AB FAB REHAB

In this age of affluence, it seems we’re all addicted to something – and “curing” us is big business. But what is an addict, and is there really a remedy, asks Susan Maushart.

After 28 days and an estimated $90,000 worth of treatment in an exclusive Malibu rehab centre, disgraced West Coast Eagles star Ben Cousins emerged at Sydney Airport five weeks ago to face the most pitiless opposing side of his career: the Australian media, pumped up and in peak condition.

We are Tough On Drugs in this country, as the Government regularly reminds us. But we can be even tougher on our sporting heroes – especially when they let us down. And whatever else can be said about Ben Cousins, he let us down.

“I have been in an overseas rehabilitation centre for the past month,” Cousins recited stiffly, and superfluously, at a press conference on his return. But the real news lay in what went unsaid – as it so often does. Had the 28-year-old finally kicked his methamphetamine habit, widely reported to be costing the equivalent of a return airfare from Perth to LA each week? Had he ever been addicted in the first place? (As of this writing, Cousins has never publicly admitted to anything more serious than “personal issues” and “substance use.”)

We can only conjecture what the former Brownlow Medallist experienced during his all-expenses-paid four weeks at Summit Centres Malibu, one of the world’s costliest therapeutic retreats “located in a very private gated area of Malibu”, in the words of its website. But then rehab, as even the youngest child can tell you, is by its very nature mysterious, mystical even.

Watching Cousins on the field, we might have thought we understood what made him run. We thought we understood the difference between a star athlete and a drug addict, between strength and weakness, between choice and compulsion. Between people like Us – people with jobs, health and talent, from solid families – and people like Them. Looks like we missed the mark.

Addiction in the age of affluence, we are learning, is a whole different ball game. It’s no longer a problem of the underclass; there is now abundant evidence that a high standard of living is no protection at all against the siren song of substance abuse, and may even be a risk factor.

Addiction in the age of affluence has a new line-up of players. There’s the “high-functioning addict”, who works hard and parties harder. There’s the “self-medicating”, who turns to drugs as a form of DIY therapy. There’s the long-hours worker, whose addiction to work is a peculiarly contemporary form of self-destruction. And then there’s the growing legion addicted to “licit opioids”, especially analgesics such as morphine, codeine and oxycodeone.

In the US, analgesic addiction has grown by 300 per cent since 1990. Australian epidemiological monitoring suggests a similar pattern; and substance misuse is affecting family life here as never before, with almost one in eight children living with adult carers who binge-drink or abuse drugs, according to a new report by the Australian National Council on Drugs.

In such a climate, the word “addiction” itself needs de-toxing. Most professionals now prefer “dependency” - a word that defines
abuse in purely psychological terms. They speak of “users”, not “addicts” or fill-in-the-blank-oholics. Whatever you call them, they seem to be everywhere. And no wonder, when almost everything we touch is a potentially toxic substance. Work. Sex. Exercise. Email. Even water, for crying out loud. In an age of affluence, having too much of a good thing is pretty much what we do. And that’s both our privilege and our curse.

When I tell my kids I’m going into rehab, their response is nothing short of awe. You would think I was going on a space shot, or Oprah. “Can I come too?” the 12-year-old begs. “Pleeeeeease!” It turns out she believes Rehab is a place, like Cleveland. She has visions of me bumping into Britney there, or maybe Lindsay, or Keith. If I’m honest, so do I, just a little. At The Sanctuary, Byron Bay – arguably one of Australia’s best drug and alcohol rehabilitation facilities and, with fees of up to $28,000 a week, certainly the costliest – there is no “there” at all: no driveway, no gates, no “facility” of any kind, unless you count the admin office, housed in a modest, conspicuously signage-free unit on the outskirts of town.

Founder and managing director Michael Goldberg steers his black Range Rover into the driveway. He is beaming. I am confused. Is this all there is? We have been driving for three hours – admittedly, not the longest journey to rehab ever undertaken, but still. I can tell he is enjoying my Peggy Lee moment. “The Sanctuary – and this is what people don’t understand – is nowhere,” explains Goldberg. The Sanctuary is so exclusive that it doesn’t reside in ordinary space and time.

Instead, it is conjured into existence, de novo, for each and every admission. There are no private rooms here. There are private residences, one to a customer, leased as needed from among 40 beachfront properties. The one I visit, alas all too briefly, is gorgeous. From its walled tropical gardens and tranquil reflecting pools to the long, sloping lawn to the dunes, it oozes the kind of Bali-wood glamour Byron is famous for. There are never more than four clients in residence at any one time. And they never, ever, ever bump into each other down by the tennis courts.

