episode, we'll be talking about addiction and substance abuse with producer and mental health nurse Jenny Ng-Turner. We'll discuss warning signs, triggers, stigmas, the value of having the right support systems in place, and where you can go for help.

00:00:47 - Sarah Taylor

A quick reminder to our listeners that this interview should not be taken as medical advice. It is for informational purposes only because everyone's brain is different. Please consult your healthcare professional if you have any questions. Just a warning. We'll be discussing alcohol and substance use. And now, Jenny. Jenny, welcome to Brains. Thank you so much for joining us today. I'm really excited to talk to you about kind of both your worlds. You have a film hat, but you also have a mental health nurse hat that you wear. So I think it's a really cool mix.

00:01:20 - Jenny Ng-Turner

I do. Thank you so much for having me.

00:01:22 - Sarah Taylor

I want to ask you, just tell us a little bit more about who you are and how you got interested and started focusing on addiction in your work.

00:01:31 - Jenny Ng-Turner

Well, I'll start by saying that I'm a dog mom.

00:01:35 - Sarah Taylor

I love it. Me too. I have three.

00:01:40 - Jenny Ng-Turner

Yeah, I have a horse dog type thing, but I'm also a nurse as well. I'm a producer. Yeah. I'm also a martial artist and like to see myself as a bit of an innovator in the coming years. I'm actually not from Canada. I was born in Hong Kong, came to Canada when I was ten, and moved to Winnipeg, actually. And that's where I had been living as my hometown for quite some time until I moved to BC. So that was in the fall of 2019.

00:02:11 - Sarah Taylor

Oh, wow. Right before the pandemic.

00:02:13 - Jenny Ng-Turner

Exactly. We moved right in the middle of a pandemic. So, yeah, I was feeling like I needed a change in my life and approaching 50. I thought, if I don't do it now, it's going to be much harder later on. Yeah. So we packed up and moved. So here we are. As far as my nursing career. Yeah, gosh, I graduated in 1996, so it's been 26 years now, actually, for nursing. For me, I was drawn to it, I think, because of some of my personal experiences in my own life, wanting to help people. Mental health just kind of was something that I really was interested in through my nursing years in terms of just even starting with my nursing school, my practicum was in crisis intervention, actually. So I started off at a crisis unit. It was a nurse managed crisis unit, actually, which you don't find a lot. So I did some crisis mental health and then I did some home care coordinating. So case management. I feel like you can only do crisis for so long and then you need a bit of break. Yeah, I did some case management with home care. Certainly there was a wide range, but mostly with people who were more elderly and took a little break from nursing because I got a little bit burnt out and did some film for a little while. And I produced, but I actually started out as an actor. I was actually going to move to Toronto to pursue my acting career, pending if we were going to do this film, this feature film. So we got the feature film, so I did not move. So we produced this film, this feature film. I had no idea what I was doing, so kind of jumped in. Now I've done the feature film. It finally finished in 2018, and finally now delivering actually out to the world to see. And then I've produced a number of shorts. I've directed one short as well, and I've done some. A little bit of work in terms of the virtual reality world as well.

00:04:14 - Heather Taylor

How did you take the experience you had in nursing and take that into your work? Has it come into your work in any way, in terms of talking about mental health or the experiences that you've had?

00:04:26 - Jenny Ng-Turner

My goal is to try and amalgamate my two worlds together, to try and amalgamate my health background and also with television film. And I have done that to a certain degree because a couple of the films that I've done, especially the short that I directed, was about addiction. Even the teacher has some. He uses alcohol as a way to manage and to cope. You'll have to watch the film, but won't give it away. But it has definitely elements of mental health and using substance as a way to cope. And then hopefully in the near future, I'll be able to perhaps be more innovative and use virtual reality as a form of therapy and a form of education. Yeah. So that's like my future goals.

00:05:22 - Sarah Taylor

I'm curious to know. I feel like I've heard many different, I guess, definitions of what addiction is. But according to you and your training and also your experience of working with people who deal with addiction, what is your definition of addiction?

00:05:37 - Jenny Ng-Turner

Yeah. My definition would be people who are having issues starting with just their everyday daily life. How addictions or how substance use can affect their everyday life. Things like being able to get to work on time, attendance is an issue. Or if they have to use substances while they're working, but trying to hide it at the same time. And it starts to affect their finances, it starts to affect their relationships, it causes so many issues within their life, and it's no longer something that they can leave, but it's there with them. It's like a bad friend cripples a lot of people and they try and cope with trying to use at the same time, but ultimately just does not work for them. Everything sort of falls apart. They become physically dependent as well as mentally dependent. Know a lot of social issues. Right.

00:06:47 - Heather Taylor

Sarah and I both worked at a liquor store in Edmonton. And so I'd work day shift and you'd see, I'd have people come in and get little tiny travel, airline bottle size, and they'd get some of those, and then they'd come back at night after work and pick up something more. And so you would start to recognize your regulars, and it's a hard place to be in because there's not a lot you can do and they're not being disruptive or anything, but you know that they probably need help in some capacity.

