SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO

NEWSLETTER

Advancing Science & Health

15th Annual Meeting of SRNT

By: Bernard LeFoll, Marcus Munafo, Robert Schnoll, & Anne McNeill

Dear Colleagues,

As we reach the end of summer, plans for the 15th Annual Meeting of SRNT are well underway. This year's meeting will be held jointly with SRNT-Europe. The meeting will be held just outside of Dublin, Ireland, a city that began as a Viking trading port and a walled medieval city. Dublin is now a thriving metropolis with busy streets, quaint squares, charming residential neighborhoods, world-class shopping and restaurants, unparalleled history, castles, and cathedrals, two canals, and a beautiful countryside.

Photo and Copy Mark Zanzig. http://www.zanzig.com

Continuing in the tradition of past meetings, we anticipate cutting edge science, productive conversations with colleagues, the formation of new collaborations, and some well-earned relaxation. This year's meeting will have four tracks, including policy, pre-clinical, clinical, and public health/epidemiology. The program committee has been working hard toward selecting keynote and theme lecturers. We are excited about the list of potential speakers and anticipate that this year's lectures will be a highlight of the meeting. The speakers will be announced very soon! Mark your calendars now and save April 27th through April 30th, 2009 for the 15th Annual Meeting at the Citywest Resort, which is located just nine miles from the Dublin City Centre and 12 miles from Dublin Airport. The hotel offers two golf courses, three restaurants and lounges, and a state of the art health club, including spa services. Visit their website at http://www.citywesthotel.com. Meeting and abstract submission information will be available on SRNT's website (www.srnt.org) as it becomes available.

With your participation, the 2009 meeting will be the best yet!
Bernard LeFoll, 2009 Program Chair
Marcus Munafo, 2009 Program Chair
Robert Schnoll, 2009 Program Co-Chair
Ann McNeill, 2009 Program Co-Chair

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INSIDE

From the Editor

Dear Colleagues,

I hope the end of the summer is finding everyone relaxed and ready for the new school year. This issue of the newsletter is full of articles that should be of interest to the membership. The cover features the annual SRNT meeting which will be held in Dublin, Ireland from April 27 through April 30, 2009. This venue promises to be exciting and I am sure the conference committee will put together an outstanding program. Check early to make sure your passport is ready to go and plan to attend this important meeting!

Our president, Scott Leischow, discusses the many changes that our organization is facing, particularly the growth of our membership and some of the unique challenges inherent in striving to meet these demands. As Scott mentions, these are good challenges to have and he outlines how the organization is responding to these issues, including the formation of a couple of new committees.

Karen Cropsey

In addition, we have included a memoriam for Dr. Ove Fernö, a pioneer in the field of nicotine replacement and whose work has led to some of the most effective treatments for smoking cessation. His work was so important that SRNT honors an established investigator who has made important contribution to the treatment of nicotine dependence with the Ove Fernö Award for Clinical Research at the annual meeting.

We have included a review of *Addiction Treatment: Science and Policy for the 21st Century* by Henningfield, Santora, and Bickel (Editors). Belinda Borelli is also editing a special issue of the *Journal of Clinical and Consulting Psychology* and is accepting papers for the theme of "Smoking Cessation: Innovative Treatments and Special Populations" due January 5, 2009.

As in every issue, we have a list of funding announcements from TANRIG, as well as upcoming conferences and trainings, job postings, special honors and announcements, and the latest member publications. If you are interested in contributing an article about the research in your lab or other articles that you think would be of interest to our membership, please contact me directly at kcropsey@beapsy1.his.uab.edu. Also if you have any suggestions for ways to improve the newsletter or special features you would like to see covered, please let me know.

