



# DRUG WARS



Last October, President Reagan signed the 1986 Anti-Drug Abuse Act, describing it as a "major victory in our crusade against drugs". For Reagan, the aim was to achieve "nothing less than a drug-free generation" — a contrast to the more modest ambitions of the Carter era, but strikingly similar to recent Soviet pronouncements. Here we bring you Reagan's speech; on the following pages, the Soviet equivalent. Boxed commentaries on pages eight and nine add a dose of reality to the rhetoric.

## President Reagan

“Well, today it gives me great pleasure to sign legislation that reflects the total commitment of the American people and their government to fight the evil of drugs. Drug use extracts a high cost on America: the cost of suffering and unhappiness, particularly among the young, the cost of lost productivity at the workplace, and the cost of drug-related crime. Drug use is too costly for us not to do everything in our power, not just to fight it, but to subdue it and conquer it.

The magnitude of today's drug problem can be traced to past unwillingness to recognise and confront this problem. And, the vaccine that's going to end the epidemic is a combination of tough laws — like the one we sign today — and a dramatic change in public attitude.

We must be intolerant of drug use and drug sellers. We must be intolerant of drug use on the campus and at the workplace.

We must be intolerant of drugs not because we want to punish drug users, but because we care about them and want to help them.

This legislation is not intended as a means of filling our jails with drug users. What we must do as a society is identify those who use drugs, reach out to them, help them quit, and give them the support they need to live right.

Let me take a moment here and salute a special person who has turned the fight against drug abuse into a national crusade. She started long before the polls began to register our citizens' concern about drugs. She mobilised the American people, and I'm mighty proud of her. I know the work Nancy's been doing has been appreciated.

And Nancy's made a special commitment to assist young people who are just getting started to quit and to prevent others from starting in the first place. One young person asked her advice about what to do if offered drugs, and she came up with a bit of simple, yet profound wisdom. She said, "Just Say No". And today, there are thousands of "Just Say No" clubs all over America.

In all of our endeavours here in

*Reproduced here is the text, obtained from the US embassy, of President Reagan's speech when signing the 1986 Anti-Drug Abuse Act on 27th October 1986. The commentary on page 8 is by Mike Ashton, Druglink editor.*

Washington, we're striving for a world where our young people can live happier, more opportunity-filled lives. Our goal in this crusade is nothing less than a drug-free generation. America's young people deserve our best efforts to make that dream come true.

In the last few years, we've made much progress on the enforcement end of solving the drug problem. Interdiction is up, drug crops are being destroyed while still in the fields all over the country and overseas, organised crime is being hit and hit hard, cooperation between governments is better than ever before. This legislation allows us to do even more.

Nevertheless, today marks a major victory in our crusade against drugs, a victory for safer neighbourhoods, a victory for the protection of the American family. The American people want their government to get tough and go on the offensive, and that's exactly what we intend, with more ferocity than ever before. But, as I have said on previous occasions, we would be fooling ourselves if we thought that new money for new government programmes alone will solve the problem.

Let's not forget that in America people solve problems and no national crusade has ever succeeded without human interest. So, at the same time that government sends a long, loud, clear message, I ask each American to be strong in your intolerance of illegal drug use and firm in your commitment to a drug-free America. United together, we can see to it that there is no sanctuary for the drug criminals who are pilfering human dignity and pandering despair.

There have been some real champions in the battle to get this legislation through Congress: Senators Bob Dole, Robert Byrd, and Strom Thurmond; Congressmen Bob Michel, Jim Wright, Benjamin Gilman, Charles Rangel, and Jerry Lewis.

I'd like to single out Senator Paula Hawkins, in particular. She took this battle to the public and has been a driving force behind the effort to rid our society of drug abuse. Like Nancy, she made her commitment to fighting drugs long before it was the popular thing to do. This kind of honest, hard-working leadership is what makes all the difference.

And now, Paula, if you and your colleagues will join Nancy and me, we will get on with the signing of that bill, making it the law of our land.”

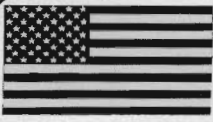


Reagan, drugs crusader in 1986, drugs backslider in '87. The taunt from Congress is that budget cuts mean the President is 'Just Saying No' to funding the drugs prevention effort.