The Sanctuary makes every other rehab look like ready-to-wear. At Summit Centres Malibu, Cousins was attended by a round-the-clock staff of four; at The Sanctuary, the staff-client ratio averages around 15:1. As well as medical, nursing and psychiatric personnel, every client has the services of a massage therapist, naturopathic consultant, personal trainer, yoga and meditation instructor, chauffeur (“Our cars aren’t marked ‘Rehab’,” Goldberg assures me), and full-time, personal chef.

Luke Southwood is one of those chefs. There is something almost palpably restful about this man – something about the steadiness of his gaze, or the grace of his finely boned frame. When he tells me, “I’ve always thought of food as a healing thing,” I believe him. His last job was head chef at Byron’s celebrated Dish restaurant. Before that he had his own restaurant in South Australia. Working at The Sanctuary is the best job he’s ever had. “You go home feeling quite amazing,” he says, his brown eyes shining.

The meals Southwood devises (in consultation with nutritionists) are organic, low in saturated fats, and high in comfort. People withdrawing from addictions need “simple, clean flavours”, he tells me. Leek soup with toast. Chicken Provençal, braised very slowly. Crema Catalana. Ratatouille (“an exercise in simplicity, if done properly”). Don’t people get just a tiny bit … well, spoiled? I ask Goldberg. “Yes!” he replies happily. Later, he tells me long-term clients will be taught to cook their own meals. In time, they are even encouraged to cook for their chef.

The rest of the therapeutic team, explains client services manager Barbara Ellan, is hand-picked to reflect individual clients’ needs, desires and – it has to be said – whims. A typical program might feature a combination of heavy-duty detox with lifestyle and leisure options from meditation to dolphin kayaking. Ellan tells me about the program she devised for one executive client, “a high-functioning alcoholic with relationship issues”. It revolved mainly around “art and surfing and guitar”.

Clients like this one, who present with a veritable cocktail of dysfunctions – alcohol and depression, with a twist of workaholism – are The Sanctuary’s stock in trade. They are harder to treat than your “pure” addict of yesteryear. But they are indisputably the Next Big Demographic for addiction services in the age of affluence.

For many clients, says Goldberg, “addiction is a side issue”. Often, the core problem is with relationships “and they’re just medicating that”. But, he adds, “People come to us with a mass of...
increasingly regarded as best practice even by the mainstream. It’s an approach that sees addiction as a disorder of the spirit as much as of the body or the mind. Call it “caring for the whole junkie”.

The Sanctuary – like London’s The Priory, or Hollywood’s Wonderland Centre, or Newport Beach’s Beau Monde, or Arizona’s The Meadows, or any other of the world’s elite rehab-resorts – is as far from “rock bottom” as you can get without a doctor’s prescription. And that makes some people mad.

“This loser is a drug addict,” snarls a letter to the editor upon Cousins’ return to Perth. “If he wants to be a decent human being he should go straight to the police.” Fumes another: “He should have got a damn good belting when he was about eight or nine … and he needs another one now.” Many Australians would concur. Yet the vast majority of addiction experts are convinced that punitive approaches are ethically questionable and, worse, ineffective.

“What parent wants to wait until their kid hits rock bottom?” asks clinical psychologist and addiction psychotherapist Anna Emmons (a pseudonym used here for professional reasons). “At the end of the day, everybody who has an addiction is someone’s child.” That’s true, of course. Yet we are not used to thinking of addiction in terms like this – in terms that hit us where we live.

“Society still thinks addicts should be punished – that they should go to a hard-core place, where they’ll get taught the error of their ways and told it’s all about self-control,” says Emmons, who has 18 years’ experience in the field. “But most people I have ever worked with who are addicts have low self-esteem … and have a history of trauma in their background – of violence or abuse.” That emphatically includes the wealthy, she adds. What such people require is not tough love (“whatever that means”) but respect.

Sure – but dolphin kayaking? She laughs. “Yes, people do need at the end of the day to learn how to get on with life, but I think most people respond to the carrot, not the stick.”

Goldberg agrees. “You don’t need to break someone down to rebuild them,” he says. “That’s a very humiliating experience.” There is passion in his voice. That’s not surprising. The exuberant 41-year-old is himself a former junkie. He came to Byron, as have many before him, to get well. As with Cousins, money wasn’t an issue for Goldberg; a developer of nightclubs and restaurants, he was a high-functioning addict. Even now he insists his habit “never hampered my life”.