00:07:19 - Sarah Taylor

I remember there was one man that used to always come in and he was so nice and so kind, and I always chatted with him and he's a lovely man. And then he stopped coming and I got really nervous and sad. Yeah, I felt sad that he wasn't around. And then I saw him at a subway not too long after I stopped working at the liquor store, and I was like, oh, okay, good.

00:07:39 - Jenny Ng-Turner

Yeah, it's interesting when you see people over and over and then you stop seeing them, you start to get worried. It's like, okay, wait a minute, something isn't quite right. Alcohol is out there. Marijuana is out there, right? In BC, we have safer supply, meaning that people can have prescribed illicit drugs. I mean, it's controlled, but it's out there, right? And it's very accessible. Right. Obviously alcohol, marijuana nowadays, that doesn't mean that everyone misuses it, but it is readily out there. The triggers are huge for a lot of things.

00:08:25 - Sarah Taylor

Totally. Seeing how much alcohol is around in everywhere and part of just everyday go for a drink with colleagues, go do this. And it's just so much in our culture, it can be challenging to be like, I'm not going to participate in that.

00:08:40 - Heather Taylor

One of my uncles is a recovering alcoholic, and he goes to bed really early because his trigger was evenings. So he gets up really early and he goes to bed really early because he's like, then it's not as big a temptation. But I want to kind of step back a bit and ask you, you said triggers. What are some of those triggers that you see? Because it's not just alcohol use, it's different drug use. Know, I think now we're definitely in North America for sure in an opioid crisis of

people who start using drugs to help themselves with injury. And then it goes on from there. But I'd be curious to know what are some of those triggers that you would see.

00:09:19 - Jenny Ng-Turner

Right. So with my work in substance use, we see a lot of people who have a lot of stress in life. They don't have a good outlet in terms of how to manage that stress. A lot of times it's learned behavior. Also, your environment is huge. How you grew up, your role models, all of those things are how you sort of cope with stress, right? So stress is a huge factor for a lot of people. Maybe it's financial stress. Maybe it's any kind of stress. I mean, you know, what stresses you may not be different for me. And then just having, like you say, access so much access to everything, the liquor store, you can get things delivered to your door so easily. And through the pandemic, I really feel like loneliness was a big factor as well. People not, perhaps they're not socializing the same way as before. The socializing piece is a huge thing to, to be able to get together with your friends and in person. And if you're not on, if you don't have any kind of devices and technology, well, I mean, that even further isolates you, right? People that just don't have a good sort of sense of how do I express my stress and my frustration with things? It's difficult. Communication is difficult for a lot of people. I always feel like if you have anxiety, it gets built up inside you, right? And if you don't have a way of express it either physically, which is actually a really good thing to try and have a physical way of expressing it, then it gets sort of stuck in you. Then now you start to like, hey, I need something to relieve my stress. And what's going to make me feel good? And then in the realm of feeling depressed, it's a very slippery slope. Okay, this makes me feel good, but then you get this sort of drop, right? Then it doesn't make you feel good anymore, but then you want your dopamine feel good hormone to come back. So then now you're back. It's a very vicious cycle for a lot of people. Right. Hard to get out of that.

00:11:40 - Sarah Taylor

At what stage in someone's journey do they find you?

00:11:43 - Jenny Ng-Turner

We get a lot of people who are actually just self referrals. Our clinic is very open that way. People can phone, they can self refer. Often they've heard of it from a friend of theirs or they have contacted the addictions line. Each province has some kind of addiction and crisis helpline. And then we get referrals from all sorts of places. Hospital. We get lots of people going to the hospital with addiction issues, especially with withdrawal issues. The illicit supply chain out there is full of benzodiazepines, which is a really hard medication to come off of. There's a huge withdrawal factor, which needs medical intervention. Right. So there's a lot of people that go to emergency with hard withdrawal and then just other referring agencies as well. I worked in a treatment center in Manitoba, in Winnipeg, and it was a male treatment center. I was always actually really glad to see someone come back because I feel like they've learned something or got something that created a good response for them. And even though they had relapse, they came back. Now they can learn a bit more from. Because you know what? Treatment is a recovery road. You can't learn it. You can't absorb everything within 28 days and feel like, okay, now I'm going to go out and live my life.

00:13:22 - Heather Taylor
Going to change everything.

00:13:24 - Jenny Ng-Turner
It just doesn't happen.

00:13:26 - Sarah Taylor
Well, we'll maybe talk about this more after. But that's the stories we see and hear sometimes on film and television. Is that, oh, I went to treatment. Everything's fine now.

00:13:34 - Jenny Ng-Turner
Yes.

00:13:35 - Heather Taylor
How often do people relapse?

