On May 7, the U.S. Public Health Service released the 2008 Clinical Practice Guideline Update: Treating Tobacco Use and Dependence at the American Medical Association (AMA) national headquarters in Chicago. At the event, the energy and enthusiasm were palpable.

Highlights included:

- The recommendations themselves, which offer a national blueprint for clinicians and health systems. They describe how clinicians can provide effective treatments quickly and effectively, how smokers can access these treatments, and how health-care systems can support both clinicians and smokers in utilizing evidence-based tobacco dependence treatments.

- The charge to carry the recommendations forward from speakers like Society for Research on Nicotine and Tobacco (SRNT) President Scott Leischow, former U.S. Surgeon General C. Everett Koop and SRNT President-Elect Sue Curry.

Leischow said, “While SRNT’s primary focus is on encouraging and disseminating new research discoveries, we recognize that to be most useful those discoveries, which are not always consistent, must be interpreted and translated into recommendations for policy, as well as clinical and community practice.”

“When implemented, the Guideline will save lives not only in the United States, but around the world. Its impact cannot be underestimated,” he concluded.

- The support of 58 organizations, including SRNT. Literally tens of thousands of clinicians and those who are part of health-care systems will be unleashed to implement the recommendations. A full list of the endorsing organizations can be found at http://www.ctri.wisc.edu/Researchers/researchers_CPGupdate2008_endorse.htm.
The more than 110 people in the audience who had ample opportunity to talk and strategize with each other during pre- and post-event receptions.

A webcast of the event is available at http://www.rwjf.org. There, speakers such as Dr. Tom Freiden, New York City commissioner of health offer comments such as: “What you have here is the best of the best in the release of a clinical practice guideline. In the process, content, practicality and the rigor of its work, I really salute all the people who worked on the program, for what really should be a model for any clinic or medical practice.” A highlight of the day was the final speaker, AMA President and former director of the United States Office on Smoking and Health, **Ron Davis**, who issued a call to arms to American clinicians to address tobacco dependence with their patients who smoke.

Guideline recommendations were based on a systematic review of almost 9,000 publications, and included more than 50 meta-analyses and expert summaries of relevant literature.

Here’s a taste of what’s new or different in the 2008 Update.

**New Recommendations:**

- Quit line counseling is effective with diverse populations and has broad reach. Quit line callers on average are four times more likely to quit tobacco use than those who attempt to quit without treatment. Anyone who calls 1-800-QUIT-NOW (784-8669) can get free counseling services.

- The combination of counseling and medication is significantly more effective than either alone. When at all practical, both should be provided. However, medication should not be used when contraindicated—and are not recommended for pregnant women, light smokers, adolescent smokers or smokeless tobacco users.
  - This Guideline includes information on two medications approved by the FDA since the release of the 2002 Guideline – the nicotine lozenge and varenicline. Seven medications are now approved by the FDA for tobacco-dependence treatment.
New Emphasis:

☑ Tobacco dependence is a chronic condition that often requires repeated intervention to achieve long-term abstinence. Many patients relapse several times before quitting for good. Clinicians should intervene using the recommended treatments in the Guideline, regardless of the smoker’s past success.

☑ Recommendation for tobacco dependence counseling is strengthened for:
  - Pregnant smokers
  - Adolescents
  - Spit tobacco users
  - Light smokers

☑ For smokers with a history of depression, bupropion SR and nortriptyline are significantly more effective than placebo.

☑ Tobacco dependence counseling and medication are effective with diverse populations, including racial and ethnic minorities, those of limited education or finances, patients with medical or psychiatric co-morbidities and LGBT patients.

☑ Healthcare policies and systems changes can significantly reduce barriers to treatment:
  - Tobacco-dependence treatment as a covered health-insurance benefit results in significantly more quit attempts and higher quit rates.
  - Clinician training combined with a charting/documentation system, significantly increases rates of clinician intervention, and also dramatically improves patient quit rates.
  - Documentation and reimbursement issues must be addressed by the healthcare system or these become a hindrance to provision of treatment.

☑ New motivational strategies have now been shown to increase interest in quitting among patients not willing to quit at the present time. Clinician counseling can lead to increased future quit attempts among these smokers.

The Guideline represents nearly two years of work by a 24-member panel informed by the input of many SRNT members. More than 90 independent peer reviewers offered feedback on Guideline drafts, as did members of the public.

As impressive as all the findings were, SRNT’s President-elect and panel member Sue Curry emphasized that there is still much to learn. She highlighted 100 topics mentioned in the Guideline Update as future research candidates, challenging the SRNT’s membership to future expand the evidence-base for treating tobacco dependence.

To order copies of the Guideline and its related material, visit [http://www.ahrq.gov/clinic/tobacco/order.htm](http://www.ahrq.gov/clinic/tobacco/order.htm)

About the Author: Michael Fiore is the founder and director of the 16-year-old University of Wisconsin Center for Tobacco Research and Intervention. The Center is focused on understanding tobacco dependence – and translating that understanding into clinical practices that help more smokers quit.
Dear Colleagues,

As usual, the SRNT membership has been busy and this spring issue reflects only some of that activity. First, I want to welcome our new President, Scott Leischow, and encourage you to read his column in which he discusses the direction of SRNT and the continued opportunities for growth in our organization. Also highlighted in this issue is a summary of the newly updated and released *Clinical Practice Guidelines for the Treatment of Tobacco Use and Dependence*. This update is the first since the guidelines were initially released in 2002 and reflect a synthesis of the latest research findings on helping tobacco users successfully quit. Several new pharmacotherapies have been developed since the 2002 Clinical Practice Guidelines were written as well as increasing evidence for the efficacy of other behavioral interventions. Further information about how to order copies of the guidelines are also presented in the article.

In this issue, Murray Jarvik is remembered both for his contributions to the field as well as for his remarkable life. SRNT’s annual Young Investigator award is named in his honor and the story of his life is truly inspiring. Also in this issue we highlight the important clinical work and research being done at M.D. Anderson to help patients who received a cancer diagnosis quit smoking. A recap of the First Annual Latin American and Second Iberoamerican conference on tobacco control is also included as well as the highlights for the upcoming 10th Annual SRNT Europe Conference in Rome that will be held in September 23rd through the 26th. It is not too early to register and make your travel plans to attend what looks to be an exciting and informative conference!

As in every issue, we have a report from the TANRIG group on available funding opportunities, post-doc and other available positions, upcoming tobacco trainings, and member publications. We also have a book review of “Cognitive-Behavioral Therapy for Smoking Cessation: A Practical Guidebook to the Most Effective Treatments” by Perkins, Conklin, and Levin. Finally, I want to congratulate Nancy Rigotti for being elected President of the Society of General Internal Medicine and Ellen Gritz for receiving the Alma Dea Morani, M.D. Renaissance Woman Award.

Have a wonderful summer!