What was he addicted to? “Oh, cocaine, heroin, marijuana – everything,” he replies with a shrug, taking a swig of mineral water. “I just got bored with it after a while. I got spiritless and I got bored and I knew there was a better life on the other side. I wanted to stop. And then I realised I couldn’t stop.” He checked himself into The Buttery, a “residential therapeutic community” with strong links to Byron’s artistic and creative communities.

“I was the only person who was up at 5 o’clock. I’d meditate. I’d do yoga. I’d run. I’d do exercise. I did everything. Twice.” Six weeks later, he says, “I was asked to leave. I was too functional.” It took him two years to complete the process, which he did on his own. He laughs, recalling that he approached his own rehabilitation with exactly the same manic intensity he now channels into his work at The Sanctuary. “Everyone has addictions,” he reflects. “We just need to keep the healthy ones.”

The last time I was drunk (and also the first time) was back in 1977. It was unpleasant. I have smoked one joint in my whole life, and I even refused analgesics during childbirth. Call it a control thing. And yet, as I am learning, the world is full of addictions. I drink a glass of wine or two or maybe three every night of my life. (“Whatever amount of alcohol a patient says he drinks, we automatically double it,” one doctor tells me.) “Can you define ‘alcohol dependence’?” I ask Emmons. “People who use alcohol to avoid feelings and cope with situations are alcohol dependent,” she replies. I write that down and wait for further qualification. There is none. Oh dear.

A woman I’ve known for years tells me suddenly about her cycling addiction. “Cycling?” I repeat. It turns out she started doing spin classes a few years ago and got hooked. Soon, she was spending up to three hours per session on a stationary bike, burning about 3000 calories. “That’s as much as many people consume on an average day!” I splutter. She nods. “I told you, I was addicted,” she says. “After a while, I could feel the surge of brain chemicals from the point I started lacing up my trainers – and I needed it.”

Dr Robert Kaplan, a forensic psychiatrist in private practice in Wollongong, south of Sydney, collects odd addictions the way other people collect beer coasters. “Psychogenic polydipsia”, for example, which can cause confusion, lethargy, psychosis, seizures or death. Its other name is water addiction.

“Oh, it’s more common than you think,” Kaplan assures me.

And did he mention the patient with the poppy-seed dependency? A Viennese woman suffering chronic
pain, it seems she found relief in strudel before moving on to the hard stuff – jumbo bags of seeds she would store in the freezer and suck on. (“Poppy seeds do have a tiny little bit of opium in them, you know.”)

Carrots, too, can be addictive, Kaplan confides. “It’s the beta-carotene, which is a vital ingredient for nervous function. Probably there’s a link-up with endorphins or serotonin.” He describes one hardcore carrot user who needed three kilos a day to support his habit. “You can become addicted to anything under certain circumstances,” he says.

From compulsive gambling to cannabis, poppy-seed strudel to pornography, thumb-sucking to self-harm, addictive behaviour is not primarily about substances, experts now recognise. It’s about pleasure-seeking. And the biggest risk factor for that is simply being human. “What we’re finding is that substance misuse is actually recruiting the same motivational features that underlie other human motivations – and that’s why they’re so hard to deal with,” explains David Kavanagh, professor in clinical psychology at the University of Queensland.

Kavanagh is an associate editor of the international journal Addiction, and craving is his business.

He tells me a story about a student athlete suffering from hockey withdrawal when prevented from playing because of injury, complete with sensory hallucinations. Flashbacks, if you will. The sound of hockey sticks against the ball. The smell of grass and sweat. Visual images of attacks and counter-attacks.

New research shows that what separates something like hockey addiction from something like heroin addiction is … well, not a lot, really. Neurologically speaking, there is a single reward pathway – the meso-cortico limbic system – that is involved in any form of addiction, or for that matter in any form of gratification, from eating to sex to football. Pleasure, in other words, is a chemical reaction. And the main chemical in question is dopamine: a thrill-packed drug compounded of 22 atoms of carbon, hydrogen, oxygen and nitrogen. In evolutionary terms, pleasure-seeking is an adaptive strategy. The drive to seek out food, drink and sex is directly related to our survival. The drive to seek out Fox Sports and beer, or handbags and chocolate, is simply a variation on the same neuro-chemical theme.

Pleasure-seeking is the root of all addiction. Enjoying the occasional cigarette, or martini – or, for that matter, the odd hit of cocaine – does not a dependency make. Your mother and father may have told you otherwise, but neuro-physiologically speaking, there is nothing contradictory about recreational drug use. “At least some persons can use drugs moderately without becoming abusers,” explains US historian of medicine Susan Speaker, “and even heavy abuse may not be a lifelong pattern” but short-lived. Craving crosses over into addiction, or dependence, when we are no longer seeking pleasure but avoiding pain. Take cigarette smoking: we draw a distinction, and rightly so, between the person who smokes “socially”, for pleasure, and the person whose smoking is directed primarily at relieving feelings of discomfort that arise from not smoking.