Sincerely,

Karen

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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President's Column

The Future of SRNT

Scott Leischow
President

Dear colleagues: SRNT is at a crossroads, and it is one of those crossroads that many organizations could only wish was possible. After many ups and downs, including a time several years ago when SRNT was on the verge of financial ruin, SRNT is in good financial and scientific shape as a result of the efforts of many dedicated people. SRNT has continued to grow as an organization. The European SRNT organization is solid and conducts exceptional conferences every year, and there are active efforts in Latin America and Asia to develop strong SRNT networks in those regions. The SRNT meeting in Rio was a success last year, and the Bangkok SRNT meeting is sure to be successful as well. Moreover, there is increasing recognition that tobacco control science must be at the foundation of global tobacco control efforts, and SRNT members are central to those efforts as well. For example, SRNT members play central roles in WHO's tobacco laboratory network which was developed to create standards for the analysis of tobacco products worldwide. And other SRNT members are playing central roles to encourage a scientific foundation to expanding global cessation programs.

Our success in expanding our efforts, and in demonstrating the fundamental need for research to be at the foundation of practice and policy, has a cost. The dedication and hard work of our members has put increasing demands on our organizational infrastructure, such that our current contract with the Rees group - which manages our resources, conferences, website, membership, etc - has been exceeded. The Rees Group, which is the business group with whom SRNT contracts to help us run the organization, has helped the Board to understand this expansion of effort has been happening for several years, but that a decision must be made about SRNT's future and that we need of a long term strategy for assuring its financial stability.

For, example, we are paying for approximately half of Bruce Wheeler's time, and he regularly spends more time than that on current SRNT business. Thus, we are in a position where we either need to cut back our efforts (e.g., global expansion, expansion of the SRNT website, etc), or develop a plan for how we can continue to expand in such a way that that we remain financially strong. Perhaps most importantly we will need to develop new leadership, and a plan for expanding and coordinating fundraising for SRNT.

Susan Rees and Bruce Wheeler presented this information to the Board recently, and the Board's view - along with mine - is that we should not scale back our efforts but should instead develop both a financial and organizational plan for smart growth to assure that as a scientific society we can press for translational science that can move us more rapidly toward the elimination of tobacco use and tobacco-caused disease. Toward that end, the Board will meet this fall for a retreat to begin developing a plan for the future - and of course we welcome the ideas and perspectives of all members so please pass along your thoughts, recommendations, and concerns to myself or Bruce Wheeler so that we can get them to the Board.

In the meantime, there are some new expenses that will occur, including a revamping and likely expansion of our website after the Electronic Communications Committee obtains website recommendations from SRNT members, and funding support for our efforts to help the WHO implement the Framework Convention for Tobacco Control (FCTC) tobacco treatment recommendations. We have also begun the process of developing two new Committees.

I have asked the Board to support the creation of a treatment committee because SRNT is increasingly active in the treatment area. After Board approval, I asked Drs. Nancy Rigotti and Jean Francois Etter to co-chair the new treatment committee, and they have begun the process of identifying members of that committee so that they can provide oversight for treatment matters pertaining to SRNT. One unique component of the Treatment Committee will be a subcommittee of treatment scientists who have no conflict of interest with pharmaceutical companies – which puts this subcommittee in an excellent position to review and comment on science matters pertaining to medications without criticism of being biased.

The new Treatment Committee will provide oversight of all treatment efforts and provide recommendations to the Board. In addition to oversight of treatobacco.net and the FCTC efforts, the Committee will provide oversight for a new initiative. The Board authorized myself, Mitch Zeller of the Policy Committee and others to meet with the U.S. Food and Drug Administration (FDA) to explore how SRNT might be able to assist the FDA on regulatory matters pertaining to medication testing and approval. This effort could put SRNT in the position of providing scientific input to the main medication regulatory authority in the US in order to recommend that they employ the best science to their decision-making.

In addition, I have asked our immediate past president, Ray Niaura, to begin identifying SRNT leadership who will help us to develop a new basic Bioscience Committee (specific name to be determined). We need to assure that SRNT serves as a good professional home for our basic science colleagues, and this Committee can potentially serve that purpose. Please connect with Ray if you have any suggestions for that developing effort.

Finally, the announcement for submissions to the next SRNT meeting in Dublin, Ireland have gone out so please put this conference on your calendar and plan to submit your best data. We should all be pleased at the dedication of our members, and the great science that is being disseminated via SRNT, because with careful planning we are in a position for SRNT to play an even larger role in fostering strong science as a foundation to tobacco control practice and policy. I look forward to working with you all to make that happen.