Sincerely,

SRNT Newsletter is published quarterly by the Society for Research on Nicotine and Tobacco (www.srnt.org). The newsletter is distributed electronically to members of SRNT. If you would like to subscribe or unsubscribe to the electronic mailing list, e-mail Bruce Wheeler at bwheeler@reesgroupinc.com.

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Central office: 2810 Crossroads Drive, Suite 3800, Madison, WI 53718 US. Phone 608-443-2462 or 608-443-2469, fax 608-831-5485. info@srnt.org.
Greetings, colleagues and friends, and welcome to the President’s column. This forum for comments by the SRNT President is designed to provide an opportunity for the President to discuss topics relevant to the Society, and, most importantly, on the state of the Society itself. After spending a year as President-elect, I have had the opportunity to learn much more about the structure and function of the Society, and my comments are a result of this new perspective.

First, it is clear to me that as a scientific society we are fortunate to have both brilliant scientists among us as well as some of the nicest and most dedicated people one could hope to know. This combination of expertise, passion, and thoughtfulness is what makes SRNT work and grow. We continue to have many members lead or become involved on various Committees, and also run for office. Regarding this latter point, I want to offer my sincere thanks to our past President, Ray Niura, as well as to Sue Curry, our President-elect. SRNT works because of the dedication of our volunteer members, and I want to encourage everyone to find a way to contribute not just financially to SRNT via your membership, but also by running for office or joining a Committee. I also encourage every member to convince a colleague to become a new member of SRNT.

SRNT continues its expansion globally, and that is as it should be given the global threat to public health that tobacco use represents. Our European colleagues have a very solid chapter of SRNT along with an exceptional yearly conference. Last year, the first SRNT conference in Latin America was held in Rio de Janeiro - and by all accounts it was very successful and should serve as a foundation for continued growth in Latin America. And this year will mark the first Asian regional SRNT conference in Bangkok, Thailand in late October. Moreover, as the leading scientific society dedicated to tobacco control, we have the opportunity and responsibility to press for scientific evidence as a foundation for implementation of the Framework Convention for Tobacco Control (FCTC). Indeed, one of our members, Martin Raw, will represent SRNT as implementation of the FCTC Article 14 (increasing treatment for tobacco dependence) becomes a higher priority by the global tobacco control community this year.

It is important for all members to know that SRNT is currently in very good shape financially and administratively, thanks in large measure to our exceptional Board and our management company, the Rees Group. Bruce Wheeler, our Executive Director, deserves particular thanks for his excellent leadership. At the same time, our growth has not always been easy, and has put strains on both our structure and function. Over the next year, the Board will need to assess and make decisions on how our management infrastructure keeps pace with our growth. This is the challenge of growth that we are fortunate to have to address. This sort of expansion, implemented in a planned and deliberate way, is critical to increasing membership by scientists in all fields pertaining to tobacco and nicotine - from biological mechanisms of addiction and tobacco-caused disease through macro level policy research. With your help, SRNT will continue to thrive and grow to meet the global challenges ahead.
Murray E. Jarvik, M.D., Ph.D., recently died on May 8 at his home in Santa Monica, California. Murray was a pioneer in nicotine dependence research and one of the founding members of SRNT. Although Murray was well known to many members, his recent health issues and retirement from academia reduced his involvement with the organization. Thus, some members may know only of Murray Jarvik as a name attached to SRNT’s Young Investigator Award. The history of the man behind the name is a story of great personal and scientific achievement.

Murray was born in New York City in 1923. The Great Depression soon arrived and this period of extreme economic turmoil would color Murray’s thinking for the rest of his life. Most notably, Murray would accumulate a huge library of books, both scientific and general interest and a trove of scientific equipment that filled his lab storage space. Intellectually, his early experiences may have brought parsimony to his view of science as well. He preferred direct research questions and direct answers. He was not fond of complex projects or large-scale data collection. He preferred looking for phenomena that could be seen within a small sample of subjects.

Murray’s interest in science began in high school. One of his earliest successes came then when he and a classmate, Ernest Schwarz, built a working model of an iron lung and won first prize in the Westinghouse Science competition. This also presaged Murray’s lifelong interest in gadgets and new technologies. While he was attending college, he had a job working with many renowned scientists using advanced technologies at the Rockefeller Institute. Subsequently, he would try his hand at several inventions of his own. One of his more interesting, if less successful, ideas was a patented design for a portable escalator.

After college, Murray moved west to the UCLA Psychology Department for graduate work, and subsequently transferred to UC Berkeley to work under Edward Tolman. This led him to focus on the study of learning and memory. Murray’s doctorate work was put on hold for him to attend medical school at UCSF but he soon earned both degrees.

Following medical school, Murray worked at the Yerkes Laboratory in Florida. It was here that he serendipitously witnessed a monkey that would smoke cigarettes. A Fellowship at Mount Sinai Hospital in New York followed. It was here where Murray became one of the pre-eminent researchers studying a newly discovered substance: LSD. Though Murray’s interest in LSD was purely scientific, a mutual associate introduced Timothy Leary to the drug with historical ramifications for the popular culture.

LSD research also pivoted Murray into the emerging field of psychopharmacology in the mid-1950’s and to a professorial position at the newly created Albert Einstein School of Medicine. It was here that Murray established himself as a premier researcher on effects of drugs on learning and behavior. If his career had ended at this point, his contributions to the field would have been impressive by all common metrics. As editor-in-chief of a major journal for many years, and author of a textbook chapter read...
by almost every medical student for decades, Jarvik was often called the “dean of psychopharmacology” by students and colleagues alike.

Yet, Murray’s interests in the mid-1960s turned toward tobacco smoking. This was partly due to funding opportunities and partly due to concerns about people close to him who smoked; the historic US Surgeon General’s Report on the health risks of smoking was released in 1964. Although Murray continued, initially, to study the effects of other drugs and memory, he eventually shifted his focus to smoking and nicotine addiction almost entirely.

One of the first projects he attempted, spurred by the very memorable observation at Yerkes, was to attempt to get monkeys to smoke. This was partially successful and led to experiments with humans and rats so that by 1970, Murray had collected sufficient data to suggest that nicotine was key in the reinforcement of smoking. His work was included in subsequent Surgeon General Reports on smoking and nicotine addiction.

Murray left Albert Einstein for a new position and laboratory at UCLA. It was here that Murray trained and collaborated with many persons in the field of smoking and nicotine addiction research who then went on to make their own major contributions. These included Ian Stolerman, Nina Schneider, and Ellen Gritz. With Saul Shiffman, he was one of the first to bring psychometric principals to the measurement of nicotine withdrawal using a questionnaire; the resulting Shiffman-Jarvik Withdrawal Scale was used by many researchers at the time.

