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INQUIRY INTO THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES

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INTRODUCTION

My youngest son took his own life less than two weeks after being discharged from the Tuckeroo Mental Health Unit at Byron Bay Hospital in April this year.
My grief is raw and intense.

I remember him once telling me that alcohol, cannabis, tobacco and gambling addiction were all pretty much normal behaviour and socially acceptable around here.
'Everyone does it' he said.

THE PROBLEM
Addiction is booming. Everybody knows it. Yet the task of addressing this massive social problem remains largely ignored and under-resourced by our government at the local, state and federal levels. Why?
Addiction services are being cut at the height of an explosion in demand. Why?
People are dying waiting to qualify for help at rehab facilities. Why?

Alcohol, tobacco and gambling addicts are all legally hooked and contribute a lot of tax to the government. What kind of victory is this in the war on drugs?

ADDICTS ARE NOT CRAZY PEOPLE
The unavailability of specialist addiction services puts pressure on regional hospitals. The mental health care system in rural Australia is in crisis. Overworked staff at underfunded mental health facilities are failing in their duty of care to addicts and their families. Treating the various mental health symptoms of addiction with pharmaceutical drugs and clinical isolation provided absolutely no help at all to my son.

There must be a better way. More effective, specific, proven best practice addiction treatment and rehabilitation services are urgently needed in this region.

The standard practice NSW Health assessment, diagnosis and treatment procedures offered to my son after his mental health emergency (fuelled by his alcohol addiction) proved to be fatally inadequate.
I became so frightened that he was going to hurt himself that I called the Mental Health Line. I will now deeply regret that mistake for the rest of my life. The last thing my son needed was more drugs. What he urgently needed was professional help and support to face himself and his addictions. My son's mental health condition was born of loneliness, poverty, frustration, anger - and the addictions he chose to mask his pain.

He was stuck at step one of the twelve steps of addiction recovery.
He knew that he had a problem, he was ruining his life, but he didn't know what to do about it.

He was crying out - at his wits end - for some kind of pathway to rehabilitation.
But none was available.

Instead he was found by police and put into an emergency room by himself for forty eight hours until suitable staff were available to process him into the mental health system.

His continuing battle with anxiety was perfectly understandable under these circumstances.

Instead of addressing any of his underlying problems, he was further isolated in the mental health unit and dosed up on Lithium, anti-psychotic drugs and Diazapam.

The system diagnosed him as anxious, bipolar, suffering from PTSD and prescribed him a shopping bag full of drugs that were all too easily mixed with his drug of choice. Alcohol.

He wasn't crazy. He was a sensitive, smart, socially disconnected young man, who's personal circumstances had led him down the path of addiction. He just needed help to find a way out and to learn that he wasn't alone. That help was unavailable to him.

GAMBLING ADDICTION

A gambling addiction is harder than heroin to quit, quicker to act and available everywhere.

My eldest son, who is grieving terribly for his brother, is a long term gambling addict who at 40 years old is still waiting for a place in rehab. People come from all over the country to get treatment at the Buttery in Bangalow. My sons were both born here and grew up on the same street. My eldest son knows all about the Buttery's great reputation. He also knows that none of the untold miseries inflicted on himself and his family by his addictions has ever qualified him to get the treatment that he needs there. He can't get in.
He is grieving for his brother and still waiting in limbo for a place to become available at WHOS in Nambour. The whole process has been excruciating for him. Watching him despairingly negotiate a seemingly open door only to have it closed again repeatedly is terrifying to watch for a mother who has already lost a son. His condition is critical. He is a five star suicide risk. He has to wait. We don't know how long.

There are currently no beds available.

Len Ainsworth was recently awarded by the Queen for his services to business.
He helped make Australia a world leader in producing machines that target specific brain areas to purposefully create addictions in casual users of his Aristocrat products.
He was awarded for creating this state sanctioned addiction by design, while the addicts at his mercy are marginalised, stigmatised and forgotten.

Unlike heroin, there is no way to detox from a gambling addiction before proceeding to any kind of rehabilitation treatment. This is a serious problem for an addict in crisis and a barrier to effective treatment under most current rehabilitation protocols. Daytime voluntary outpatient rehab, like that provided by Intra via the Buttery, is the alternative treatment presented to pathological gamblers. Imagine if that was the only treatment available to heroin addicts - while top grade heroin was easily available at every local pub and the dealers were highly celebrated national businessmen..

CONCLUSION

In my experience over many years of living with the havoc caused by my sons addictions to legal substances and gambling, the treatment options available in this region are seriously inadequate, discriminatory, underfunded, outdated and medically conflicted.

The NSW Health Department urgently needs a completely different strategy to deal with the growing problem of addiction in our communities.

BEHAVIOR & SOCIETY

How the Brain Gets Addicted to Gambling

Addictive drugs and gambling rewire neural circuits in similar ways

Credit: Getty Images

When Shirley was in her mid-20s she and some friends road-tripped to Las Vegas on a lark. That was the first time she gambled. Around a decade later, while working as an attorney on the East Coast, she would occasionally sojourn in Atlantic City. By her late 40s, however, she was skipping work four times a week to visit newly opened casinos in Connecticut. She played blackjack almost exclusively, often risking thousands of dollars each round—then scrounging under her car seat for 35 cents to pay the toll on the way home. Ultimately, Shirley bet every dime she earned and maxed out multiple credit cards. "I wanted to gamble all the time," she says. "I loved it—I loved that high I felt."

In 2001 the law intervened. Shirley was convicted of stealing a great deal of money from her clients and spent two years in prison. Along the way she started attending Gamblers Anonymous meetings, seeing a therapist and remaking her life. "I realized I had become addicted," she says. "It took me a long time to say I was an addict, but I was, just like any other."

Ten years ago the idea that someone could become addicted to a habit like gambling the way a person gets hooked on a drug was controversial. Back then, Shirley's counselors never told her she was an addict; she decided that for herself. Now researchers agree that in some cases gambling is a true addiction.

In the past, the psychiatric community generally regarded pathological gambling as more of a compulsion than an addiction—a behavior primarily motivated by the need to relieve anxiety rather than a craving for intense pleasure. In the 1980s, while updating the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), the American Psychiatric Association (APA) officially classified pathological gambling as an impulse-control disorder—a fuzzy label for a group of somewhat related illnesses that, at the time, included kleptomania, pyromania and trichotillomania (hairpulling). In what has come to be regarded as a landmark decision, the association moved pathological gambling to the addictions chapter in the manual's latest edition, the *DSM-5*, published this past May. The decision, which followed 15 years of deliberation, reflects a new understanding of the biology underlying addiction and has already changed the way psychiatrists help people who cannot stop gambling.

More effective treatment is increasingly necessary because gambling is more acceptable and accessible than ever before. Four in five Americans say they have gambled at least once in their lives. With the exception of Hawaii and Utah, every state in the country offers some form of legalized gambling. And today you do not even need to leave your house to gamble—all you need is an Internet connection or a phone. Various surveys have determined that around two million people in the U.S. are addicted to gambling, and for as many as 20 million citizens the habit seriously interferes with work and social life.

Two of a Kind

The APA based its decision on numerous recent studies in psychology, neuroscience and genetics demonstrating that gambling and drug addiction are far more similar than previously realized. Research in the past two decades has dramatically improved neuroscientists' working model of how the brain changes as an addiction develops. In the middle of our cranium, a series of circuits known as the reward system links various scattered brain regions involved in memory, movement, pleasure and motivation. When we engage in an activity that keeps us alive or helps us pass on our genes, neurons in the reward system squirt out a chemical messenger called dopamine, giving us a little wave of satisfaction and encouraging us to make a habit of enjoying hearty meals and romps in the sack. When stimulated by amphetamine, cocaine or other addictive drugs, the reward system disperses up to 10 times more dopamine than usual.

Continuous use of such drugs robs them of their power to induce euphoria. Addictive substances keep the brain so awash in dopamine that it eventually adapts by producing less of the molecule and becoming less responsive to its effects. As a consequence, addicts build up a tolerance to a drug, needing larger and larger amounts to get high. In severe addiction, people also go through withdrawal—they feel physically ill, cannot sleep and shake uncontrollably—if their brain is deprived of a dopamine-stimulating substance for too long. At the same time, neural

pathways connecting the reward circuit to the prefrontal cortex weaken. Resting just above and behind the eyes, the prefrontal cortex helps people tame impulses. In other words, the more an addict uses a drug, the harder it becomes to stop.