Gorbachov: in a recent Pravda interview his Interior Minister admitted to 46,000 addicts but humanely added that "We don't punish them for their disease but for inflicting it on themselves" — turn to page eight for the most 'open' official statement of the USSR's drug control problems ever seen in the West.

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Reagan's speech shows how far official US drugs ideology has moved since the appointment of Peter

Bourne, a self-confessed ex-cannabis smoker, to be Carter's chief drugs policy adviser, despite his continued support for decriminalising marijuana use. Later President Carter himself signed a federal cannabis decriminalisation bill, saying "penalties against possession of a drug should not be more damaging . . . than the use of the drug itself". An analogy then gaining ground in top government circles likened the anti-drugs effort to weeding a garden rather than winning a war. "It is not a realistic goal to eliminate all inappropriate drug use" said a 1978 official policy review.

Carter's less strident tone and more liberal legislative lead followed disillusionment with Nixon's ambitious "war" on drugs. Nixon told Congress: "the final issue is not whether we will conquer drug abuse, but how soon". Nixon used the federal drugs budget, totalling \$418 million in 1972 alone, to finance a whirlwind expansion of methadone maintenance treatment, and 'improved' arrest statistics by redirecting the federal enforcement effort down the scale to middle and lower level dealers/users — actions seen as partly a politically-motivated attempt to monopolise the credit for a quick 'victory'.

In 1977, the *US Journal of Drug and Alcohol Dependence* reminded readers that "President Nixon's 'War' not only caused damage to the victims of misuse, but it deflected national efforts from a properly planned, well thought-out social policy".

To judge by Reagan's words, Nixon's drugs war is back. Instead of heroin, cocaine and cannabis are in the front of the firing line, portrayed as 'deceptive' drugs previously thought relatively harmless but now shown/know to be harmful and, in the case of cocaine, highly addictive.

But if Reagan's rhetoric is typical of his style, so too, critics would say, is the reality of the federal response. Through the omnibus Anti-Drug Abuse Act, Congress appropriated \$2,400 million federal drugs funding for 1987, but Reagan's proposed budget 'cuts' for 1988 and the contested White House version that the treatment and prevention money was for two years, not one, have turned the bipartisan backslapping of the signing ceremony into bitter recriminations. Reagan's "crusade" rhetoric has been turned against him, as shocked congressmen expressed concern that the message of the cuts is "that as a nation we are not seriously committed to combating drug trafficking and drug abuse".

Even Nancy Reagan's "Just Say No" rebounded on her husband. "For god's sake," a US Senator told an Education Department official, "... stop this simplistic pap, 'Just say no to drugs'. That's the kind of nonsense and drivel I've heard continuously. You're going to get \$200 million and don't tell me . . . you don't desperately need that!"

US political analysts believe the Anti-Drug Abuse Act was rushed through with neither side prepared to query the large sums involved for fear of losing votes in the mid-term elections. In a scathing editorial, the *Washington Post* commented: "Well, now it's morning in America and there's not enough money in the till . . . the extravagant promises of office holders in both parties have come face to face with budget realities". A republican Senator was more colloquial: "Those politicians are a bunch of phonies. Right before the election, they say, 'Yes, we're funding drugs'. But right after the election, 'We're cutting money in the areas where it is needed'." **Mike Ashton**

In January the new Russian 'glasnost' stretched to its hitherto denied drug problems, as *Pravda* printed a lengthy interview in which the USSR Minister of the Interior confessed shortcomings in the Soviet response and pledged an urgent national effort to "root out the evil". There was the obligatory reference to the even greater degradation of the West, but, as Mervyn Manby's commentary explains, it seems the USSR is moving towards a Western-style drug problem which its extensive opium poppy plantations could make difficult to control.

Alexander Vlasov

**“PRAVDA: The Soviet press has lately started to cover the addiction problem. "Why has that evil stricken our country?", one of our readers asks.**

VLASOV: The problem has a fairly long standing, but we used to pass it in silence — out of disgust, maybe. Now that truthful and exhaustive information is disseminated on all aspects of Soviet life, bodies responsible for legal order can't stand aloof. We have increased our effort against crime, unearned income, parasitism, alcoholic abuse and drug addiction: ugly things of which our life has to be cleaned.