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In Memoriam Ove Fernö - The Inventor of NRT and The Past, Present, and Future of NRT

By: Karl Fagerström, Anders Axelsson, & Lennart Sorelius

Ove Fernö, the inventor of nicotine replacement (NR), died at the age of 91 years in October 2007 in Helsingborg, Sweden. He was born in Gothenburg 1916 and was trained as an organic chemist at the University of Lund, Lund, Sweden. During the late 1960s and 70s he was responsible for the development of the first NR product – a chewing gum. Tens of millions of smokers have used nicotine gum to aid their cessation attempts.

Conceptualization

In 1967, two researchers- Drs Stefan Lichtneckert and Claes Lundgren from the University of Lund, in Lund, Sweden were interested in studying the effects of different atmospheric pressure on human physiology. Therefore, they began studying submarine crews and made an observation that some of the crew members used a smoke-free tobacco product called snus. At that time the use of snus was relatively rare in young males. Snus use was largely confined to the elderly, working class men living in the countryside. When asked why they used snus, the crew members referred to the complete smoking ban in submarines and that said that snus helped them to abstain from cigarettes. Upon hearing this story, Drs Lichtneckert and Lundgren wrote a letter to a nearby pharmaceutical company, AB Leo, in December 1967 and suggested that pure nicotine could be used to aid in smoking cessation. The letter appeared on the desk of Dr Ove Fernö, the director of research, who himself was a heavy smoker and whose wife disapproved of his smoking. He immediately saw the beauty and the potential of using a "clean nicotine" administration form as a means to aid quitting smoking. This thinking took place at a time when there was very little understanding about the role of nicotine in tobacco use. The difficulties in giving up smoking were recognized but they were ascribed to the very strong habit formation. The work of Drs Murry Jarvik and Michael Russell had not had an impact at the time. The critical question for Drs Lichtneckert and Lundgren was how smokefree tobacco could make it easier to forego the dependence associated with cigarette smoking. Eventually, they realized that the common denominator could be nicotine.

Perhaps the doctors also had some knowledge from Dr. Börje Ejerup´s insights from Stockholm. Dr. Ejerup was using nicotine to diagnose heart failure by closely monitoring the time it took from a nicotine injection to a cough response. He found that many patients lost interest in smoking for some time. (A long time to the cough reflex was an indicator of heart failure). As a consequence Dr, Ejrup started to help smokers quit with the help of injected nicotine but later he turned to the presumably safer lobeline.

Dr Fernö did not have an easy task promoting the idea within the company. He was approaching a sophisticated pharmaceutical company- one that was developing anti-cancer drugs, among other things-to embark on a project with a new drug. This new drug was nicotine, which was regarded as a dangerous toxin and a pesticide, and he was proposing a new indication – an aid to smoking cessation, and a new form of administration- a chewing gum, both of which were unheard of in the pharmaceutical industry at the time.

It is probably fair to say that without Dr Fernö's determination and dedication, possibly aided by his own need to stop smoking, and the possibility to use some of the company's resources at his discretion, nicotine replacement (NR) would not have been developed in Helsingborg, Sweden in the late sixties and early seventies. Furthermore, the project was also evaluated and disapproved of by external experts forming AB LEO´s scientific advisory board. One of them chaired a Nobel Prize committee, so the opposition was formidable.

Early development

After trying several administration forms (e.g., aerosol) the gum was chosen, mainly for safety reasons. Chewing was required to release nicotine from the gum base and thus a self-control element was added to minimize risk of intoxication. In addition, it was eventually discovered that when large doses of nicotine in the form of gum (10 pieces -4mg) were swallowed, only a few milligrams ended up in the blood circulation. At that time physicians knew little about nicotine except that it had the potential to kill animals when they experimented with it in medical school.

When the gum was first tried the nicotine was released too fast. In order to slow down the release, Dr Fernö discovered that an ion exchanger could be incorporated in the gum to bind and stabilize nicotine. When chewing this complex the cations in the saliva would enter the chewing gum base and exchange with nicotine so that it came out in the oral cavity as nicotinium ions. Later, when a method was developed to determine levels of nicotine in the blood, Dr. Fernö discovered that little nicotine was being absorbed from the gum. He soon realized that a buffer had to be added to the gum to improve absorption.