Perhaps Murray’s most notable achievement was work done with Jed Rose in the 1980’s investigating the possibility of delivering nicotine through the skin in sufficient quantities to affect smoking behavior. At first, their approach was quite simple, a basic poultice of nicotine. After much development, they were able to patent the concept of a nicotine transdermal patch which they turned over to UCLA. It soon made it into production as the second FDA-approved pharmacologic treatment for smoking cessation after nicotine gum. With both established efficacy and ease of use, it was highly successful, for several years among the top three most profitable patents for the University of California. Unfortunately, the story was not without some disappointment for Murray. Though it was clear that Murray and Jed did develop their idea independently (also with Jed’s physician brother), others did claim that they had done so first and this led to many lawsuits involving the UC and various pharmaceutical companies. This aspect of the “business of science” was one that Murray did not appreciate. Nonetheless, Murray was justifiably proud of the millions of people he has undoubtedly helped to quit smoking; very few scientists have had the opportunity to create such a vast public health benefit.

Though it was now accepted that nicotine was the primary reinforcer, Murray continued to ask ‘Why do people smoke?’ In the last phase of his career, he worked on a number of projects that examined secondary reasons such as menthol, potential cognitive benefits, self-treatment for psychiatric disorders...
such as schizophrenia, and internal and external cues to smoking. Perhaps to prove his scientific agnosticism in an area that sometimes engendered strong political debates on the “evils” of drug dependency, Murray also penned an article discussing the beneficial effects of nicotine. Among his more than 300 publications, one of his personal favorites was a simple little study that looked at the “favorite cigarette of the day” in part because he liked the title, an example of Murray’s impish side. A much faded “Nothing is simple” banner was a centerpiece to his office and represented a dichotomy in his feelings about science. While many a straight-forward and simple research design were devised in the presence of that banner, Murray always knew that there would be complications and complexities, that more questions would be created than answered at each step.

Murray suffered from several serious medical conditions throughout his life. At age 12, his heart was damaged by rheumatic fever; the resulting severe aortic insufficiency reduced his life expectancy at the time to age 33 (a fact he discovered at age 20 in reading up on the disease). At age 28, Murray was struck by bulbar polio which, fortunately, only impaired his swallowing and voice. In 1991, Murray was found to have lung cancer despite being a life-long non-smoker; it was caught early and surgery was effective. In the late 1990’s, Murray was forced to use a feeding tube for more than a year after complications from surgery repairing his implanted heart valve. He then developed congestive heart failure, though was able to manage it for many years until a sudden worsening led to his death. “He loved life with a fierce passion that allowed him to survive well beyond the expectations of everyone […]” said his son, Jeffrey. Moreover, he learned to accept limitations of his health with humor. He would tell the story of being alone and paralyzed by polio and needing to be rescued by colleagues as an amusing anecdote and he delighted in showing off the process of using the feeding tube to anyone over for a visit.

While Murray undoubtedly developed into a great scientific mind, it is very illustrative to read something Murray wrote when he was still a teen. In 1941, in response to a discussion about science and religion with Ernest Schwartz, Murray wrote in a letter (Some of this was read by his son at his memorial service):

“I feel very flattered that you consider me scientifically-minded. I only wish I were, for to my mind scientific thinking means clear, logical thinking as opposed to hazy, dreamy thinking that begins nowhere and ends nowhere. Since I derive aesthetic pleasure from many things, my thinking is necessarily hazy sometimes.”

“Can you solve social problems without using […] philosophy? Probably. You can build a house without knowing geometry. But as you cannot build a very good house without applying geometry so you cannot solve social problems without applying philosophy.”

“A scientist is a philosopher since he wants to know as much as he possibly can. He knows he will never know everything but this does not bother him since he also knows that he can know more than he does at the present.”

“I don’t think that knowledge alone is enough. It must be applied to the happiness of mankind. Let me define what I consider Good and Evil. Perfect Good is that which helps all of mankind to achieve happiness without hurting any person. Perfect Evil is that which hurts all of mankind without helping any person to achieve happiness. You can see now what I would consider a relatively good man.”
Based upon Murray’s contributions to global public health and the personal effect he had on those close to him in his life, it is clear on which side of this equation he fell.

Murray is survived by his wife of 53 years, Lissy, herself a renowned research scientist and an emeritus professor of psychiatry at UCLA, his sons Laurence (Larry) and Jeffrey (Jerry), and his grandchildren Ella, Leah, and Ethan.

For additional colorful events in Murray’s life, please see the 2001 interview in Addiction (v96, pp 1241-52).

UCLA will be holding a memorial service on October 31, 2008. For more information, please contact Richard Olmstead at Richard.Olmstead@ucla.edu

About the Author: Richard Olmstead is an Associate Researcher at UCLA and the Greater Los Angeles VA Healthcare System; he was among the last group of individuals trained in Dr. Jarvik’s laboratory and continued to collaborate with him until his retirement.

TREATING SMOKING ADDICTION IN PATIENTS WITH A CANCER DIAGNOSIS
BY: MAHER KARAM-HAGE

It is well known by now that many physicians do not assess and treat tobacco use in accordance with the U.S. Department of Health and Human Services’ smoking cessation guidelines. There have been many speculations on why that is the case, the most probable causes are: 1) physicians often lack time and appropriate counseling skills, 2) they believe that smoking cessation discussions are ineffective, and 3) they have concerns about intruding on patients’ privacy. Unfortunately, cancer patients who continue to smoke are at increased risk for substantial adverse effects on treatment effectiveness, overall survival, and development of secondary cancers after completing treatment for the first one. In this setting, smoking cessation interventions can be particularly challenging because the treatment strategy may need to address complex medical, psychiatric as well as psychological comorbidities. Published data show that patients who smoke often have concurrent psychiatric problems, such as depression and anxiety, and may have heavy drinking or dependence on alcohol and/or addiction to other substances. Taking these factors into account and providing appropriate treatment/management would be expected to increase patients’ efficacy in reaching a successful smoking cessation outcome. Patients who quit smoking experience improved cancer outcomes, have fewer treatment complications (e.g. lower surgical and other infection rates). They also have a decreased potential for recurrence or development of a secondary tumor when compared with patients who continue to smoke, especially when exposed to radio- or some chemotherapies. In a review on smoking cessation and cancer, Gritz & colleagues (Cancer 2006) suggested that motivation to quit is highest following an initial cancer diagnosis therefore is seems crucial to emphasize smoking cessation during this window of opportunity and it may help up to 70% of patients quit within 1 year.
The Tobacco Treatment Program at M. D. Anderson, established in 2006 by Paul Cinciripini, PhD (Director) and Janice Blalock, PhD (Assistant Director), involves a team of psychologists, social workers, an advanced practice nurse (APN) and an addiction psychiatrist Maher Karam-Hage, MD (Associate Medical Director) to optimize smoking cessation efforts. The program’s goal is to address all the barriers to quitting. It’s important to discern whether or not patients have low motivation, a psychiatric disorder, dependence on another substance, a spouse or family member who still smokes, or lack of financial resources to attend the tobacco program. The program, including all smoking cessation medications, is delivered to the patient at no cost for up to 3 months—an extremely unique and important feature, which allows all MD Anderson patients an easy access to the tobacco cessation help that they need. The team identifies psychiatric comorbidities, alcohol and other substance use, and motivation to quit through an assessment battery that evaluates these variables before a patient gets to see a clinician. The program is offered to any M.D. Anderson patient who is a current smoker or has recently quit within the last 12 months.