That we pay ever more attention to drug abuse does not mean it is widespread. The vice has no social basis in our country, while in capitalist states, it is rooted in social and economic relations, in exploitation, organised crime, corruption, and the young generation's despair. Ever more people are caught in the horrible trap. The United States alone has over 30 million drug addicts, official statistics say. In the Soviet Union, 46,000 patients are on the books as drug addicts. But we are not after flattering comparisons. We want to root out the evil.

Drug abuse has grown these five years. Just think how many people are involved: every addict makes his near and dear unhappy, and threatens society, as drug addiction is a catchy vice. Addicts belong to different social milieus. Some work in industry, some study, yet others sponge on society. Many have criminal records. Eighty per cent of drug addicts are below 30 years of age. This is predominantly a youth problem — largely because most addicts die young.

According to research data, most patients take to drugs under their friends' influence, or trying to imitate mores incompatible with the Soviet way of life. In the final analysis, drug addiction stems from lack of spirituality and culture, of genuine values and firm attitudes, sometimes from sheer inability to invent a pastime. Drug dealers, out to make fortunes, encourage their victims on the fatal path, and thus present a tremendous social threat.

As the authorities and the mass media

*Alexander Vlasov's remarks have been edited from the Novosti Press Agency's "semi-official" translation of an article in Pravda, 7 January 1987. The commentary is by Mervyn Manby, who worked with the UN Division of Narcotic Drugs, as an adviser on drug control to Iran and then as head of the Division's illicit traffic section.*

passed the problem in silence, our society did not pay due attention to it. The militia, health service, families and schools were not vigilant enough. Unhindered, the evil took root. What we need is information, however shocking it might be. We must lay bare the vile activities of pushers and big dealers, and demonstrate the plight of their victims, doomed to disease and moral degradation.

Some information that appeared previously had a negative effect. Sensation-mongers vividly described the delights of a 'trip' and the ways to procure drugs. Many young people took to drugs out of ignorance and greed for new sensations, sure that several injections or cigarettes were nothing. They had no idea that they wouldn't do without drugs in a fortnight. Special treatment is required to break the habit, until it is too late — and that time soon comes. In his social degradation, an addict is capable of any crime.

*The vice has no social basis in our country, while in capitalist states, it is rooted in social and economic relations.*

Take one Luschai, now 35 years old. He took to drugs because they "cheered him up", as he later explained, and drew his wife into drug abuse. After he gave up his job, the couple made a fine living by processing and selling narcotics. Both were arrested and convicted. Their five-year-old daughter now has nobody but an aged relative to care about her. I could cite lots of similar examples.

Now take glue addiction: it's no less dangerous than other toxicomanias. There are patients to be rescued, and unaffected persons on the fatal path to be warned about the danger and brought back to society. We must use every means to root out the vice that debilitates the body, corrupts the soul and kills.

**PRAVDA: I. Zinoitullin of Alma Ata doubts that drug addicts can be punished for what is, in fact, a disease.**

VLASOV: We don't punish them for their disease but for inflicting it on themselves, and because they present social danger by their conduct, illegal machinations, and by threatening their own and others' health. An addict wants ever bigger doses and stops at nothing to procure the drug. Narcomania goes hand-in-hand with crime, even more so than alcohol abuse. Three addicts, Mironov, Yemashev and Zaporozhan robbed several dozen flats in

Tashkent to regularly buy drugs from a certain Rejepov, a dealer who had no employment and went on his ignoble business trips in a Volga car until the whole gang was caught. Abbasov, Omanov, Malik and other drug addicts committed about 40 serious crimes in the Tashkent Region. Twenty three kilograms of narcotic drugs were requisitioned from them.

It is one of our top-priority tasks to fight drug abuse and crime closely linked with it. The main thing is to stop the channels through which drugs are smuggled, and to thwart secret sowing and cropping of narcotic-bearing plants, transportation of raw narcotics and their processing. We know the sites and routes. Operation Poppy-86 alone destroyed over 3000 secret plantations, and wild cannabis thickets on 100,000 hectares. Three hundred couriers and over 4000 drug manufacturers were arrested. Local Party and state bodies secured community activists' help in the operation.

Drug dealers must be severely prosecuted. Last year alone, tens of thousands of crimes were detected, but dealers and pushers accounted for only 10 per cent of the total number of persons who went on trial. The militia is not yet up to the task, but no drug dealer shall go unpunished.