00:13:37 - Jenny Ng-Turner
Many do. And it's all very individualistic. Some people are good with a couple of times, depending on their supports. Support is a huge factor. And then, yeah, some people are continually struggling and come back. That's okay. I'm glad to see them when they come back and seek help. Right. You take small wins when you can.

00:14:00 - Heather Taylor
We talked about environmental triggers like stress, but there has been conversation or things that I've read about or heard about around the hereditary nature of addiction. How much does that play in?

00:14:12 - Jenny Ng-Turner
Absolutely. So that's a huge factor as well. If you come from a family with substance use issues, it's a huge impact on your own life. Right. Again, it's that sort of modeling behavior that you learn as a child, if there's a lot of stress in your life as a child and that environment is very tumultuous and the coping mechanism is to use some kind of substance, then, yes, that has a huge impact. There are lots of studies that have certainly indicated that a lot of our clients come from histories of family substance use. Definitely. That's not to say that it's 100% right. Some people don't have. But I would say the majority of our clients that we see come from some kind of family history of substance use.

00:15:11 - Sarah Taylor
How does trauma come into play with addiction? I feel like often people might choose to go towards a substance abuse to deal with or cope with the traumas they've had in life. Is that how it always is?

00:15:25 - Jenny Ng-Turner
I would say that it's not always, but it's actually a good deal of folks that do have some trauma in their history. Lots of folks who have some abuse, trauma history, some kind of PTSD. There's such a range of issues. Right. That is a contributing factor, for sure. And then having said that,

there are folks that don't come from a traumatic history, and still they've found that this is some way that they can manage stress. A lot of it. Also with the opioid crisis, I mean, we've all heard about opioids being prescribed as pain management. That was a huge issue as well. Became physically dependent on it, and then it just kind of spiraled from there, kind of thing. So now you see a lot of the pharmacies are very stringent on. Okay. Checking to see if they're on other things and trying to make sure that people don't have too many things in their whole medication regime.

00:16:28 - Sarah Taylor

Yeah, I was prescribed once. Oxycontin, cotton, oxycotin. I never say it right.

00:16:32 - Jenny Ng-Turner

Oxycotin.

00:16:33 - Sarah Taylor

They had to have two prescriptions. Like, two different people had to sign it or whatever. And I was. Because I broke both my wrists and I had surgery. So it was like I was in a great deal of pain, but then my pain started to get better, and I was like. Then I understood. It felt really good in that situation. I was very scared. I'm very scared of drugs. So for me, I was like, okay, I got to stop. But what would you say? Or do you have any information for people if they start to notice? Wait a minute. I am becoming drawn to maybe substance abuse or use that's out of my control. How can we stop? Maybe before it gets really bad.

00:17:06 - Jenny Ng-Turner

I think that it's really important to find someone that you feel safe to talk to, first of all. And it's a little bit of a litmus test, right? Like, okay, I'm feeling like this. Is this really what's happening? What do you see? Find an objective person to talk to that you feel safe, of course, going to your. If you have a good relationship with your care provider or healthcare provider, so be it. A doctor, a nurse practitioner, a nurse that, you know, healthcare provider that can talk to you about what your options may be. Actually, the government of Canada website has their list of, in every province, kind of who you can call in terms of addictions as well as mental health. That's, I think, a good start to sort of unravel. Okay, what's been happening here? Kind of evaluate. Am I seeing? Because sometimes when you're in it, it's hard to see it. Yeah, right. But if you start to kind of recognize it and you're like.

00:18:14 - Sarah Taylor

Where?

00:18:14 - Jenny Ng-Turner

You're like, oh, no, it's not that bad.

00:18:16 - Heather Taylor

It's okay. And then you stay in it for a little longer.

00:18:21 - Sarah Taylor

I had my own journey with drinking, and I feel like you mentioning earlier the pandemic, how you

didn't have the social things. So I typically would go drink wine with my girlfriends, and then it's like, well, we're all home. We're zooming, let's all have wine. And then it became like, drinking more wine. There's nothing else to do. And then I had to pause and evaluate, like, this doesn't feel good. This is not healthy. I shouldn't be drinking this much alcohol, but luckily I was able to just not do it anymore. But that's not always the case. Right? And so I don't know, is it conversations about what alcohol is doing to us or why we choose to drink or why we choose to consume any sort of substance? Does that help people? I don't know. I'm just kind of brainstorming out loud for myself, too. But how do we have conversations about substance use that's not like, oh, you're now classified as an alcoholic, or you're classified as a drug abuser or whatever. How does it affect us as humans? How can we do it in a healthy way? I don't know. That kind of thing.