Current and future studies are planned to help the Tobacco Treatment Program tailor interventions to patients’ specific needs and focus on how to achieve tobacco-cessation goals. Patients are referred to the addiction psychiatrist if they need help with other addictions, have comorbid psychiatric conditions, or fail our standard approach with smoking cessation. All patients are seen over a 12-week period for approximately eight 30- to 60-minute sessions. Patients outside our referral area receive assistance by telephone, and medications are sent by mail directly to all patients at no cost. After the first or second visit a nurse contacts all patient prescribed tobacco cessation medication within 2 weeks to check on any side effects and to provide further refills and to help patients to focus on preparing for a quit date. Even after abstinence is achieved, the patient is followed through long-term appointments for a year to provide relapse prevention support. If relapse occurs, then the team works with the patient to re-enter them into the program to start another quit attempt. Although not every health care provider is equipped or funded to deliver these types of intensive services, lessons learned from the program are planned to be communicated in different venues as they can be applied to office-based practices, including 4 posters planned to be presented at the annual meeting of the Society of Research on Nicotine and Tobacco (SRNT) in Portland Oregon February 2008.

Finally, About 24% of cancer patients referred to M.D. Anderson are estimated to be smokers or recent quitters within the last 12 months. “Of this group, about half were unable to quit either on their own or with medication even after the diagnosis of cancer. Among these ‘hard core’ smokers, our data shows that about 40% have comorbid psychiatric diagnoses such as anxiety, depression, or insomnia; about 30% have an alcohol use disorder. The Tobacco Treatment Program have recently celebrated its 2 years anniversary and it has so far treated in excess of 1,100 unique patients and about 8,500 treatment visits have been delivered so far. An analysis of data after a year and a half of operations showed a remarkable high quit rate by the end of the 12 weeks of treatment intervention. About 60% of patients who were initially ready to quit (had agreed to fix a quit date) actually did quit. Another 30% of patients who were not quite ready to quit or did not agree to a quit date also managed to quit.
at the 12 weeks. Our mean quit rate across both groups, at 12 weeks, was 44%. This rate compares favorably with the general rates observed at 8 to 12 weeks in pharmacotherapy studies on smoking cessation with non-cancer motivated volunteers. Moreover, among all smokers who did not quit entirely, we observed a 50% reduction in tobacco use, which is thought and is expected to motivate patients further to get to total cessation. Our hope is that the effectiveness of our program will gain momentum and encourage the development of similar programs in other medical and cancer centers throughout the United States. With some dedicated funding and a good plan in place, this kind of program can be replicated so patient who desperately need to stop using tobacco would get the help they need.

References


10TH ANNUAL CONFERENCE OF THE SRNT EUROPE ROME
SEPTEMBER 23RD-26TH, 2008
BY: CHRISTIAN CHIAMULERA

The 10th Annual Conference of the SRNT Europe will take place in Rome, 23rd - 26th September 2008. All the staff of the SRNT Europe- board of directors and Scientific Committee - have been working hard in order to have an interesting and attractive scientific program. Please go to www.srnt2008rome.com to register and download the program!

The theme of this year’s conference will be “The Scientific Evidence: Criteria for Therapy, Needs for Prevention”. This thematic choice derives from the acknowledgement that in spite of guidelines and of the available scientific literature, the practical intervention for smoking cessation, prevention and tobacco control is still based on common sense, intuition and non-evidence based approaches. We think that this loss of energy may be limited with better information sharing among professionals and researchers based on a multidisciplinary communication across the different levels of expertise.

The mission of the Society for Research on Nicotine and Tobacco is to bring together experts from different fields, but also to disseminate to those people daily involved in research, medical practice and education on tobacco therapy and prevention. The aim of this conference is in fact to enhance the ‘translational’ value of the scientific evidence as a well-accepted criterion for therapy, but also as a still unmet need for preventive activity. We hope that the Rome 2008 conference will meet these objectives.
The program is comprised of plenary lectures, basic, clinical and healthcare research symposiums and panels, round table discussions and workshops. A vital component of the program will be the poster sessions and free oral presentations where the most recent research findings in the field of nicotine and tobacco will be informally discussed among senior and junior attendees.

Prof. Michael Fiore will give the opening lecture at the welcome ceremony on 23rd Sep evening. On next day, 24th Sep, the Program will offer a series of sessions dedicated to update hot-topics in the field of nicotine and tobacco dependence: the round table on “Teaching Tobacco Science & Control” (chaired by Eva Kralikova), the “Update on Potential Reduced Exposure Products” session (chaired by Karl Fagerstrom), the basic research symposium on “Individual Differences in Tobacco/Nicotine Dependence” (chaired by Sakire Pogun & Marcus Munafò) and the two workshops on “Novel Discovery in Nicotine Neuroscience Research” (chaired by Bill Corrigall) and on “Biological Markers of Tobacco Use” (chaired by Neal Benowitz & Ivan Berlin). We hope that this first day will be an opportunity for non-specialists attendees to learn something new about what is going on in the field. In the evening, a Social Dinner will be held at the Old Hospital of Santo Spirito in Saxia, an impressive building besides St. Peter’s.

On 25th, Karine Gallopel will give the plenary lecture on “Social Marketing Rules to Conduct Good Prevention Campaigns”. On the same morning, two panels will be dedicated to research topics that are translational across basic and clinical science: the “Neural bases for nicotine-induced cognitive enhancement” and the “Tobacco and co-addictions” sessions, respectively chaired by Shoaib & Wonnacott and by Aubin & Chiamulera. In the afternoon, the session on “Psychiatric disorders and smoking” (chaired by Ivan Berlin & Hubertus Friederich) and the panel on “Cochrane Reviews to guide smoking cessation treatment” organized by Tim Lancaster & Lindsay Stead. It will take an hard decision on which session to choose!

The last day will open with a plenary lecture slot dedicated to Ian Stolerman, a tribute to our friend and colleague who was a pioneer in the behavioral pharmacology of nicotine. Contributions by David Balfour, Mohammed Shoaib, Jean-Pierre Changeux, Sue Wonnacott and Ellen Gritz. Theories of addiction will be discussed within the framework of nicotine/tobacco dependence in the panel chaired by Robert West and Susan Michie on the “Role of psychological theory in advancing treatment and prevention”. Finally, the session on “Intrauterine smoke exposure and its consequences” (chaired by Berlin & Tonstad) will review the evidence on the drama of smoking during pregnancy.

After the Closing ceremony, please do not rush to take your flight and take some extra days in Rome! Rome in September is at its best, with the ponentino (the moderate warm wind) making the days and the evening pleasurable for walking around ancient roman ruins, spectacular imperial perspectives and
its typical old quarters. In the last few years, Rome underwent an impressive cosmopolitan development and offers all the advantages of a modern city to its traditional historical heart.