Research to date shows that pathological gamblers and drug addicts share many of the same genetic predispositions for impulsivity and reward seeking. Just as substance addicts require increasingly strong hits to get high, compulsive gamblers pursue ever riskier ventures. Likewise, both drug addicts and problem gamblers endure symptoms of withdrawal when separated from the chemical or thrill they desire. And a few studies suggest that some people are especially vulnerable to both drug addiction and compulsive gambling because their reward circuitry is inherently underactive—which may partially explain why they seek big thrills in the first place.

Even more compelling, neuroscientists have learned that drugs and gambling alter many of the same brain circuits in similar ways. These insights come from studies of blood flow and electrical activity in people's brains as they complete various tasks on computers that either mimic casino games or test their impulse control. In some experiments, virtual cards selected from different decks earn or lose a player money; other tasks challenge someone to respond quickly to certain images that flash on a screen but not to react to others.

A 2005 German study using such a card game suggests problem gamblers—like drug addicts—have lost sensitivity to their high: when winning, subjects had lower than typical electrical activity in a key region of the brain's reward system. In a 2003 study at Yale University and a 2012 study at the University of Amsterdam, pathological gamblers taking tests that measured their impulsivity had unusually low levels of electrical activity in prefrontal brain regions that help people assess risks and suppress instincts. Drug addicts also often have a listless prefrontal cortex.

Further evidence that gambling and drugs change the brain in similar ways surfaced in an unexpected group of people: those with the neurodegenerative disorder Parkinson's disease. Characterized by muscle stiffness and tremors, Parkinson's is caused by the death of dopamine-producing neurons in a section of the midbrain. Over the decades researchers noticed that a remarkably high number of Parkinson's patients—between 2 and 7 percent—are compulsive gamblers. Treatment for one disorder most likely contributes to another. To ease symptoms of Parkinson's, some

patients take levodopa and other drugs that increase dopamine levels. Researchers think that in some cases the resulting chemical influx modifies the brain in a way that makes risks and rewards—say, those in a game of poker—more appealing and rash decisions more difficult to resist.

A new understanding of compulsive gambling has also helped scientists redefine addiction itself. Whereas experts used to think of addiction as dependency on a chemical, they now define it as repeatedly pursuing a rewarding experience despite serious repercussions. That experience could be the high of cocaine or heroin or the thrill of doubling one's money at the casino. "The past idea was that you need to ingest a drug that changes neurochemistry in the brain to get addicted, but we now know that just about anything we do alters the brain," says Timothy Fong, a psychiatrist and addiction expert at the University of California, Los Angeles. "It makes sense that some highly rewarding behaviors, like gambling, can cause dramatic [physical] changes, too."

Gaming the System

Redefining compulsive gambling as an addiction is not mere semantics: therapists have already found that pathological gamblers respond much better to medication and therapy typically used for addictions rather than strategies for taming

compulsions such as trichotillomania. For reasons that remain unclear, certain antidepressants alleviate the symptoms of some impulse-control disorders; they have never worked as well for pathological gambling, however. Medications used to treat substance addictions have proved much more effective. Opioid antagonists, such as naltrexone, indirectly inhibit brain cells from producing dopamine, thereby reducing cravings.

Dozens of studies confirm that another effective treatment for addiction is cognitive-behavior therapy, which teaches people to resist unwanted thoughts and habits. Gambling addicts may, for example, learn to confront irrational beliefs, namely the notion that a string of losses or a near miss—such as two out of three cherries on a slot machine—signals an imminent win.

Unfortunately, researchers estimate that more than 80 percent of gambling addicts never seek treatment in the first place. And of those who do, up to 75 percent return to the gaming halls, making prevention all the more important. Around the U.S.—particularly in California—casinos are taking gambling addiction seriously. Marc Lefkowitz of the California Council on Problem Gambling regularly trains casino managers and employees to keep an eye out for worrisome trends, such as customers who spend increasing amounts of time and money gambling. He urges casinos to give gamblers the option to voluntarily ban themselves and to prominently display brochures about Gamblers Anonymous and other treatment

options near ATM machines and pay phones. A gambling addict may be a huge source of revenue for a casino at first, but many end up owing massive debts they cannot pay.

Shirley, now 60, currently works as a peer counselor in a treatment program for gambling addicts. "I'm not against gambling," she says. "For most people it's expensive entertainment. But for some people it's a dangerous product. I want people to understand that you really can get addicted. I'd like to see every casino out there take responsibility."

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