Liking poppy-seed strudel is one thing. Needing it to get through the day is quite another. Yet in an age of affluence, the line between “want” and “need” is ever more difficult to discern.

A reader of this newspaper wrote to the editor in March: “The treatment of AFL players and other sportspeople with drug abuse problems holds up a mirror to the worst of our community responses to the issue. It reflects the sad fact that, in Australia, there is still so much stigma attached to alcohol and drug addiction.”

It’s the sort of letter that puts the wind up many Australians. Too right there’s a stigma attached to drug addiction, the logic runs. A) Drugs are against the law, and B) People who choose to take them do exactly that. They choose. If they become addicted, well, that’s a direct consequence of that choice. Why on Earth shouldn’t there be a stigma attached to doing something so dumb, and so dangerous?

Questions of choice, of free (or fettered) will, lie at the core of our collective ambivalence about addiction today. Science is helping us to clarify the issues, as research into the genetics and neuro-physiology of dependence sheds new light on the extent to which any chemical addiction, licit or not, can be said to be freely chosen.

Two generations ago we were taught to regard alcoholism as a “disease” (and Cousins is still referring to the “illness” that led him to rehab). Such usage contains a powerful subtext. People with diseases are not responsible for their condi-
Some find the illness metaphor objectionable. Others find it “frees them to actually deal with the problem, rather than getting caught up with ‘What an awful person I am’”, in the words of one professional. Yet Goldberg reckons people who insist 12 Steps is the Way, the Truth and the Life really need to get out more. “My best friend was a heroin addict at 14,” he says. “At 30, he got married, he had kids and that was it. He went to the doctor and got a few Valiums, and went cold turkey. He made up his own little method. You know, there’s lots of people like that.”

Experts are increasingly clear that addiction is more accurately a “disorder”, rather than a disease; a complex interaction of physiological, psychological and social factors. Biology alone does not determine anyone’s propensity for substance abuse. Yet some of us do inherit a greater risk of developing addictive behaviours. “And some of those risks are fairly generic ones – that is, they make you vulnerable to almost any addiction,” explains David Kavanagh. Anyone whose brain is hardwired with fewer dopamine-2 receptors, he says, will need a bigger hit of stimulation in order to feel good. Such people are practically programmed to thrill-seek. They are not only more likely to develop substance problems; they are also more likely to jump out of airplanes.

Alcohol abuse, in particular, has been shown to have a strong hereditary component. The so-called “gene for alcoholism”, identified by researchers at the Washington University School of Medicine in 2004, is related to a receptor that allows for the movement of gamma-aminobutyric acid, a neurochemical responsible for inhibiting responses. In simple terms, people who inherit this gene are more excitable (or their brains are). Alcohol may normalise brain circuits for such people, putting them at increased risk of dependence. For them, alcohol is literally “self-medication”.

Similar genetic factors probably underlie other forms of substance dependency, scientists now believe. And our deepening understanding of the neuro-chemistry of addiction is having important implications for treatment. Kavanagh, like many researchers, is optimistic about the future of pharmacological treatments for addiction. They point to the success of nicotine replacement therapy, and of drugs like buprenorphine, which reduces heroin withdrawal symptoms while blocking the “high” that is the user’s raison d’être; and naltrexone, which helps users stay off heroin or alcohol after they’ve been detoxed.

Other experts look to NeuroElectric Therapy (NET), a treatment for opiate addiction – think an iPod with electrodes attached to the base of the skull – inspired by Chinese electro-acupuncture techniques. NET was developed in the ’70s in Scotland, a nation that has more drug addicts per head of population than anywhere else on Earth. The technique seems to work by stimulating the brain to produce the natural endorphins that drug-use kills off, and has been used to treat high-profile users such as Eric Clapton, Pete Townshend and Keith Richards. Evangelists for NET say it has been sabotaged by drug companies. “The time is coming – perhaps even within the decade – when doctors will treat alcoholism with a pill,” prophesied Newsweek in February, and “it will be a paradigm shift as profound as the one wrought by Prozac in the treatment of depression.” Maybe so. But let’s not forget that, two decades on, Prozac has hardly “solved” the depression epidemic.

