must be carefully weighed against efficacy losses, an exceedingly difficult tradeoff. Our study was designed to assess whether this is a concern and clearly showed that it is not. Nothing is lost by first trying the safer medication.

In that perspective, the exact proportion of patients who ultimately transfer to methadone is irrelevant. But let us be correct. In our study, among 48 subjects randomly assigned to stepped treatment, 37 remained. Of those, 20 transferred to methadone. That is 54%, which is what we reported. The 65% given by Drs. Byrne and Wodak is a misrepresentation of our data.

In summary, excellent outcomes can be achieved by starting every heroin-dependent patient with buprenorphine and progressing to methadone only if needed. These outcomes are as good as those achieved with the best possible methadone treatment. Among unselected individuals addicted to heroin who are retained in treatment, close to one-half do well without progressing to methadone. Each of these individuals represents a safety gain worth capturing.

Finally, our study disclosed an unrestricted research grant from industry that accounted for approximately 25% of the budget. The remaining funding came from the Swedish Government and Stockholm County. It is unclear how this could invalidate our results. The reference cited (2) by Drs. Byrne and Wodak in support of this notion deals with meta-analyses, which our study clearly is not.

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Suicide Deaths Concentrated in Beijing Universities

TO THE EDITOR: Earlier this year, five suicide deaths occurred among Beijing University students in only 8 days. Ironically, these events coincided with statements made by an official of China's Ministry of Education regarding the relatively low rate of suicide among university students in China. This official statement occurred at approximately the same time that a number of these suicide cases, as indicated below, were reported by the mainstream media.

On May 8, 2007 in Beijing, a female sophomore died from jumping from an academic building of her school at Beijing Petroleum University. On May 14th, a female junior from the Department of Architecture of Tsinghua University jumped from a school building and died at the scene. In the evening of the same day, a male student jumped from a building on the campus of the China Agriculture University. In each of the cases, the police confirmed the cause of death as suicide. On May 15th, a female graduate student at Beijing Normal University jumped from the 11th floor of a campus building and died at the scene. Preliminary cause of her death was determined as suicide as well (1).

The suicide deaths noted here occurred just prior to a statement on May 16th by the Chief of the Department of Ethics Education of China's Ministry of Education, which claimed that compared with the country's overall suicide rate of 23 per 100,000, the rate among university students is low, only 15 of the deaths among Beijing's 800,000 students (2).

In China, current university students are mostly born after the late 1970s, when the "One-Child" policy switched from being promoted to a mandatory status. Consequently, the majority of the current college-age population is comprised of young adults from single-child families. Hence, they are a population that has been a source of discussion regarding their relative impulsiveness and inability to withstand negative life events, compared with young adults who are raised with siblings.

Official documents released by the Ministry of Health indicate the magnitude of the problems in the death registry system. In 2006, a document on the official Ministry of Health website (2006 N.O.154) (3) reported that many deaths go unreported (e.g., the province with the highest rate failed to report 86.3% of deaths). Furthermore, many deaths are not reported to the registry system in a timely manner (e.g., one province had substantial delay in reporting 70% of all deaths). The lack of a comprehensive and reliable death registering system in present-day China has led to inadequate detection of many suicide deaths (4). In addition, China has no reliable epidemiological data regarding suicide on university campuses.

The lack of mental health services is an urgent problem for campus populations in China. Beijing has approximately 700,000 university students. Yet, as of 2006, there were only 108 mental health counselors at various universities in Beijing (5). The shortage of mental health professionals results in a greater risk for undetected and inadequately treated mental health crises. The Chinese university system would benefit greatly by attention to this serious problem.

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