00:19:21 - Jenny Ng-Turner

No, those are absolutely good thoughts because there is always some kind of stigma attached. I feel like it's still out there in terms of, okay, you're an addict or you're labeled with a diagnosis, but at the end of the day, it's a slippery slope when it comes to the pandemic, dealing with stress. I think even for myself, I think checking in kind of with your friends is helpful. I check myself as you did, and some people can't do that. So I think if you have a partner at home, that sort of check with also, I think as a good healthcare provider, I think questions need to be asked there too. How often are you consuming alcohol or whatever substance? And then there lie in all the assessment questions. I think sometimes that makes people think of a little bit about, oh, I don't know. I mean, I worked with a doctor of natural medicine, and that was always part of my assessment in terms of how do you cope with stress? And that will open up so many things. Right. And if one of those things may be alcohol or kind of substance, then we kind of slowly open that conversation up a little bit. I think some honest conversation about how is this affecting your everyday social interactions? And then do you really need to go, when you go out and socialize, do you need to have a drink or can you have something else? I mean, I don't think people really look at, there's the Canada guide. Okay, drinking this many.

00:21:07 - Sarah Taylor

Yeah. Well, the number I remember reading it and being, oh, that's, I'm a heavy know, from what I heard and see in the media or whatever, I felt like, oh, yeah, a couple glasses of wine here or there during the week, that's fine. But then you add up how many glasses you have in a week. And I can't remember the numbers off the top of my head, but the amount that I thought was normal or average that I was drinking was way more than what is recommended, quote unquote.

00:21:35 - Jenny Ng-Turner

Yeah. And I think there are also different patterns of use. Right. Some people may not use drink or whatever during the entire week. And then on the weekend, it's a binge of drinking Fridays, Saturdays into Sunday kind of thing, and then stopping. Right.

00:21:56 - Heather Taylor

If you're bingeing, or for instance, if you're in an industry like film and television advertising, which I was into, or live in a place like England, where it's a culture of alcohol use, right. It's like you go

to the pub at one point had drinks at just alcohol was what you did all the time. You talked about support. So I was just thinking about this as you were talking about if this is the people that were the people you were with, or this is your work or this is what you do, and you realize that you maybe want to stop drinking or want to stop using other substances, but your community and the culture you live in isn't conducive to you not consuming. So how do you find support when I can't, like, I have to go back to my job, but there's this pressure. So how do you create support? How do you create a system for yourself so that you can have a better chance of, let's say, not relapsing because of your environment?

00:22:55 - Jenny Ng-Turner

Yeah. And so that's where it's really important to find certain groups of people that I think will provide that kind of support for a lot of our clients. They go to certain groups, certain AA groups, or certain smart recovery groups, na groups they go to to know people who are in the same boat with them and really spend time with those people instead of, even though your job requires you to do this, I think they have to really set some hard limits with themselves. This is where my job ends. This is where I go to do my socializing. Now, really, who you hang around with affects your life a great deal.

00:23:42 - Sarah Taylor

Totally, right.

00:23:47 - Jenny Ng-Turner

I had a client just recently and he relapsed. He realizes that his work friends, they were going out drinking after off he went with them even though he said, well, I'm just going to have one drink. It's a slippery slope. And that wasn't even actually his drug of choice, we call it. Right, but it's a slippery slope down from there. So you really have to put some parameters around. This is what's good. And I'm not going to put myself in that triggering kind of environment so that I don't fall down that ladder again and then having some good stress relief. I can't stress that enough.

00:24:28 - Sarah Taylor

Well, and you have your martial arts background. I feel like that comes in handy. I don't know. Do you ever be like, hey, you should come check out this class that I go to?

00:24:38 - Jenny Ng-Turner

Yes. My martial arts I've been training as long as I've been nursing.

00:24:44 - Sarah Taylor

Oh, cool.

00:24:44 - Jenny Ng-Turner

So, yes, for me it is very much. I mean, it's a lifestyle for me now. I've been training for so long, it's just second nature. But yes, no, it helps balances me. I also try and do lots of meditation and at work. I do a wellness Wednesday or self care Wednesday for the folks at my office. And we do like a 20 minutes meditation. I bring my dog therapy. Dog.

00:25:15 - Sarah Taylor
Love it.

00:25:18 - Jenny Ng-Turner
And we do that. Just things that help you balance your life. Work life balance is a huge thing I always try strive to have.

00:25:30 - Heather Taylor
Right. We didn't touch on this, but what does kind of your day to day look like when you're working with patients with addiction. Working with. As a mental health nurse, what is.

00:25:41 - Sarah Taylor
Your day to day?

00:25:42 - Heather Taylor
Who are you working with and what are you doing?

00:25:46 - Jenny Ng-Turner
So I work in the community. I'm not a hospital nurse. I've actually never really been a hospital lover who wants to.

00:25:55 - Sarah Taylor
I oddly had a like for hospitals, which maybe I need to investigate what that's about. But anyway, that's not this episode.

00:26:03 - Jenny Ng-Turner
The nurses that can do that and appreciate them so much, but I've always been a community nurse, so I work at a community office. It's a mental health and substance use office. So we have actually a number of varying disciplines that work on the team. So we have docs, we have addiction docs, we have mental health docs, we have woke rehab, we have ots that work there, nurses, social workers. So it's quite an eclectic kind of team put together. I love my job there right now, actually, but I do four days a week, and that's good.

