



Makara patapa / quit smoking

Podcast transcript

Introduction

The makara patapa program is a TAC initiative, as part of our holistic approach to health and wellbeing, supported by the Department of Health Tasmania.

Episode 1: Jay McDonald

Introduction:

Ya everyone. Nunami here, In 2022, I was asked to travel across Lutruwita and record our community stories of quitting smoking.

I heard so many great success stories of our people who managed to quit and got a good picture of why our people chose to quit, how they did it, and what supports they were able to access along the way.

This is the makara patapa podcast.

Nunami:

I'm here at the Tasmanian Aboriginal Centre in Launceston with Jay McDonald, the smoking cessation and AOD worker.

Jay:

I work in the TAC's quit smoking program and alcohol and drug program. I've been operating the quit program for probably the last six or seven months now. I've taken over from Tina Goodwin and then Carla Jennings and they both done wonderful jobs and other people at the organization have: of laying the groundwork for the current program and what it looks like

The quit program currently is contacting as many community members to try and identify who is a smoker and who isn't. To try and also pass on information regarding the program, what it looks like and what we can provide in the space of quitting.

So the information we normally provide is around nicotine replacement therapy. That's the oral therapy, which is the lozenges, the gum, the spray, the inhalator.

And we also provide information around the patches and combining both of those forms of therapy. So we call a 'combination therapy' or dual therapy. we talked to people about that. The combination therapy offers a better chance of success when people are ready to make a quit attempt.

So, I speak to a lot of individuals around that, just notifying people in the community of their options in this area. And then we also talk about environmental, social and emotional triggers.

We talk about setting up a quit attempt, how they might look for some people 'cause everyone is different of course and just providing as much information pre-making an attempt as possible



Tasmanian Aboriginal Centre

when somebody is contemplating a quit attempt. So they can be better prepared and possibly have a more successful outcome - just educating the community.

I also get around our staff in each area in Hobart, Bridgewater, Devonport and Burnie and we do staff education on the nicotine replacement products.

Yeah, pharmacotherapy options, champix and also the patches, how to use them so that the frontline in staff are a bit more aware of those products in dual and combination therapy and just providing a quick information or in brief intervention to community members if they raise wanting to quit or having issues with nicotine and smoking

The more we're educated in this space and the more as individuals were educated around what products are available to assist us, including how to use them together -'cause, that's a big thing.

We use the patch and put that on and it's slowly releasing nicotine over the day in the background, whereas the oral therapy is the lozenges becomes the sprays and until later are used to deal with the craving right there and then.

So sort of using the different products and different things and if you understand how to use them better in conjunction with each other and also in conjunction with talking to somebody - myself or another worker and other health support worker or even family member who doesn't smoke.

Discussing your cravings and your feelings around the addiction that tends to work better. There's a much higher success rate.

Now does that mean that people are always going to quit straight away?

Well, no, because we know that smoking is one of the hardest things to give up. It's a chemical addiction, the physical addiction and mental addiction. And like I mentioned, the environmental, social and emotional triggers are always there.

It's very hard to quit and there's a reasonable likelihood that a lot of people listening to this, that are going to make a quit attempt might relapse

But is that a failure? No, it's not.

Just in regards to the program, I think it's vital that we put out there that, you know, quitting cigarettes and other addictions, specifically cigarettes in this case is a lifelong journey. It's not a linear process of stopping and starting. We wish it was for all of us, but it's not. Like life it's gonna be up and down. There's gonna be attempts and false starts.

But are they negatives? No, they're not.

You learn from each attempt:

- What works for you,
- What doesn't work for you
- What can I put better into play that's gonna deal with the cravings more?



Tasmanian Aboriginal Centre

- Is there certain situations I need to avoid at the beginning that are gonna probably possibly put me into a position of relapse.
- I worked with the chewing gum but didn't use the patch. Maybe I should work with both? And how does that combination look for me?

I think in relation to smoking that if we can educate, if people can try, begin to try with a more informed decision making process around the quitting that they're more likely to have success long term.

Now it might not be straight away, but they're gonna learn from that quit attempt and they're gonna learn well "rightio, I really do need the stronger patch, I really do need to use the chewing gum and the patches and maybe like a spray to when I'm out and about having a socialize with people going out for a meal when there's these certain triggers in place"

Because we do know that these triggers are very strong. They're learned responses over the years and years and years. The neural pathways are quite strong, so we need to have therapy options, that are gonna try to replace those neural pathways and, you know, just help people out.

So is it failure? No, it's not.

If you've tried, you've informed yourself, and you've had to go and it didn't quite work this time you can reset and go again.

Personally, I was previously a smoker myself and I smoked on and off for years and I'm now going on nine months without smoking. But I've relapsed three times in that period. I haven't smoked now for going on four months at all, but I've relapsed three times like 2 smokes here, three there, for there.

I do know how it's significantly hard it is.

But is that the failure? Well, no, it's not, because I haven't taken it back up.