The conference venue will be ATA Hotel Villa Pamphili. The venue is located in the wonderful part of ancient Villa Pamphili very close to city’s centre and its tourist attractions. The area has an old history but all the modern technologies needed for our conference are provided to attendees. Alternative accommodations will be available at a reduced rate. Shuttle services will also be available for transportation between the hotels and city’s centre.

I would like to thank the Chair of the Conference Giacomo Mangiaracina who is going to be our host and chaperon in Rome. Many thanks also to the President of SRNT-Europe Jacques Le Houezec and to all the members of the European Board, the Program Committee, the Secretariat AnteprimaDue.

Their effort and work have been essential for building up this Conference. I hope all of you can enjoy it.

Arrivederci a Roma!

About the Author: Christian Chiamulera is the Co-Chair of the 10th Annual Conference of SRNT Europe and Chair of European Conference Program Committee
In finding the most effective treatments in smoking cessation, health care providers have but to look to the updated 2008 Clinical Practice Guideline. However, to have a comprehensive description of how to provide recommended counseling for smokers attempting to quit, “Cognitive-Behavioral Therapy for Smoking Cessation” by Kenneth Perkins, Cynthia Conklin, and Michele Levine is an invaluable resource. Across eight chapters these authors provide concise background information and a detailed yet practical guide on smoking cessation counseling targeting health care providers who may or may not feel comfortable with the process. Nicotine researchers can also benefit from this book as a ‘one stop’ resource that pulls together a great deal of literature addressing counseling within a cognitive-behavioral approach across varying stages of change in smoking cessation. Ultimately, this book will provide clinicians a highly accessible reference on the why and how to counsel clients through the cessation process.

Beginning in chapter one, the authors provide an engaging overview of the negative affects of smoking, discuss the contribution of nicotine to tobacco dependence, and touch upon the non-pharmacological factors (e.g., environmental factors) associated with the intake of nicotine. This chapter also highlights the effect of nicotine on the brain, mood, behavior, and physiology. Upon closing chapter one, the authors finally present a concise overview of smoking across the lifespan. It would have been helpful if in this chapter the authors would have provided some discussion, no matter how brief, of smoking-related consequences across ethnic groups. Understanding the population-based approach, this chapter may lead some to believe that smoking-related health outcomes are the same across groups. Chapter one, however, is but a mere entry point into what can be considered the ‘meat’ of the book, which appears to be representative within chapters two through five.

In chapter two, which offers insight into how to prepare smokers to quit, clinicians are also being prepared or oriented into the theoretical underpinnings of the proposed counseling approach—Cognitive-Behavior Theory and the application of the five stages of change (SoC) in smoking cessation. The interesting aspect of their discussions of CBT is that while they are sure to acknowledge the limitations of the SoC, there is no such discussion of any limitations associated with CBT. On the other hand, the reader is presented a clear outline of the five A’s, which is a counseling technique supported by the 2008 Clinical Practice Guidelines to guide practitioners in helping smokers through the quitting process. This chapter is completely focused on the preparation of smokers to quit. It provides extremely rich and well thought out explanations and strategies of what clinicians can do to rebut smokers’ diversity of reasons to continue to...
smoke, to increase motivations to quit, and offers a tool to remember how to prepare and motivate smokers to quit. This resource is termed the five R’s – relevance, risks, rewards, roadblocks, and repetition. An explanation of each ‘r’ is provided and represents an easy means for clinicians to recall the finer points presented in chapter two.

Tacking the dynamics associated with guiding the quitting process, chapters three, four, and five are full of useful information. Chapter three highlights effective CBT strategies to integrate into smoking cessation treatment, such as nailing down a quit date, dealing with smoking triggers, and how to help folks having a hard time quitting. It ends with guidelines for developing treatment plans. Due to the evidence supporting the use of medication to aid the cessation process, Chapter four outlines how to integrate discussions of over-the-counter nicotine replacement therapy (NRT) and cessation pharmacotherapy requiring a prescription into counseling. The best parts of this chapter are its brief but informative overview all evidence-based NRT and prescription-based aids, noting both the advantages and disadvantages of each neatly organized within a sidebar and a guide for exactly how to discuss/buy these cessation medications in the actual counseling. Finally, the ‘meat’ of this book ends with chapter five, which is devoted to withdrawal and relapse. The authors outline symptoms and provide strategies for preventing full relapse. Chapters two through five offers a substantive and highly accessible resource for clinicians and researchers alike in gaining more insight into, being provided useful strategies, as well as refining five A counseling.

The remaining chapters (six through eight) address special interest areas. These include weight gain concerns of smokers, subpopulations, and long-term maintenance. In line with CBT, chapter six substantively and clearly addresses weight concerns from the perspec-

The authors do a great job covering a vast amount of information in a clear, concise, and accessible manner. The sidebars are a quick reference and invaluable component of this text. In the areas noted in this review, the sidebars help the reader more easily digest the information and put great strategies/
resources in a highly visible place. Additionally, there is an appendix of internet-based smoking cessation resources. What was disappointing, however, was the lack of attention giving to light smoking (generally ten or less cigarettes per day), considering the increased prevalence light smoking in American society. Moreover, the text could have really used more discussion regarding ethnic differences in smoking as well as how these differences consideration and strategizing in how they may impact the smoking cessation counseling or use of the five A’s. Providing a brief discussion on these areas would have really rounded out this text. Overall, this book is a great resource for clinicians, researchers, and even graduate students in tobacco control.

**About the Author:** Jennifer Warren is a postdoctoral associate in the Program in Health Disparities Research at University of Minnesota where she studies tobacco control.

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**Report from the First SRNT Latin America & Second IberoamERICAN Conference on Tobacco Control September 5-7, 2007 in Rio de Janeiro, Brazil Strengthening the Science for Tobacco Control in the Age of the FCTC**

By: Martin Raw

In 2004 SRNT celebrated its 10th anniversary. During its first decade it grew from around 100 to over 900 members, sponsored well attended annual meetings and influential satellite conferences to promote research and founded a new peer reviewed journal *Nicotine and Tobacco Research*. During these ten years considerable progress has been made in meeting the objective of the society to stimulate new knowledge about nicotine in all its forms. The Society currently has over a thousand members over 20 countries around the world. Although this growth has been encouraging, membership is still concentrated in North America and Europe, and so for this meeting we joined with the Interamerican Heart Foundation (IAHF), an organization dedicated to promoting health and reducing heart diseases and stroke in Latin America and the Caribbean, and the Brasilian Association for the Study of Alcohol and Drugs (ABEAD) to hold SRNT’s first meeting in Latin America. Over the past 10 years IAHF has made tobacco control in the region a major priority, and has worked with other advocacy organizations towards mobilizing governments and civil society to ratify the FCTC. It has helped organize NGO’s in countries that did not have a movement, has organized capacity building sessions on advocacy in various cities, and is at present working with the FCA to monitor progress on the FCTC. In addition to advocacy activities, the IAHF has supported research, smoking cessation programs, and the Pan American Health Organization program Smoke Free Americas to promote smoke-free environments. ABEAD is the main professional organization in Brazil for those who work on alcohol, tobacco and other drugs, and includes in its membership doctors, lawyers, social workers, teachers, psychologists and community leaders. It organizes national and international seminars, conferences and workshops, and for the last 11 years, an annual meeting in Rio on tobacco control, always with distinguished international speakers.
There are 95 million smokers in Latin America and the Caribbean and approximately 506,000 die every year from smoking related disease. This conference brought together people with complementary expertise, from all over the region, to exchange information and motivate greater efforts for control tobacco. The conference objectives were to encourage involvement in public health science and policy development on tobacco use throughout Latin America, and to bring together tobacco control scientists and policy advocates to learn from the latest science and from each other. It was jointly run by SRNT and IAHF with local partner ABEAD, and run in parallel with the ABEAD annual conference.