00:26:44 - Sarah Taylor
Well, it's a big job to do.

00:26:47 - Heather Taylor
We don't want you to burn out.

00:26:48 - Jenny Ng-Turner
No. Well, since, yes, I don't want to burn out. I'm very trying. Careful about not burning out. You have to have that. And my day would entail having clinics with my doctors, seeing patients. I see them with either the addictions doc, or sometimes I see them on my own. We don't case manage, but we help a lot of people sort of look at holistically what's going on in their life. Typically, if you are not well in terms of substance use, your physical health is affected. You're probably not eating properly, you're not exercising, you're not sleeping properly. Your

relationships are probably not good. So there's so many issues. Your finances, you have emotional dysregulation regulation. Your moods are up and down constantly feel like you're in a fight or a flight mode kind of thing. You're on edge, right? Yeah. So, I mean, we assess all of those things to see if there's some way we can help refer someone to either our team that can help out in terms of counseling. We try and basically let them kind of tell us what they need, though, as well. Try and let them sort of, I guess, assess themselves as well, just having those conversations. Right. Sometimes people may not be ready to do counseling, but they know it's there. We're here. We're always here if you decide that this is something that you want to try.

00:28:22 - Sarah Taylor

Sounds like a great clinic. Yeah, it's amazing. Love it.

00:28:25 - Heather Taylor

I just want to come hang out. At your clinic, you said relationships. Obviously there could be difficulty with their relationships. But how does it then affect their family members and friends? Seeing someone that they love have substance.

00:28:39 - Jenny Ng-Turner

Use issues, it impacts them a great deal. We often also work with families, with our clients because they are a huge part of their support system, huge part of their recovery road. So they also need support. It is very hard for them to watch their loved ones go through all of the withdrawal, all of the really hurtful things that you don't. It's like watching if it's your child, very tough and for a spouse, equally as tough, because now you may have to carry some of the burden of a family, for example. And how do you sort of balance all of that stuff? So we work quite closely with families, too. We always respect that our clients have privacy that we don't want to breach. But if they're in agreement with having family there, we will definitely work with families. If the families need counseling, for example, we can refer the family for counseling. So it affects them in so many ways. But we feel it's important to involve family when people are wanting that because family oftentimes will reach out to, to us and say, my son is this, or my daughter and family will reach out first before clients will reach out. And it's a delicate matter because they're not particularly the client per se. You do have to kind of sit back and give as much information as possible. You can't make anyone do anything. Right. You need to come to that. Yeah, sometimes. And unfortunately, sometimes people have to get to that kind of bottom. Right. So it's very hard to, as a nurse, it's very hard to see that, too. Even though some of our clients are on some kind of opiate replacement therapy, sometimes they are still actively using. Right. But it's about harm reduction. Well, for me anyways, abstinence is great, but a lot of times it's not realistic for a lot of people. Right. So harm reduction is definitely something that we practice within our clinic.

00:31:01 - Sarah Taylor

I think that's a really good thing to say out loud because I feel like often we always think, well, no, you just can't have anything. But maybe that's not a reality for a lot of people and to know that there's other options out there that can be helpful and reduce the harm that they're experiencing and having, because, again, that's not something that we talk about often, or it's like talked about, but they're like, but I don't want that in my neighborhood.

00:31:24 - Heather Taylor

And then it's just, yeah, it's looked upon so badly. Like, oh, that's like a failure. But you're like, no, it's a success. It's a move forward.

00:31:33 - Jenny Ng-Turner

Small successes.

00:31:34 - Sarah Taylor

Yeah. We need them in all parts of our life.

00:31:36 - Heather Taylor

Small successes.

00:31:39 - Jenny Ng-Turner

Yes. It's a spectrum. Right. It's not black and white. Mental health and addictions go hand in hand, first of all. And it's never a black and white thing. Right. Lots of grays in between.

00:31:52 - Sarah Taylor

Yeah.

00:31:53 - Jenny Ng-Turner

And I think working in that era, you have to be malleable and flexible to see that. Right.

00:32:01 - Heather Taylor

Yeah. There's conversations, too, about, like, with mental health or certain cognitive disabilities that people, they're undiagnosed. There could be substance use because it's helping relieve something. So even, like, I have ADHD, there's a lot of conversation about how, yeah, cocaine is great for someone with ADHD because it's a stimulant, but that's just you trying to figure out how do I get my brain to level? But it's not usually the best choice. Getting diagnosed and having the right medication is much better choice.

00:32:36 - Jenny Ng-Turner

Absolutely. And people are self medicating all the time because they're trying to find a relief. They're trying to find some kind of emotional regulation, as I said. And so, yeah, I mean, people are self medicating, and we have to kind of look at it in that way, not just, oh, you're drinking too much, or why are they going to that substance? What is the crux of the issue here? The band aid solutions on there, but that's just not going to treat properly.