Fattakhov and Urazkulov, residents of Kokand, will soon appear in court for buying raw narcotics from secret opium poppy farmers. Such plantations are no rarity in Uzbekistan: last summer's Operation Black Poppy detected many plots in collective farmers' private gardens.

**PRAVDA: Narcotics from pharmacies and hospitals are sometimes blackmarketed, our readers report.**

VLASOV: That's right. Some doctors ignore their duty and abuse the Hippocratic oath. Valiulin, chemist and Chibrikov, gynaecologist stole 4600 ampoules of narcotic substances during a year and a half. Mamaev, head doctor of the Isakly hospital, stole over 22,000 ampoules.

The USSR Ministries of Health and of Medico-Biological Industry must prevent thefts by thorough checks. Narcotic drugs must be specially registered and packed. Prescriptions can be valid only within the district where they are written. This is necessary, considering the number of forged prescriptions.

In team with narcologists,<sup>1</sup> the militia is working to register all drug addicts. Many patients want to undergo treatment, but not all receive it in due time. Organisation of check-ups, hospital regimes and isolation of patients still leave much to be desired. Registration rules are not exhaustive for the time being. But there are patients in need of treatment!

The militia cooperates closely with the health service and public organisations in the individual prevention campaign. Of special importance to us are contacts with narcologists, GPs and doctors at general

educational and vocational schools.

Lieutenant P. Kirpa, a divisional inspector, learned that 'K', a young factory worker resident on his precinct, had taken to drugs. The lieutenant informed his superiors about it, and V. Kozlov, deputy head of the district Criminal Investigation Department, saw the young man and accompanied him to doctors. Friendly and sympathetic, he persuaded 'K' to undergo treatment. "I'd have drowned in that mire but for Kirpa and Kozlov. They were really kind to me," he says now.

Only medical help at the initial stages of the disease can save a drug addict and rule out relapses. Every patient must be the object of concern. Registration is not enough. According to existing legislation, a narcomaniac who refuses to undergo treatment is, on court decision, subjected to forced hospital treatment on request by the authorities, public organisations or work collectives, provided the appropriate medical certificate is obtained. Since January 1, compulsory treatment has been introduced for drug addicts under age. As we see it, hospital treatment is an important medical and moral influence, especially if combined with patients' labour activity. The network of such institutions is growing.

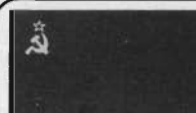
**PRAVDA: Many letters demand closer cooperation between law-enforcing agencies and other bodies and public organisations to make the anti-drug campaign a truly national effort.**

VLASOV: That's the way to pose the question! Things do leave much to be desired. We militiamen have our drawbacks, too. We are not active enough. Many district drug squads are inefficient, largely because they are short of vehicles, trained dogs and technology, proximate analysis gadgetry in particular.

Drug traffickers are very inventive, while the militia is sometimes slow about detection. Divisional inspectors are not active enough, especially in detecting secret plantations, trade in raw narcotics, and cases of adolescent drug abuse.

Here and there, the authorities make do with registering addicts. T. Didenko justly criticises the local militiamen who have not taken the appropriate measures with regard to her son and his wife, narcomaniacs who lead the life of parasites. We always give a principled appraisal of such irresponsible attitudes to cries of help.

The danger is not always treated as seriously as it deserves: the next Board conference of the USSR Ministry of the Interior will discuss priority measures to combat drug abuse. If we are to succeed, the law-enforcing agencies must act in the closest possible cooperation with economic bodies, public organisations and work collectives. Take narcotic-bearing plants. It's the duty of the USSR State Agro-Industrial Committee and of collective and state farms to reduce sown areas, concentrate plantations in strictly appointed localities, properly guard crops and raw narcotics, and destroy stubble and wild narcotic-bearing plants.



The Soviet Minister's mention of "narcomania", "poppy plantations", and "wild cannabis" make it clear

enough that he is speaking of opiates and of cannabis 'joints'. This impression is confirmed by the totals of illicit drugs seized in the Soviet Union in 1985, officially stated to be 15kgs of heroin and lesser amounts of opium, morphine and cannabis. The heroin figure is significant: in 1984 it was under 6kgs; in 1982, nil.