People

The conference presidents were Analice Gigliotti, President of ABEAD, and Beatriz Marcet Champagne, Chief Executive of the Inter American Heart Foundation. Martin Raw, Nottingham University, England, chaired the scientific programme committee, and the organising committee also included: Harry Lando, SRNT, USA; Jacques Le Houezec, President, SRNT Europe; Sabrina Presman, Brazil; Paula Akil, Brazil; Priscila Marx, Brazil; Mira Aghi, SRNT Asia Africa Oceana & Latin America; and Catherine Jo, American Cancer Society. Ray Niaura, President of SRNT opened the conference on behalf of SRNT, along with Analice, Beatriz and Martin. The conference attracted 310 delegates from 26 countries: Argentina, Brazil, Canada, Chile, Columbia, Dominican Republic, El Salvador, Guatemala, Honduras, India, Jamaica, Mexico, Paraguay, Peru, Saint Lucia, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Trinidad and Tobago, UK, USA, Uruguay, Venezuela. The conference was sponsored by the American Cancer Society (ACS), Bloomberg Philanthropies, Free and Clear, GlaxoSmithKline (Brazil), GlaxoSmithKline, Global Treatment Partnership, INCA, Brasil, Johnson & Johnson, National Cancer Institute (USA), National Institute on Drug Abuse (USA), Pfizer (Brazil), and Pfizer (Latin America). The conference logistics were handled (superbly) by Metodo Eventos of Rio (Silvia Lemgruber, Beatriz Lemgruber) and IAHF (Javier Valenzuela) also gave invaluable administrative support. The abstracts were reviewed by Catherine Jo, Daniel Seijas, Natasha Herrera, Rosa Sandoval, Sabrina Pressman, Paula Akil, Analice Gigliotti.

The program in outline

The program was rich and varied, covered basic science as well as advocacy, included several pre-conference and breakfast meetings, and a meeting at which SRNT discussed with participants how SRNT can increase its membership in, and better serve the region.
The opening ceremony was entitled “Strengthening the science for tobacco control in the age of the FCTC” with brief welcomes from Analice Gigliotti, Ray Niaura, Beatriz Marcet Champagne, and Martin Raw, an opening keynote address from Joaquin Barnoya, giving an overview of tobacco control in Latin America, and the Global Smokefree Partnership Awards and Interamerican Vital Air Journalism Awards.

Preconference and breakfast meetings included: an International Campaign Development workshop organized by Karen Gutierrez, Global Dialogue for Effective Stop Smoking Campaigns; a pre-conference on women and tobacco organised by INWAT (International Network of Women Against Tobacco), and breakfast sessions on youth advocacy and on the ITC project.

There were five keynote addresses: Women and tobacco, Margaretha Haglund; Tobacco dependence and its treatment, Robert West; Economic aspects of tobacco control, Ayda Yurekli; Progress on the FCTC in Latin America, Francis Thompson; Smokefree environments, Armando Peruga.

Apart from the five keynote addresses there were 12 parallel sessions: writing for science journals, quitlines, tobacco control research in Latin America, intensive treatment, tobacco industry strategies, health warnings and packages, the FCTC, crop substitution, industry strategy and documents, cross border research collaboration, the Global Smokefree Partnership, and smokefree environments. Finally, almost 100 posters were accepted.

A personal reaction

There were so many excellent sessions and presentations, and so many world experts present, that it would be invidious to single out any for special mention, and take up far too much space to summarize all 17 main sessions, never mind the breakfast sessions and pre-conferences. A lot of people put a vast amount of time and energy into the meeting, the event company that handled logistics was outstanding, the sponsors were generous and seemed easily persuaded of the importance of this first meeting of its kind in the region, and something of the success of the event can be seen by the fact that we had to close registrations, because we filled the venue, slightly beyond its capacity actually. And of course in the end the meeting was a success because of the people who came and participated and the organizers and speakers who gave their time generously and to great effect. Rio is nice setting for a meeting and we even had warm Brazilian weather. The meeting was high energy, contained a stimulating mix of science and advocacy, generated a strong sense of community and friendship within the region and also with other regions (for example representatives of the Bangkok first SRNT Asian meeting were with us), and was, I think most agree, enormous fun. Several groups have expressed the desire to host the next Latin America and Carribean meeting and we are hoping to hold it in late 2009; the probable (but not yet finally decided) venue is Mexico City.

About the Author: Martin Raw was the Scientific Program Chair, is an Honorary Senior Lecturer in Public Health Science, University of London, Visiting Professor at the Sao Paulo Medical School, Federal University of Sao Paulo, and manager of SRNT/UICC’s www.treatobacco.net.
The Tobacco and Nicotine Research Interest Group (TANRIG) consists of representatives from the NIH, CDC, and other DHHS agencies who seek to increase collaboration, coordination and communication of tobacco- and nicotine-related research across NIH Institutes and Centers and with other DHHS agencies. The TANRIG is co-chaired by Allison Chausmer (NIDA) and Ed Trapido (NCI) who can provide additional information about TANRIG.

Two recently published reports from the CDC’s National Center for Health Statistics addressing sleep duration and hearing loss include data on the relationship of tobacco use to these problems:

- Smoking prevalence among adults who have hearing loss is very high. Among adults 18-44 who are deaf or have a lot of trouble hearing, smoking prevalence was 42% compared with 24% of adults with good hearing. (2000-2006)
  http://www.cdc.gov/nchs/products/pubs/pubd/hestats/hearing00-06/hearing00-06.htm
  (FIGURE 4)
- Adults who usually sleep less than 6 hours a night have much higher smoking rates (31%) than adults who sleep 7-8 hours (18%) (age-adjusted, 2004-2006).
  http://www.cdc.gov/nchs/products/pubs/pubd/hestats/sleep04-06/sleep04-06.htm#F2
  (FIGURE 2)


The American Journal of Public Health is planning a Special Issue focused on Tobacco Modeling with a target date for publication of August 2009. You can submit your manuscript at any time by logging into http://submit.ajph.org/ In addition, you are asked to send the names of six persons you recommend as reviewers for your paper along with their contact (email) information, which should be posted in the appropriate section when you submit your paper at http://submit.ajph.org/

Recent Funding Announcements (RFAs and PAs) with potential relevance to the tobacco and nicotine research community include the following. Note that there may be additional mechanisms available, but only one is listed below.