00:33:07 - Sarah Taylor

Well, let's bring it back to film and tv. I want to know creative stuff. Are there any movies or tv shows that you think capture addiction in an accurate way? And if not, I think there probably is maybe. What would you like to see more of in our world of film and tv people?

00:33:26 - Jenny Ng-Turner

I feel like there are a lot out there. I feel like movies and television that touch upon addiction and substance use. A lot of really talented, famous people that we kind of never even knew use

substance. Right. And I think the most recent film that, it's not even really that recent, but it's called a beautiful boy. That really, I don't know if you guys have seen that, but it talks about opiates and just how the family struggled and how as much as they wanted to help, they actually just had to preserve themselves because you can go so far into trying to help, but if the person's not ready, they had to let that go, and that is so hard to do. That movie was to me, it just resonated, really, of all the families that I have to deal with sometimes watching their son or their daughter go through that. But you have to have limits for yourself, right? Your own mental health needs to be just as important as well. What can I think of, like, 28 days with Sandra Bullock? That's another one. A female dealing with alcoholism. There are a number of the AA, actually, how AA got started. There's a movie, I think it's a tv series, like, a long time ago, like 1989. My name is Bill. I think it's called. I actually haven't seen it myself, but I know it's out there, and people have watched it and said it was good. Do you guys know Gabor, mate? Yeah. So he recently done a feature on. It's called the wisdom of trauma, I think.

00:35:13 - Sarah Taylor
Okay.

00:35:13 - Jenny Ng-Turner
Yeah, that was actually really interesting as well. I think it's out right now. It won a bunch of awards and festivals, and I think it's sort of traveling right now. There was a period when you could watch it free, and you can still watch it. I think they take donations, so any amount, really. I think more and more, it's portraying addiction and substance use.

00:35:34 - Heather Taylor
Bit sort of less glamorous. Like, fear and loathing in Las Vegas is very. Yes, yes, and.

00:35:43 - Jenny Ng-Turner
Yeah, yeah. I feel like there are some definitely that are very true, and then some that still know bringing glamour, know some of the stuff that really shouldn't be that way.

00:35:54 - Heather Taylor
What would you like to see that you haven't seen yet? Maybe us. Who knows?

00:35:58 - Sarah Taylor
Maybe you.

00:36:01 - Jenny Ng-Turner
Well, I think because I want to do projects in virtual reality, that's where I would like to actually do something that's immersive for people to actually be able to sort of feel what that other person feel like when they're in that situation. I think that extra level of immersion and trying to build that empathy, or trying to have that empathy feeling so that people can try and understand what folks with addictions and substance use go through or trauma, so have a better understanding of what kind of suffering they might go through.

00:36:42 - Sarah Taylor
Yeah, I feel like often in film and television, we see them out of control, or you're like, whoa, how

could they get that bad? And we're not actually understanding what they're actually feeling, know what's going on inside of them.

00:36:57 - Heather Taylor

I don't know what you think of nurse Jackie, if you've seen that at all.

00:37:01 - Jenny Ng-Turner

I have not seen.

00:37:03 - Heather Taylor

So because she starts, like, you see how she's utilizing. Like, she is having an affair with the pharmacist. So that she can get extra opioids because it was from her. She had a back injury as a bad back. And so she is in immense pain, but is also using because I think it's become like an addiction as well. So it's her trying to juggle this life of her being this nurse and in the pilot episode and giving it away, you realize that she has a family at home. So it's like this man that you thought was just her boyfriend is actually this man she's having an affair with because he has access to the things that she needs. But it's more complicated than that because it's also a relationship. So it's just like an interesting thing of what pressure does to you. Like you said, stress, what pain can do and how you try to hide it all. Should never ask for help. Really?

00:37:54 - Jenny Ng-Turner

Yes. Well, because nurses are supposed to be the helpers.

00:37:58 - Sarah Taylor

Yeah.

00:38:00 - Jenny Ng-Turner

How do you ask for help when you're supposed to be the one that's helping people? The office that I work in is south Van. So I'm not like, downtown in the core. I also work downtown in the core in downtown east side every once in a while. And the addiction issues are very forefront there. It's right there. Right. When you work sort of more in the rural but off sort of downtown area, people kind of. Yeah, they hide. Like you say, I'm trying to manage my life. This is how I'm managing it. And they don't talk about it. That's talked about. And then it's socially acceptable sometimes depending on your work, social function. So it's everywhere. It's everywhere. People have to be more attuned to sort of what's going on around them because I think oftentimes we just sort of turn a blind eye to a lot of stuff that we shouldn't. I walk down the street. If I see someone who is walking a certain way, I know that there's issues. Right. Because certain opiates. I don't know what it is. There's something that I just recognize, maybe it's just I've been working in this field for a long time. I just know. So if I see them, I just will kind of check in. Are you doing okay? That sort of thing. I think instead of being fearful of, oh, my God. Just asking someone, are you doing okay? Yeah, I think really sometimes just help.