One can only conclude that the Soviet Union is experiencing a developing pattern of illicit drug production, distribution and consumption, similar to that known in the West. Cannabis smoking and opium use would not be surprising in the old Muslim emirates of central Asia adjoining Iran and Afghanistan, but the Minister mentions other regions in a wide belt much further north, from the Ukraine, across the Volga basin and the Urals into Siberia. What is really surprising is the indication of heroin: throughout the 1970s there was, officially, not a single case of heroin addiction in the USSR.

Soviet spokesmen have often said that the custom of smoking opium was widespread in central Asia in Czarist times, as was the taking of cocaine and other "narcotics" in big cities. After the October Revolution, however, drug abuse was eliminated, due, it was claimed, partly to the new social conditions and partly to centralised state control of the manufacture, distribution and prescription of all pharmaceuticals.

The Soviet Union abandoned opium production after 1973, and currently produces neither opium nor heroin legally. Most of the morphine it needs is extracted from opium imported from India, but about a third comes from poppies grown on state or cooperative farms, using the 'poppy straw' method. This process does not require the opium to be extracted from the seed capsule by lancing when the crop is still standing, reducing the risk of opium being produced for illicit use. Instead, the whole of the top of the plant is reaped by combine harvesters and delivered to factories.

The USSR does not say where its poppy straw poppies are grown but it does acknowledge that poppies are grown for their oil right across the south of the European part of the country and into Siberia. These poppies appear not to be subject to the control exercised over those grown for morphine, yet there is very little difference between the varieties: the oil ones still contain morphine.

If people are taking opium from any of these poppies or cultivating them for opium production on private plots, then the Soviet Union may well have the beginnings of an enormous control problem on its hands. The most likely inference from the Pravda article is indeed that the Soviet Union's heroin has come from illicit lancing of licit poppies or from entirely illicit cultivation and lancing. There is no suggestion that drugs have been smuggled into the country, while the Indian opium is presumably delivered safely in chests to the factories.

Along with this must go the organisation (and presumably the corruption) needed to obtain acetic anhydride — essential to the heroin production process — from state-controlled sources. On the marketing side, too, there must be a degree of sophistication. The reference to "pushers" and "big dealers" suggests drug selling is in some places being conducted as a business and is more than just a few friends helping each other out. It's also possible that Gorbachov's reduction of vodka supplies may now be encouraging heroin as an alternative route to oblivion.

Mervyn Manby

1. Term used in Russia for dependence on drugs not controlled under the narcotics laws.  
 2. Term used in Russia for dependence on controlled drugs.  
 3. Drug experts.  
 4. Cannabis.

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The planned amount of poppy straw and seed was cut by half in 1986, but the sown areas were reduced by 30 per cent only. Two hundred and eighty-six collective and state farms in ten regions and territories, including densely populated ones, go on cultivating poppy. Calculations show, however, that a sufficient amount of poppy and hemp<sup>4</sup> can be grown in three or four regions with plantations properly guarded. There are several hemp varieties with low narcotic concentrations, but farms are not too eager to accept them.

Wild hemp thickets have to be destroyed. Meanwhile, experts are debating at length whether the quicksands of the Chu Valley will start moving once deprived of vegetation. They seem to have forgotten that hemp is not part of local flora: it has been introduced by man. The hemp-grown area grew 30 times in the Jambul Region alone in the last 35 years.

**PRAVDA: If the authorities were punished more severely for inadequate protection of narcotic-bearing crops and raw substances, and when they are at fault for not destroying wild narcotic-bearing plants, the amount of black-market drugs would shrink dramatically, many readers think.**

**VLASOV:** A timely proposal. The Ministry has elaborated appropriate decisions, and offered them for discussion. I think it is high time to introduce a state monopoly on oil-yielding poppy plantations. Re-

***A narcomaniac who refuses treatment can be forced into hospital . . . compulsory treatment has been introduced for drug addicts under age.***

search institutions are too slow in developing detection equipment.

We largely count on parents' and teachers' help. It is high time that every family realises how serious the danger is. Attempts to conceal drug abuse bear sinister fruit. School medical check-ups are not efficient enough in detecting drug-abusing adolescents.

We must act in team with the Young Communist League (YCL). YCL branches, classmates and teachers are the first to spot addicts before the militia detects them. The law-enforcing agencies shall be promptly informed to make due steps. Drug abuse among young people can be drastically reduced if voluntary people's patrols and YCL squads in teacher-training, medical and other colleges get down to it.