Around 1973 Professor Michael Russell got interested in the idea of using nicotine in smoking cessation after having tried behavioral methods without much success. Professor Russell did numerous studies with the nicotine gum and he and Dr Fernö came to be personal friends. The impact of the interest and support that Professor Russell gave to the early development of the project can hardly be overestimated. In 1976, Russell wrote to Dr. Fernö: " I believe that your chewing gum represents a major breakthrough for the treatment of heavy smokers".

In the United States, Dr. Murray Jarvik and Dr. Nina Schneider were the first to experiment with the gum; they became great ambassadors and conducted many important studies. The nicotine gum was first presented at the world conference on Smoking and Health in New York in 1975.

The First Clinical Trials

At the nearby Medical School at the University of Lund there was a Smoking Cessation Clinic headed by Professor Westling, who began to liberally use gum for the Clinic's patients in 1970. The experience from this uncontrolled clinical use became important for various reformulations of the gum and gave support to later discussions on licensing with various medical authorities. Westling´s group

also carried out a short term placebo controlled study where smokers rated active gum as more helpful than the placebo. The randomized placebo controlled trials in smoking cessation came later. The most important may have been the studies conducted by Puska in 1979 with the 4mg strength, and later Fagerström, Jarvis et al, and Christen et al, which tested the 2mg strength. Tonnesen also documented the superior efficacy of the 4mg strength vs. the 2mg strength in two trials among high dependent smokers.

The First Marketing Authorizations

In the home market of Sweden there was a discussion as to whether the Food or the Medicine´s Agency should regulate the marketing of nicotine gum. Gum was considered food, but nicotine was not an approved food additive. After several years, during which the Swedish Tobacco Monopoly showed an interest, the government finally decided that the gum should be regulated as a medicine. This discussion between the two authorities postponed the marketing approval until 1981. Meanwhile it was first approved in Switzerland in 1978, Canada followed in 1979, and the UK in 1980. It was by no means easy and straight forward to obtain marketing approval for the nicotine gum. For example, it was not understood by regulators and many scientists that one cigarette contained 3-4 times more nicotine than a 4 mg piece of gum. With the exception of a small pack size in Switzerland, it was never seriously discussed that the nicotine gum could be sold without a physician's prescription. Use under a physician's control was considered necessary because the physician could give the counseling needed for the gum to be effective. The anxiety surrounding the nicotine gum was particularly strong in the USA and Germany, and later in Japan. Is it a coincidence that these countries have also opposed the WHO´s World Convention for Tobacco Control that has been negotiated during the last 2 years? In the U.S. a subsidiary of Dow Chemical, Merrell Dow, had been appointed distributor of the nicotine gum in the early eighties. During the pre-filing negotiations with the FDA it was understood that the chance to get approval for the 4 mg strength was small.

In an FDA advisory committee meeting hearing in 1983, at which the authors were present, there was a lot of controversy surrounding the gum´s possible approval. It is our understanding that a deal was negotiated between the sponsor-Merrell Dow- and the FDA such that rather than risking a total rejection the sponsor agreed to withdraw the 4 mg strength from the application to ease the way for the 2 mg formulation to be approved. Unofficially, a responsible officer at FDA stated that "an approval of the 4 mg will be over my dead body". The same resistance seemed to have occurred later in France when an OTC license was discussed. Some of the behavioural scientists and clinicians present at the FDA advisory committee meeting were not very supportive due to the fact that they thought nicotine played a much smaller role than behavioral dependence.In the US the 2 mg strength was finally receiving marketing approval in 1984 and the 4 mg received approval after additional clinical studies in 1991.

The nasal spray and other administration forms.

Along with the possibility to determine low levels of nicotine in the blood plasma, which Professor Russell was able to do with the help of Colin Feyerabent in 1972, it became evident that a gum could not deliver nicotine to the same extent that a cigarette could do in terms of speed (T max) and dose (C max and AUC). Simultaneously, Rolf Lundgren and Sven-Erik Falkman at LEO developed a method to determine nicotine in plasma. As a way to remedy the relatively slow absorption of nicotine from the gum, