

alone. When he compared former gamblers who recovered naturally with those who recovered after treatment, he discovered that the processes that members from each group undertook to get better were similar (*Addiction* 2000;95 [5]:777-89).

“It may be that the recovery processes are the same but people need different amounts of support and information to engage those processes,” says Hodgins.

Only 20% of people who chose self-treatment did so because there were no options. The vast majority opted for self-treatment, for reasons ranging from embarrassment to fear of being stigmatized. Hodgins has found that self-help workbooks and brief motivational interviews can help such people reduce the severity of their gambling habits or, in some cases, stop gambling altogether without formal treatment (*J Consult Clin Psychol* 2001;69[1];50-7).



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Group therapy, and in at least 1 case art therapy, lies at the core of therapeutic solutions offered by residential gambling treatment programs.

Whatever recovery path they choose, about 90% of problem gamblers relapse, a slightly higher rate than for other types of addicts. This doesn't mean recovery is near impossible to achieve, says Hodgins, but indicates that addicts often make several attempts before they succeed. Some addicts relapse because their personalities are ill-suited for the long, disciplined process required to pay off gambling-acquired debts.

“When you recover from an alcohol problem, your life is a mess at the point of recovery but you can put it together pretty quickly. Gamblers face all of those

immediate messy aspects of life plus are going to be dealing with debt for many years, if not the rest of their lives.”

One way recovering problem gamblers can blunt urges to visit casinos comes in pill form. Research indicates that lithium shows promise in reducing gambling impulses (*Am J Psychiatry* 2005;162:137-45).

Dr. Jon Grant, a professor of psychiatry at the University of Minnesota, has tested the opioid antagonist nalmefene to treat problem gambling. He found that 59% of the 270 gamblers who participated in his study improved greatly, compared to 34% of those who received placebos (*Am J Psychiatry* 2006;163:303-12).

“It will not stop people from gambling. A more accurate way to describe it would be that medication can reduce the desire to gamble and may help improve one's control over their behaviour,” says Grant. “But they are not magic pills that people take and, even if they don't want to, they suddenly stop gambling and their lives are perfect again.”

Grant has also found that the amino acid *N*-acetyl cysteine can manipulate the reward-seeking system of an addict's brain to inhibit gambling urges (*Biol Psychiatry* 2007;62[6];652-7).

However, combining behavioural therapy and medication may be the most effective means to treat gambling addiction, says Grant, though research may yet uncover superior pathways to recovery.

“As we learn more about addiction in general, we'll be able to explore other options so that we have multiple options to any one person.”

Some addiction researchers, however, believe it's time to retire the disease model of addiction. Bruce Alexander, a psychology professor at Simon Fraser University and author of the forthcoming book *The Globalization of Addiction*, claims nothing short of major societal change will solve the problem of addiction.

“We live in a fragmented society. Kids and grown-ups don't get the emotional or psychological support they need from society so they compensate by falling into these addictive worlds,” says Alexander.

Though not opposed to treatment,

Alexander claims it is of limited value and likely always will be. Addictions stem from problems with society, not individuals, he says, and therefore cannot be fixed by altering behaviour or brain chemistry.

“We're not going to treat our way out of this problem anymore than we were able to prohibit our way out of this problem or pray our way out of this problem,” says Alexander. “Gambling is just like anything else that people do to fill that inner void that is a consequence of this society we've constructed.” — Roger Collier, *CMAJ*

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Briefly

The 15% ruling: Taser International Inc. suffered its first product liability suit loss in roughly 70 instances after a California district court ruled that it was 15% responsible in the death of a 40-year-old drug suspect who died after receiving simultaneous shots from 3 tasers used by police officers. The jury awarded US\$1.02 million in compensatory damages, as well as US\$5.2 million in punitive damages, for Taser International's failure to inform police that extended exposure to electric shock from the device could lead to cardiac arrest. The company said it plans to appeal the decision.

Organ removal ambulance: In a bid to boost organ supply, New York City, New York, says it will deploy a special ambulance later this year to collect the bodies of people who die from heart attacks, accidents and other emergencies. Organizers say that as many as 35 000 additional transplants nationwide could be performed annually as a result of the initiative, which is funded under the rubric of a US\$1.5 million, 3-year grant from the federal Health Resources and Services Administration. The organ-recovery ambulance would be prohibited from arriving at a scene until 5 minutes after paramedics have made a formal declaration of death. — Wayne Kondro, *CMAJ*

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