Once again, I call your attention to the extreme danger of drug abuse. Success of the effort depends on efficient work by state, economic and public bodies. All republics, regions and territories have worked out comprehensive prevention plans by now with active Party and state bodies' participation. They are to be implemented without delay.

To finish with drug abuse is an urgent, responsible and humane task. Our country has every possibility to cope with it.

# DEPENDENCE

**Some say it's worse than coming off heroin, others that it's nearly 'all in the mind' — an example of the myths and confusion surrounding withdrawal from benzodiazepine tranquillisers, the most widely prescribed drugs in the world. One of Britain's leading medical authorities on the subject reviews the evidence on withdrawal and its treatment; the conclusion is that the risks justify prescribing only for severe, otherwise unmanageable anxiety.**

## Malcolm Lader

ANXIETY IS ONE of the most ubiquitous of human emotions but only when it is severe, chronic, all-pervasive or intolerable does it require medical treatment. Lack of training in psychological problems, and failure to appreciate that non-drug alternatives exist and are usually effective, has led to the widespread use of tranquillisers by general practitioners for most of this century. We have witnessed the introduction of successive sedatives and tranquillisers each ushered in with claims that the drawbacks of their predecessors had been overcome. Most recently, the benzodiazepines ousted the barbiturates because they were perceived by doctors, and then by patients, as being more effective, less toxic and less liable to induce abuse and dependence. The last attribute is the most open to doubt.

Cases of physical and psychological dependence on the benzodiazepines have been reported in hundreds of scientific papers. However, until about six years ago, these reports involved patients who had escalated their doses to levels way above those prescribed therapeutically. For example, I treated one patient taking 200mg a day of diazepam (Valium), over 10 times the usual therapeutic dose, and another on 15mg a day of lorazepam (Ativan), five times the usual dose. But such cases are not common and are most often encountered in the context of the abuse of a range of drugs.

We now know from a series of clinical and laboratory studies that physical dependence can follow the use of even normal doses of a benzodiazepine tranquilliser or sleeping pill. On discontinuing such therapy, 15-35 per cent of long-term (over six months) users will have a characteristic withdrawal syndrome, similar to that following barbiturate use and reminiscent of mild delirium tremens — the state of agitated confusion sometimes seen in withdrawing alcoholics. After abrupt discontinuation, especially of doses at the upper end of the therapeutic range, a severe illness can come on, with fits or severe

paranoid states with confusion. As with delirium tremens, the patient's life may be threatened. Consequently, abrupt withdrawal should *never* be attempted.

Even after tapering off the dosage, a withdrawal syndrome may occur. In its mildest and most common form it represents a rebound syndrome, as seen with many drugs, not just psychotropic ones. For a day or two or sometimes longer the patient feels jumpy, tense, anxious and their sleep is poor and broken by nightmares. This syndrome merges into more definite withdrawal syndromes which are characterised by:

▶ Psychological symptoms of anxiety: apprehension, mental tension, distractibility, inattention, irritability and insomnia.

▶ Bodily symptoms of anxiety: palpitations, tremor, sweating, nausea, stomach cramps and loss of appetite and weight.

▶ Perceptual symptoms of heightened sensory awareness: sounds seem loud, lights bright; pains and muscle spasms may be widespread; the patient feels unsteady; there may be taste/smell abnormalities.

Other symptoms may occur, such as 'pseudowithdrawal' — in which the patient becomes anxious and apprehensive about the process of withdrawal even before any real reduction in dose has taken place — while after withdrawal, panics, phobias and depression may supervene, even though the patient has no previous history of these symptoms.

After stopping a benzodiazepine, even after tapering the dose over several weeks, there is usually some delay before rebound or withdrawal effects can be seen. The delay depends on the time taken before the drug is cleared from the body. Accordingly, after a short-acting compound such as triazolam (Halcion), withdrawal reactions may occur the next night with grossly disrupted sleep; after lorazepam, a medium-duration compound, withdrawal is usually seen in 48-72 hours; whereas after stopping diazepam or one of the other long-acting tranquillisers, withdrawal may be delayed for up to 10 days.

Puzzling exceptions do occur. Sometimes patients develop apparent withdrawal symptoms while still on medication and raising the dose may not always help. This has been attributed to the development of tolerance. Another unexplained observation is that one benzodiazepine may not suppress withdrawal from another. For example, it is often difficult to substitute

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