

have suffered to reach. But I've suffered to get drug-free before, and it's not the same thing at all – not for me anyway.

I'm quite happy to admit that, without supplements (and the right ones – I've often used vitamins to ameliorate withdrawals or comedowns, without more success than that), my willpower alone would never have achieved anything.

George D Henderson, Hepatitis C Resource Centre, Otago, New Zealand (who can be emailed with any questions at hepcotago@gmail.com)

East-West Massive

I read the letters in your last issue (*DDN*, 16 January) and felt the need to add further support for the East-West Detox alternative detox and rehab programme, which I was fortunate to have taken part in over two years ago. This enabled me to deal with my demons once and for all. I was a chronic heroin, methadone, subutex and crack user for six years.

I met Mike Sarson when I was sleeping rough on the streets, leading a very chaotic lifestyle and felt very drawn to the spiritual element of the process and taking a journey to a safe place away from familiar territory. Over the years I have tried many different conventional detox/rehab programmes in the UK, which never worked for me, as I always relapsed.

I have now been clean for over two years and leading a productive life, working in the caring profession supporting others.

In the West we tend to over medicalise and just deal with symptoms, which does not deal with the underlying reasons for becoming dependent on substances. My experience at the monastery gave me the time and space to deal with my issues and go through a healing process by reconnecting with my spirit and finding stillness within. The East deals with the problem of addiction in a very different way, which we in the West could learn a lot from by working together and supporting charities like East-West Detox who have so much to offer.

I am also aware of others who were fortunate to have gone through the East-West Detox programme and remain clean. Please support this charity's important work, which produces positive results.

Sarah Sowinska

Entitled to a choice... and facts

In response to Wendy Gregory's letter 'An alternative way' (*DDN*, 16 January) I would like to inform your readers that there are a number of different options available to obtain treatment at Thamkrabok other than through East-West Detox.

Although it might not be advisable in every case, it is possible for addicts to travel to Thailand independently. The Thamkrabok Monastery gives its services free.

Addicts must let the monastery know by email when they will be arriving at Thamkrabok. It should be noted that the monastery is closed to

new admissions each year from 15 March until 5 May. It is recommended that addicts stay for a minimum of 10 days but the longer they can stay the better (up to a maximum of 28 days).

Full details, and lots more besides, can be found on the Thamkrabok Independent Information Network website at <http://www.thamkrabok.net>.

Professionals and the public alike should have the facts available to them upon which to make informed choices. The higher the claimed success rate of a particular treatment model, the more likely it is to be perceived as a catch-all miracle cure. Unfortunately, Wendy Gregory does not reveal East-West Detox's success rate but draws our attention to a figure of '70 per cent over the past 58 years'.

I think Wendy has been misinformed on two counts. Firstly, the monastery has only been in existence for 48 years and secondly the Thamkrabok Monastery has never claimed nor published such statistics. Thamkrabok does not offer miracle cures. The monastery simply provides a rapid herbal detox and the opportunity for addicts to view the world differently, from a Buddhist perspective, allowing them to reassess their life and their place in the world.

The only 'recent' official figures are from an independent report to the World Health Organisation in 1993, which sets success rates at between 20 and 30 per cent, depending upon certain criteria.

Addicts should understand that undertaking treatment at Thamkrabok is not an easy option. However, success rates and relapse prevention can usually be enhanced by ongoing support. So I'm pleased to say that there is an online support group for ex-addicts who have completed treatment at Thamkrabok (or anyone considering treatment at the Monastery in Thailand) at <http://groups.google.com/group/Friends-of-Thamkrabok-Monastery>.

Of course sometimes it is not possible, or indeed desirable, for individuals to travel alone and unprepared to Thailand. There are a number of private organisations, such as the Alba-Thai group in Dundee (<http://www.alba-thai.org>) or TARA Detox in West Berkshire (<http://www.tara-detox.org>), who can facilitate treatment at Thamkrabok. These organisations are independent from the monastery and provide varying levels of service to addicts usually at a cost.

Some organisations will provide basic unescorted travel arrangements to the monastery, while others will provide fully escorted detoxification trips to Thailand, including before and after services. Obviously, the Thamkrabok Monastery cannot, and will not, enter into disputes between individuals and their chosen independent service organisation.

I very much agree with Wendy Gregory when she says 'surely everyone seeking recovery is entitled to a choice'.

As the provider of an 'alternative' detox service, I too feel disappointed by the present recommendation from the NTA, but hope that funding for treatment at the Thamkrabok Monastery will be reviewed favourably in the future.

Vince Cullen, TARA Detox Organisation,
www.tara-detox.org

Better standards in drug testing: part four

Effective screening

Carrying out a screening test can indicate what drugs have been taken, but a back-up procedure must follow. In the fourth of his six-part series, Phil Houldsworth tells you how to read the result and what to do next.

Once a sample is collected, the next step is of course to test what's in it. The level of testing depends on what you will be doing with the final result. The evidential value is important. If all you need is a presumptive look at what's in the sample, then all you have to do is carry out a screening test. The evidential value is low, as the screening test can't conclusively prove the presence of a drug. For instance, a screen can tell you that an individual has taken an opiate but it won't be able to tell which one. If you need to pinpoint which opiate has been taken then you will need to carry out a confirmation test to confirm the findings of the screen and identify the opiate. The evidential value of a confirmation test is therefore very high.

At one time screening tests could only be carried out in a laboratory, but now it is possible to carry them out at the point of collection of the sample as well. The following describes screening tests in general and can be applied to both laboratory based and point of collection screening.

The drug in the sample binds to an antibody, which either starts a reaction or prevents a reaction from happening. This is called an immunoassay and the vast majority of screening tests are based on this principle. This can be done either within minutes at the point of collection, or by a laboratory.

However, the problem with any screen test is that it is only an indicative test and all positives should be confirmed. You can confirm the screen test in one of two ways. You can either have a laboratory carry out a test to confirm the screen result, or you can simply ask the donor. If the sample donor agrees with the screen, then they have confirmed the screen; if they disagree, then send it to the laboratory.

You have to be careful when looking at the result. If you get a negative response from your screen test this does not mean that there is no drug in the sample; it means that there was either no drug present or not enough drug present to get above the cut off level of the test. Remember the screen test indicates the presence of a drug above a certain level, which is called the cut off level. They may have taken the drug you are looking for, but the level is now too low for the screening test to see. Negative does not mean nothing; it means we maybe cannot see it.

The other problem with any screen test is that it sometimes shows up positive for a drug when there is actually no drug there. This is called a false positive. What's happened is that a compound that is in some way similar to the drug has bound to the antibody and produced a positive result; for instance, Sustiva, an anti-retroviral drug, can cause false positive result for cannabis. This is not because Sustiva is made of cannabis, but the antibody used in the screen test sometimes gets confused. This is why sometimes, when you send a positive screen sample to the laboratory for confirmation testing, it comes back negative. The next article will describe the process of confirmation testing.

Phil Houldsworth is managing director of Tackler Analytical Ltd, which sets up and administers drug testing quality assurance programmes.