00:39:36 - Heather Taylor

What are some resources that you'd recommend for our listeners to engage with? They want to know more about addiction or if they're maybe facing addiction themselves and they starting to

realize actually, I may be using substances in a way that may not be helpful for me. What are some resources they could look at?

00:39:49 - Jenny Ng-Turner

So wherever you are, there's always some kind of crisis line to start with. If you're in Cris, right, and you really feel like you're not safe on your own, you need to seek help right away. So crisis lines are always there. Addictions, know, in every province, it's there. Nowadays, there's so many podcasts out there, too. Books and buy them on Amazon. They just deliver them to you. I feel like there's such a wealth of resources out there that people can. And I feel like a lot of the help is self help though, too, right? Because there is so much out there. And I think know your relationship with your healthcare provider is important too, because that may be somebody that you feel comfortable going to and talking about it, right. And saying, feel like maybe this is an issue and maybe it isn't, but that outside perspective, or if you have a friend that you kind of trust. And definitely people do, oftentimes just end up going to a walk in because they're having such a hard time. And we try and do some education for our primary care folks out there, too. I feel like it's a topic that, yes, there's stigma, but also there's a huge, I think, start to try and educate a lot of folks about all of that stuff. You see postings, like at the liquor store kind of thing, too.

00:41:26 - Sarah Taylor

Yeah, that's true.

00:41:27 - Jenny Ng-Turner

Right. I think it's a bit of a requirement, but it's good. Right. And I don't know whether any of the cannabis stores have any kind of postings like that, but I think it's equally responsible of those places to post where you can get help.

00:41:47 - Heather Taylor

Yeah, you said podcasts. Are there any that you listen to? You may not listen to anything because you work in this every day, but are there any that you like?

00:41:56 - Jenny Ng-Turner

Yeah, the one that I listen to is more for care providers. But having said that, I mentioned the smart recovery group, and there is a smart recovery group app. So there are apps as well that's actually quite good. It lists all the meetings. It has daily motivations. I always promote it to my clients. There's also apps where you don't use alone, where you don't use a loan. If you're not with somebody, at least you have something accessible that you tell someone that you're using. If you're not responding back by a certain amount of time, 911 might be called. There's sort of safety checks that you can have with AA. I think there's a meeting app as well where people can. And then, of course, with virtual meetings, people can do that. If they don't feel like I can meet with a whole bunch of people right now to do that. They can start by doing an online.

00:42:56 - Sarah Taylor

Yeah. Maybe a little bit easier to get into that world for some people. Yeah. Because it'd be kind of intimidating. I feel like maybe to walk into an AA meeting for the first time.

00:43:06 - Jenny Ng-Turner
For sure.

00:43:07 - Heather Taylor
To end our conversation, would love to have you say, what are you working on now? How can people find you? How can people find your film that you've just finished working?

00:43:17 - Sarah Taylor
Tell us the name.

00:43:18 - Heather Taylor
Yeah, tell us.

00:43:18 - Jenny Ng-Turner
We all want to watch my feature. A desperate road is out on tv. Free to watch, actually. Okay.

00:43:26 - Sarah Taylor
Check it out.

00:43:27 - Jenny Ng-Turner
And it's also on Amazon Prime. I think the US, it's on Apple TV as well. We're working on building our website, so I will soon have all my stuff on there. My husband and I, just about a year or so ago, started a sound business as well. So we do sound design. So we're trying to sort of amalgamate some website together to have everything.

00:43:52 - Sarah Taylor
And what's your sound company with your husband? What's it called?

00:43:55 - Jenny Ng-Turner
It's motion beach film and sound.

00:43:58 - Sarah Taylor
Very cool.

00:43:58 - Heather Taylor
Amazing. Thank you so much for coming to speak with us and know, imparting your wisdom on us.

00:44:06 - Jenny Ng-Turner
Thank you for having me.

00:44:07 - Sarah Taylor
Awesome. Thank you.

00:44:10 - Heather Taylor
I was really glad that you met Jenny, because you met Jenny as part of the Banff spark

program, that you did the accelerator program. And I was really glad that you met her and that we were able to have this conversation, because I think alcoholism specifically in our family, is specifically such a big thing in our family. And I know for myself, I talk about this often. I talk about the secrets of our family that we don't talk about, specifically the alcoholism. And then how I was always afraid for the other shoe to drop, that if what is too much, am I going to become an alcoholic? And for me, took a long time to understand that alcohol would allow my impulsivity to come out more. So then I was doing things that weren't safe for myself in a lot of capacities. And though I was never an alcoholic, and I went back and forth with not drinking at all for a large, extensive time. And now I haven't drank any alcohol for. In January, it'll be five years. I realized it just didn't serve me, was not allowing me to pursue what I wanted to pursue. I realized I never needed alcohol in the way some people use alcohol socially for lubrication. I never needed that. So I did have the question a lot about is alcohol servicing me in the right way? Is this the life I want to lead? Knowing and thankfully not being an issue because of addiction. But I knew that I was sometimes using it in capacities that weren't always the best or wasn't bringing the best out of me. I was fun, but did some stupid shit. Like real stupid shit.

00:45:56 - Sarah Taylor

Well, and obviously, as your sister watched you navigate this on and off again sort of relationship with alcohol. And there was a few times in my life where I had stopped drinking, typically after a very traumatic moment of consuming too much and blacking out. And so I mentioned earlier in the interview that during COVID my alcohol consumption went way up. And I noticed how it was impacting my mood and my anxiety and feeling depressed and stuff just heightened. And I decided I need to investigate my relationship with alcohol. And for me, I read this book called this naked mind, and it sort of explained the science of what alcohol does to your brain and a lot of the things I was experiencing and living with the guilt of things that had happened when I drank and the waking up at three in the morning after having a night of drinking and feeling like, why am I doing this to myself and saying, I'm not going to do this again, and then doing it again. And so this book kind of, I felt very seen reading it because I had experienced all these things that this woman, Annie Grace, was talking about. And so in this book, she said, you're going to stop drinking after you read this book. And I was like, that's bullshit. That's not going to happen. But then I did. But I was already curious about investigating a sober life. So same thing that you kind of went through. I was very in lots of unsafe situations because I was drinking. And I definitely drank to the extent of being blacked out. I drank to self medicate before I started investigating my mental health. And so I definitely had a very unhealthy relationship with alcohol. So I am proud to say, as you have five years sober in January, I just passed my one year sober in August, or alcohol free, whatever you want to call it. It's felt really good to just not be thinking about alcohol anymore.

00:47:47 - Heather Taylor

I was going to say, it's interesting about the word choices that we use, because often sober is put in this idea of people who feel like they are alcoholics or they're using substance abuse in a way of what would be termed, at one point was termed an addict, it doesn't matter how we get there, whether it is something that I think that everyone has their own struggles and their own reasons why or their need to do so, or that it could damage their life. Like, I've seen alcohol damage a lot of people's lives. And so, yeah, it's weird because I said, oh yeah, I'm sober. And

someone was like, well, but you're not an alcoholic. And I'm like, that's true, I guess, alcohol free, but I still am sober. I don't drink alcohol.

00:48:28 - Sarah Taylor

Yeah, you don't consume any substance?

00:48:30 - Heather Taylor

No, I don't. I never had because I was always afraid that I'd get addicted. But it's totally like with someone who has ADHD and you have these compulsions, like, you do fixate on things. I never wanted to fixate. I was always scared if I ever tried drugs that I would fixate on them. That really just always was in my mind. And I'm like, I can't go down that path. And so I made that deliberate choice.

00:48:54 - Sarah Taylor

Yeah.

00:48:55 - Heather Taylor

Jenny has actually provided us with a lot of additional information that goes well beyond the podcast because there's no way to cover everything. So I'm going to drop that all into the webpage. So please check out our website, brainspodcast.com. It'll be under addiction and substance use. You'll see the episode in the episode notes, I'm going to add in all the things. It will be long and glorious and hopefully helpful.

00:49:18 - Sarah Taylor

Yeah, and I just want to quickly say too. So Jenny, as Heather mentioned, was part of the spark program that I was in. And we have this WhatsApp chat group with all of them, a bunch of the group that were in my cohort, and we all call her nurse Jenny because she comes on and she's like, hey, everybody, make sure that you take a break. And she's always like checking in on everyone and just like, she's the most loving, wonderful human and I feel so honored to have gotten to know her and just still have her in my phone messaging every once in a while and spreading love and yeah, she's a lovely human. So thank you, Jenny, for being awesome.

00:49:54 - Heather Taylor

Thank you, Jenny. I guess it's time to. I guess so. I know. I just want to talk all the time. I want to just say to our audience that's listening just a like, thank you so much for being here. Every week we see the numbers. They're not just numbers, they are people.

00:50:11 - Sarah Taylor

I know. And it's so like I almost cry every time I look at those, because those people are taking time to listen to us. Yeah.

00:50:18 - Heather Taylor

And reaching out.

00:50:19 - Sarah Taylor

And we're both misty eyed right now.

00:50:21 - Heather Taylor

Always misty eyed. We have to cry at some point every episode. But I did want to say, if there are subjects that you want us to talk about, we definitely want to be able to give you things that you want to hear about. So just let us know. Anyway, so thank you for listening to today's episode of Brains. Brains is hosted and produced by Heather and Heather Taylor and mixed and mastered by Tony Bao. Our theme song is by our little brother, duffish, and our graphics were created by perpetual notion.

00:50:49 - Sarah Taylor

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00:51:09 - Heather Taylor

And I'm your host, Heather.