The view that addiction is reducible to brain chemistry is as simplistic in its way as the conviction that all Cousins needs is a “damn good belting”. Warns Kavanagh: “It’s not just about what’s happening in the brain. It’s about what’s happening through your whole life.” No tablet in the world is going to succeed if the user isn’t motivated to take it, and keep taking it.

Roughly 1.5 million Australians have tried ice. Of those, an estimated 40 per cent are regular users. (“Addicts”, in the old language.) Ice is the strongest form of the synthetic stimulant methamphetamine which, in the old days, we called “speed”. It can be smoked, injected, snorted, swallowed or “shafted” (inserted anally), and induces a high that mingles feelings of euphoria with increased alertness, confidence and libido.
The long-term side-effects of ice are largely unknown. The short-term side-effects range from tremors and irregular heart-beat to hallucinations, paranoid delusions and uncontrollable violence. Yet the most terrifying thing about the drug is that so many who use it are the same as you and me. Not street kids and criminals, or celebrities and supermodels, but professional people and students. People with normal lives. Normal incomes. Normal families.

Dr Alex Wodak, director of the Alcohol and Drug Service at St Vincent’s Hospital in Sydney (and therefore something of a front-line combatant in the war against drugs), has a reputation for shooting from the hip. He says drug abuse is primarily a health and social problem, not a legal one—and most definitely not a moral one.

"When you’ve got somebody who started using drugs when they were 16 and were sexually interfered with by their dad and an uncle as a child, and they didn’t have much of a go at education, and their family life was a disaster and they’ve never had any significant relationships in their life, and they’ve never been employed and they’ve been in and out of prison, and they’re depressed, and they owe $20,000 and they’ve got nobody in the world who gives a shit whether they’re alive or dead—well, nobody’s going to tell me you’re going to get much joy with that person just wagging your finger in front of his face."

But what about people who don’t fit that profile? What about Nouveau Junkies such as Cousins, or Goldberg, or the coke-snorting stockbroker who lives down your street—high-earning, high-functioning, high-living professionals who just happen to enjoy extreme partying? They are not life’s dregs. They are, if anything, its chosen few. Is privilege itself the problem in such cases? Is affluence bad for the soul? Consta Georgoussis, who teaches yoga and meditation at The Sanctuary, has no doubt of it. “Among the very wealthy, emptiness—spiritual emptiness—is so much more apparent. And that’s because every sense is satisfied except the inner sense,” he says.

Anna Emmons is also convinced it is “harder sometimes for the wealthier to find meaning”—especially in families where children inherit wealth, rather than earn it. “Then there’s the feeling that, ‘I may never match that. I may never actually be as successful as my parents. It’s all come so easy.’”

It is not difficult to understand people who turn to drugs because life is hard. But people who do so because life is too easy? Yet, as Emmons points out: “We learn through struggling and having to work hard. If we don’t have to, if nothing we do is really going to be such a terrible loss, it can feel as if life lacks meaning.” Emmons has contempt for the notion that simply putting someone in rehab is going to solve the problem. Rehab, she stresses, should be a last option, no matter how much money you have, not a first one: “You should try harm minimisation. You should try counselling. You should try family support.”

Says Goldberg: “To most people who ring us up and say, ‘I need to go to rehab,’ I say, ‘Well, have you tried AA or NA? You know, it’s free. You don’t have to pay a thing. Go every day. Do 90 meetings in 90 days and tell me if you still want to pay a hundred grand to get well.’” For Georgoussis, addiction in the age of affluence is a spiritual issue; revealing the “interconnectedness of all things” to clients is the key to his professional practice. Shame has no part in the proceedings. In fact, it is what drives addiction—never what resolves it. Cousins, the leader of the Brat Pack Eagles, driven by shame? It’s hard to imagine, but imagine it we must, insists Emmons, who sees the “incredible emphasis on fitness and performance” in professional sport as a risk factor. “Your career only lasts, what? Ten or 15 years max? If you get injured, you’re out. If you don’t perform well, you’re criticised. And that criticism gets to people.”

Like every other expert I’ve spoken to, Emmons scoffs at the idea that 28 days in rehab has cured Cousins, or that it could cure anyone, or even that “cure” is an appropriate term. She says, “Nobody’s said to Ben Cousins, ‘What’s going on for you? What’s it like to be you? What does it feel like to have to perform? What’s the pressure like?’” Celebrity users are in some ways (as the rich always are) different to you and me. But, perhaps particularly in an affluent age, where so many of the rest of our problems have been solved, addiction is a great leveller. “It’s about wanting to be loved,” says Emmons. “It’s about wanting to fit in, wanting to have meaning, wanting to have purpose, wanting to feel