But even if I did - I would know what worked and what didn't work last time and I would have to try to focus my energies in on that, so there is no such thing as a failure if you're having a go.

Because failure is I guess we get to the end of it all and we pass away from smoking

We want people to be educated and to try their best in their circumstances for what they've got.

Nunami:

Was that the first time that you had tried or had you been trying?

Jay:

Oh no, it certainly wasn't. I quit quite a while ago for about 2 ½ or 3 years but I wasn't as heavy smoker back then. This time I was a much heavier smoker and I used the patch in conjunction with the spray again, and then I took the patch off after about six weeks. But I would suggest that most people who smoke use it for 8 to 12 weeks minimum: The patch in conjunction with oral therapy of some sort.



Tasmanian Aboriginal Centre

Nunami:

How did you go like identifying your triggers, did you keep a good lookout before you even try to quit smoking and try and figure out what they were?

Jay:

Yeah, I certainly knew mine.

Socializing with friends in certain circumstances, and I knew that I'd wanna take the spray with me because if I was having a socialize with friends and I was out and about that was a highly volatile situation for me 'cause I have friends that smoke and I go outside and I'd want to go outside and have one too. So I would have me patch on and then use the oral therapy. And that would take the cravings away, and even before the situation presented itself, I'd use the spray.

A lot of people just aren't aware, we're not aware because we don't have to be until it becomes a problem. That's where this job comes in where you can make people aware of it, talk about their different triggers and realise:

- Oh yeah, I do have this. This triggers me.
- Or, yeah, I do have that.
- That triggers me when the kids are playing up, when my partner comes home from work or if we have an argument or when I'm at work.

You know, they can be massive triggers and we don't even realize till we sort of step back and have a look.

Nunami:

What was the main reason that you wanted to quit?

Jay:

Two reasons: One, I was unhealthy, I could actually physically feel that I didn't feel well, from it I knew I just made me feel unhealthy and to the second reason is probably because of the COVID to be honest.

When the COVID was around and I knew, I knew the effects of COVID on smokers is significantly a lot stronger. There tends to be towards people that smoke and their lungs were a bit more compromised. So, I sort of decided to make a decision before that and before I even took this role on. For now I need to stop this. This isn't healthy in myself.

Yeah, I do. I feel much better for it. I can really feel the difference when I do exercise and walk and move.

Nunami:

How long were you smoking form?

Jay:

Oh, this time around, probably heavily for about a year and a half - two years and probably on and off socially for all last 10 or 12 years



Tasmanian Aboriginal Centre

Sorry - No, probably six. I had a two-year break, but either side of that, probably six years.

Yeah, yeah, but if you want to make significant change in this area you have to be ready. Like any addiction and smoking's, it's ingrained in our lives so when somebody is ready, even before they're ready, but they're contemplating change regarding smoking - contact us.

We can talk you through your options. We can talk through how to set up a quit attempt.

You don't have to go straight into it. Some people might want to go straight into it and we can arrange to drop them off the oral products and some patches for a week Then they have to book back in after the week and see the doctor to get the patches on a script and through the PBS.

So that makes the patch much more affordable. We can continue to assist with some oral therapy in the meantime and yeah, talking through those processes.

So if someone looking at quitting, give us a call. Make contact with your local health service and speak to a nurse and then they can refer to me or even if you don't want to speak to me, speak to a nurse or a doctor.

Recently had a client: she's managed to quit after a long battle with it. I think over the journey each time she tried. Then when I look back, she's probably got better and better each time. Some other people it would be significantly hard every time 'cause it's a chemical addiction.

Every time it's going to be hard for them. But they develop some sort of Internal will power, I guess over the journey and they also combine it with the nicotine replacement therapy in the patches and they understand it better. So they're able to go longer and longer each time to a point where they might be able to quit.

Everyone's journey is different. That's the that's the beauty of it.

We need to understand that in this work, everyone in a different place. Regarding change in their life, and we understand and respect that and we try and work with that and where they are and listen to their story.

We work in a space where addiction is the main thing that cigarettes are insidious in the sense that they're legal cigarettes you can buy anywhere, they're legal. They've been part of people's lives predominately for a long time.

In most cases we understand the statistics behind it. If a 15-14-year-old takes up smoking, it normally takes 16 to 20 years to quit if they do quit. If people smoke after 45, which a lot of people do, they smoke for twenty 30-40 years later and they are 3/4 of the time more likely to die from a smoking related cause.

So it's normally a lifelong journey. The smoking journey is part of people's lives and it's so hard to quit. So, we've got to listen to their story, understand where they're coming from, the amounts they use, when they use, what triggers them. And then we've got to try and work within their journey to try and help them quit.



Tasmanian Aboriginal Centre

And everyone is different. So, understanding people stories a big part and us black fellas, that's what we like to do. That's how we like to communicate through the generations, through the story.

So this is no different.

Nunami Outro:

Ya Everyone, Nunami again - thanks for listening to the makara patapa podcast. A podcast series by the Tasmanian Aboriginal Center with support from public Health Services Tasmania.