  R03 version is RFA DA-09-004 http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-09-004.html
- Epidemiology Of Drug Abuse (R01)
- Behavioral & Integrative Treatment Development Program (R01)
IN THE SPOTLIGHT

Honors, Awards, & Achievements

Nancy Rigotti was elected President of the Society of General Internal Medicine, the professional organization for academic general internists.

Ellen R. Gritz receives Alma Dea Morani, M.D. Renaissance Woman Award. Women Faculty Programs is pleased to announce that The Foundation for the History of Women in Medicine recently announced Ellen R. Gritz, Ph. D. as the 2008 recipient of the Alma Dea Morani, M.D. Renaissance Woman Award. This award honors an outstanding physician or scientist
· who has furthered the practice and understanding of medicine in our lifetime and made significant contributions outside of medicine;
· whose determination and spirit have carried beyond traditional pathways in medicine and science; and
· who challenges the status quo with a passion for learning.

Dr. Gritz will receive a sculpture representing humanism in medicine. The Award will be presented in conjunction with an annual lectureship in conjunction with The College of Physicians of Philadelphia in October 2008.

About Alma Dea Morani, M.D., FACS
Alma Dea Morani, M.D., FACS, was the first female member for the American Society of Plastic and Reconstructive Surgeons. Her difficulty obtaining training in the specialty would have caused others to abandon the goal, but she pursued it with greater vigor. Her career path as a plastic surgeon was diverse and challenging. She served as a role model for a whole generation of women who, in turn, acted as mentors for many others to pursue careers in plastic surgery.

CONFERENCE UPDATES & UPCOMING TRAINING OPPORTUNITIES

Intensive Treatment of the Tobacco Dependent Patient: A Certification Program for Tobacco Treatment Specialists (CTTS). The ACT Center for Tobacco Treatment, Education & Research The University of Mississippi Medical Center. TTS 4-Day Workshops: Fall 2008: October 13 – 16. Offered since 2000, this workshop provides the experiences and resources necessary for attendees to establish and deliver an evidence-based, cognitive-behavioral, high-intensity tobacco intervention program. The curriculum is designed to meet TTS Core Competency Standards set forth by Association for the Treatment of Tobacco Use and Dependence (ATTUD: www.attud.org). Features include: Learning modules that address tobacco products, their use and effects, clinical assessment and intervention strategies (including group treatment), pharmacotherapy, program implementation, outcomes evaluation, and administrative considerations, attendees receive the Workshop Manual; as well as important supplemental documents provided the on the Resource Disc., extensive practice in the delivery of the ACT Center’s standardized Tobacco Dependence Intervention program. Materials provided include the Therapist Treatment Guide, Client Workbook, and Clinic Chart, option to take the online examination for Certification as a Tobacco Treatment Specialist (CTTS), our On-Line Clinical Database is now available, permitting secure storage of all data, generation of clinical intake reports and progress notes, output of program outcome statistics, and capacity to export data to...
standard statistics package formats (set-up fee and small monthly charge for this service), trainings may be conducted at other institutions / locations, permitting greater convenience for trainees, often at a reduced cost (call for details). Registration: $500 (General), $300 (MS residents), $250 (students limited seating). Covers all materials, continental breakfast / lunch / snacks each day, and certification costs.

**TTS 2-Day Upgrade Workshop:** By request. For those already trained as a TTS, this workshop provides the experience and materials to deliver the ACT Center Tobacco Dependence Intervention program. Fee covers all materials, continental breakfast / lunch / snacks each day. Registration: $250. To register and for more information, please visit [http://actcenter.umc.edu/specialist_goal.html](http://actcenter.umc.edu/specialist_goal.html) or contact Sue Lane: 601.815.1912 slane@sod.umsmed.edu.

**Richard D. Hurt, M.D. of the Mayo Clinic** would like to announce the following upcoming educational events sponsored by the Mayo Clinic Nicotine Dependence Center, Rochester MN:

- **Tobacco Treatment Specialist Certification Trainings:**
  - June 23-27, 2008
  - September 15-19, 2008
  - November 3-7, 2008

- **Motivational Interviewing (Facilitating Behavior Change) Workshops:**
  - August 18, 2008

All Courses are offered in Rochester, MN. Please call 507-266-1093 for more information, or see the Mayo Clinic’s website for more information: [http://ndc.mayo.edu](http://ndc.mayo.edu)

The University of Massachusetts Medical School’s Center for Tobacco Treatment Research and Training is pleased to announce its Fall 2008 Tobacco Treatment Specialist (TTS) Core Certification Training. Our Tobacco Treatment Specialist Core Certification Training is a nationally recognized training program which is held in Worcester, Massachusetts, twice a year. This is an intensive 5-day training designed to help tobacco treatment providers master the necessary core competencies for providing evidence-based treatment for nicotine dependence. The training is based on the Association for Treatment of Tobacco Use and Dependence (ATTUD) core competencies. Our instructors have extensive research and clinical expertise thus providing a well rounded source of up-to-date tobacco treatment information. Participants who are planning to attend Core Certification training are required to be tobacco-free at least 6 months prior to the training.

Completion of the Basic Skills online course prior to attending Core Certification training is required. Persons interested in certification as a Certified Tobacco Treatment Specialist (CTTS) must complete both Basic Skills and Core Certification training before continuing on with the rest of the certification process.

**Our professional TTS training and certification program is the ONLY TTS training program that offers Master level TTS Certification (CTTS-M).**
ists have a minimum of 2000 hours experience in tobacco treatment and possess the highest level of tobacco treatment knowledge and skills.

Cost of Training: $800 Massachusetts residents; $950 out-of-state residents

Spring Dates: September 22 – 26, 2008

Registration deadline is September 1, 2008

To register or for more information about either the Basic Skills online course or the 5-day TTS Core Certification training, please go to www.umassmed.edu/behavmed/tobacco and click on TTS Training and Certification. You may also call Beth Ewy at 508-856-2935 for additional information.

**MEMBER PUBLICATIONS**

The process used to select recent member publications consists of multiple database searches for publications with SRNT members listed as first author. Members may also submit information about recent publications to the newsletter editor for inclusion. This list is neither exhaustive nor comprehensive, nor does it imply endorsement by the Society.


Aveyard, P., Johnson, C., Fillingham, S., Parsons, A., & Murphy, M. (in press). A pragmatic randomised controlled trial of nortriptyline plus nicotine replacement versus placebo plus nicotine replacement for smoking cessation. BMJ. The toll free link to download it is http://www.bmj.com/cgi/content/full/bmj.39545.852616.BE.


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Pfizer Consumer Health

Institutional / Organizational Sponsors
American Cancer Society
American Legacy Foundation
National Institutes of Health
National Institute on Drug Abuse
POST-DOCTORAL

UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB) Department of Psychiatry is recruiting a Postdoctoral Fellow in Substance Abuse: The Psychiatry Department at UAB invites applications for a postdoctoral position in Substance Abuse working with criminal justice involved clients. Ongoing NIH projects include studies using combination pharmacotherapy and behavioral therapy for the prevention of opioid relapse, as well as fMRI and MRS studies of nicotine and substance abuse. Opportunities to gain experience in both neuroimaging as well as clinical trials is available. The fellow would be expected to participate in writing NIH grants as well as papers for publication from existing data sets and ongoing projects. Mentoring in grant writing and publications is available to transition the fellow to an independent scientist position in an academic medical setting. The ideal candidate would be a doctoral level clinical psychologist (Alabama license or license-eligible preferred) who is dedicated to an academic medical research career in the area of substance abuse. In addition to writing papers and grants, the fellow would be expected to participate as a member of a team of psychologists and physicians conducting clinical research, as well as participate in limited clinical responsibilities (20% clinical time). Excellent writing and communication skills are essential, as well as a dedication to working with underserved and stigmatized client populations. Please forward a letter of interest and CV to Dr. Karen Cropsey, Associate Professor, UAB Department of Psychiatry and Behavioral Neurobiology, Email: kcrupsey@uab.edu. Women and members of minority groups are especially encouraged to apply.

POSTDOCTORAL POSITIONS IN DRUG ABUSE RESEARCH: The University of Vermont announces the availability of three post-doctoral research fellowships in an internationally recognized center of excellence for the study of drug abuse. Fellows have opportunities for training in a wide range of human laboratory and treatment-outcome research. Current openings are with: STEPHEN HIGGINS (stephen.higgins@uvm.edu, 802-656-9614) in delineating behavioral and pharmacological processes central to understanding and effectively treating cocaine dependence as well as cigarette smoking among pregnant women; STACEY SIGMON (stacey.sigmon@uvm.edu, 802-656-9987) in developing (a) an effective pharmacological treatment, using buprenorphine and naltrexone, for prescription opioid abuse and (b) developing a behavioral smoking cessation intervention for opioid-maintained patients. Applicants must have completed doctoral training in behavior analysis psychology, or a related discipline and be U.S. citizens or permanent residents. Salary is competitive commensurate with experience (PGY 1 to PGY 7) and supported by an NIDA/NIH Institutional Training Award. For more details on the positions please contact the investigators directly at the e-mail addresses/phone #s shown above. To apply please forward a curriculum vitae, statement of research interests, and three letters of reference in c/o Ms. Diana Cain, University of Vermont, Dept. of Psychiatry, 1 So. Prospect, UHC MS#482, VT 05401. The University of Vermont is an affirmative action and equal opportunity employer.
# Calendar of Nicotine/Tobacco Scientific Meetings

Some meetings may be restricted. Listing is not an endorsement by SRNT
To add meetings to this list contact John Hughes at john.hughes@uvm.edu

## 2008

<table>
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<tr>
<th>Date</th>
<th>Location</th>
<th>Event Description</th>
<th>Website/URL</th>
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<tbody>
<tr>
<td>June 23-17</td>
<td>Rochester, MN</td>
<td>Tobacco Tx Specialist Training</td>
<td><a href="http://www.ndc.mayo.edu">www.ndc.mayo.edu</a></td>
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<tr>
<td>June 30- Jul 1</td>
<td>Birmingham, UK</td>
<td>UK Nat Smoking Cessation Conf</td>
<td><a href="http://www.uknscc.org">www.uknscc.org</a></td>
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<tr>
<td>Jul 29-30</td>
<td>New Brunswick, NJ</td>
<td>Youth Quit2Win Training</td>
<td><a href="http://www.tobaccoprogram.org">www.tobaccoprogram.org</a></td>
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<tr>
<td>Aug 18</td>
<td>Rochester, MN</td>
<td>Motivational Interviewing</td>
<td><a href="http://www.ndc.mayo.edu">www.ndc.mayo.edu</a></td>
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<tr>
<td>Sept 15-19</td>
<td>Rochester, MN</td>
<td>Tobacco Tx Specialist Training</td>
<td><a href="http://www.ndc.mayo.edu">www.ndc.mayo.edu</a></td>
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<td>Sept 22-26</td>
<td>Worcester, MA</td>
<td>Tob Tx SpecialCore Certif Trg</td>
<td><a href="http://www.umassmed.edu/behavmed/tobacco/train.aspx">www.umassmed.edu/behavmed/tobacco/train.aspx</a></td>
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<tr>
<td>Sept 22-26</td>
<td>New Brunswick, NJ</td>
<td>Tobacco Dependence Treatment Specialist Training</td>
<td><a href="http://www.tobaccoprogram.org">www.tobaccoprogram.org</a></td>
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<td>Oct 13-15</td>
<td>Florence, Italy</td>
<td>European Association of Addiction Tx</td>
<td><a href="http://www.eaat.org">www.eaat.org</a></td>
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<td>Oct 13-16</td>
<td>Jackson, MS</td>
<td>Tobacco Tx Specialist Workshop</td>
<td><a href="http://actcenter.umc.edu">actcenter.umc.edu</a></td>
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<td>Oct 20-21</td>
<td>New Brunswick, NJ</td>
<td>Youth Quit2Win Training</td>
<td><a href="http://www.tobaccoprogram.org">www.tobaccoprogram.org</a></td>
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<td>Oct 25-29</td>
<td>San Diego, CA</td>
<td>American Public Health Association</td>
<td><a href="http://www.apha.org/meetings/future_past.htm">http://www.apha.org/meetings/future_past.htm</a></td>
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<td>Oct 28-31</td>
<td>Bankok, ME</td>
<td>SRNT Asian Conference</td>
<td><a href="http://www.ndc.mayo.edu">www.ndc.mayo.edu</a></td>
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<td>Nov 3-7</td>
<td>Rochester, MN</td>
<td>Tobacco Tx Specialist Training</td>
<td><a href="http://www.ndc.mayo.edu">www.ndc.mayo.edu</a></td>
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## 2009

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<tr>
<td>Mar 8-12</td>
<td>Mumbai, India</td>
<td>World Conference Tobacco or Health</td>
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<td>Apr 22-25</td>
<td>Montreal</td>
<td>Society of Behavioral Medicine</td>
<td><a href="http://www.sbm.org/meetings">www.sbm.org/meetings</a></td>
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<td>Apr 27-30</td>
<td>Dublin</td>
<td>Society for Research Nicotine Tobacco</td>
<td><a href="http://www.srnt.org">www.srnt.org</a></td>
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<tr>
<td>Apr 30-May 3</td>
<td>New Orleans</td>
<td>American Society for Addictive Medicine</td>
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<tr>
<td>June 10-12</td>
<td>Phoenix, AZ</td>
<td>National Conference Tobacco or Health</td>
<td><a href="http://www.tobaccocontrolconference.org">www.tobaccocontrolconference.org</a></td>
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