



## 蘆葦營九月 快訊

### Reeds Recovery *Express* September

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壓傷的蘆葦、祂不折斷，將殘的燈火、祂不吹滅。……以賽亞書 42:3

*A bruised reed He will not break, and a smoldering wick He will not snuff out... Isaiah 42:3*

**促使成癮者及家屬從物質及成癮疾患走向康復，獲得生命的清醒**  
**To facilitate recovery and sobriety among addicts and their families.**

## Latest News

1. The Taiwan Aids Foundation invited us to share in their drug abuse prevention education and training for their volunteers in August. Watching this group of energetic young volunteers eager to enhance their professional knowledge to better help addicts was such a great encouragement.
2. China University of Science and Technology invited us to talk about drug addiction in early October. We hope that through our presentation, the students will realize the reality of "Drug high, toxicity and addiction", and learn appropriate and practical ways to confront addiction.
3. Scheduled for late October, the Eastern Taiwan Mental Health Network has invited us to talk to mental health professional working with alcoholics about alcoholism and recovery. Alcoholism is indeed a severe problem in Eastern Taiwan, where resource is meager. We hope that this lecture will not merely be a transfer of knowledge, but also a collaboration of resources.

## Education and Training

### Job Shadowing-- Liao Fangfang, Social Worker

As a hospital social worker, I have the opportunity to help alcoholics mainly because their long-term drinking caused gastrointestinal diseases that landed them in the emergency room or in-patient wards. Sometimes it's also because of their inability to pay their medical bills or failure to comply with medical treatment by drinking while hospitalized. I help with contacting their families and payment assistance, but my advise to "drink less" is totally moot! Again and again, they show up for medical treatment. Some have tried to stop drinking, but were unsuccessful. The frustration, helplessness and hopelessness reflected in their eyes convey their bondage! Deep enslavement! And I? Besides offering financial aid and contacting their families, I'm equally helpless in the face of their repeated medical needs.



Social Worker Liao(left). Regardless of the demanding program and exhaustion, I can't pass up the cool breeze and rustic beauty of Hualien!

Wanting to know how to help the alcoholics, I went to Reeds Recovery Center to observe their program for 2 weeks, and was duly impressed. Through the course content and experiences of the people in treatment, I came to understand the addictive nature of alcoholism, that it's not an issue of cutting back, but absolute abstinence. Indeed, alcoholism is a disease. Like patients of other chronic diseases such as heart disease, hypertension and diabetes, alcoholics must sustain a lifelong effort to maintain good physical, mental and spiritual health through a variety of ways in their recovery.

Thereafter, I attended several AA (Alcoholics Anonymous) groups to observe how each alcoholic maintain abstinence and sobriety on a daily basis. I'm deeply moved by the sharing in AA, and realize that

after leaving a recovery center, an addict can indeed live a sober and meaningful life! In particular, I greatly admire the depth of seriousness, spirituality, compassion and acceptance of some of the members! I have now found my answer to what I can do for my patients with alcoholism.

## Reality of Ketamine Addiction—Case Example

Another ketamine addict came to our Center recently, and once again we're disturbed by the fact that he experimented with ketamine, believing that being "only" a club drug, it would be non-addictive....

Aged 25, Cao was a high school junior when he started smoking ketamine at parties, but by the time he was about to graduate from college, he was already buying from dealers. By then he was snorting about 3-5 grams of ketamine daily, but unable to achieve the effect he felt when first starting out. After graduation, the attraction and euphoria of a romantic relationship reined him for about a year, but soon after his engagement, he began using again. To avoid discovery, Cao used cautiously, but lost total control after his marriage, and has been using heavily and addictively for the last three years.

When he first came to us, Cao still doubted that his ketamine use was out of control or severe because among his user friends, he did not know of any who is addicted. He also felt that neither using nor not using ketamine has little influence on him, and thought that being a Schedule 3 drug (in Taiwan), ketamine would not that addictive.

With increasing disease awareness, Cao began to recognize his gradual loss of control. When he first bought ketamine with his own money, he was conscientious of cost and would price compare, but eventually he only feared not getting the drug. His ketamine tolerance increased to the point where the effect would last only an hour, after which he would experience anxiety, such as feeling disorganized, sweating profusely, unable to concentrate, feeling insecure, and desperate for ketamine. Regardless of his family pleading, calling the police, hitting him, and controlling his money and movements, Cao always managed to use ketamine by getting his friends to deliver the drug or waiting for his wife to take a bath. Ketamine became the center of Cao's life, but still hoping to both use the drug while maintaining his family and job, he attempted to control his use, such as buying only a small quantity at a time to escape detection by his family. Nevertheless, there is no concealing the truth. Cao invariably lose control, and the cycle of family chaos, panic, pain and despair would repeat itself. He had also experienced 5 episodes of K-cramp, a ketamine induced inflammation or blockage of the bile duct, and often the precursor of lower urinary tract symptoms in ketamine addicts.

After a week of rehab and addiction counseling, Cao not only saw his loss of control over ketamine, but also his loss of control over his post-acute withdrawal syndromes. He began to realize that after using ketamine, he loss motivation in his work and life, and his thinking became negative. For example, as a realtor, he used to be diligent about client oriented customized service, but became passive "just get the job done" in his attitude, and deteriorated to just getting by, and finally to ignoring clients. He became aware that his physical and psychological post-acute withdrawal syndromes have permeated his life, relationships and mental health, resulting in financial crisis, family dysfunction, loss of credibility, low self-esteem, guilt, remorse and resentment. These impact snow-balled in a vicious cycle, and in the end, he felt he had no choice but succumb to the fulfillment and relief brought about by ketamine to cope with the pressure of the moment.

Cao is manifesting the addiction symptoms indicated in DSM-V. His craving for ketamine is extremely strong and out of control; despite his social and interpersonal problems, ketamine remains the center of his life; his risk-taking behavior remains unchanged and he continues using ketamine despite having experienced damage to his biliary system; his tolerance to ketamine has increased; and he manifests physiological withdrawal syndromes such as lack of motivation and anxiety. These symptoms speak of the reality of his addiction to ketamine. Fortunately, with rehab and counsel, Cao has broken through his denial about his addiction and withdrawal syndromes, and is into his first step toward recovery.

We truly hope that by sharing this story, we can encourage and contribute to our fellow professional helpers.

Sincerely,

*Reeds Recovery Center*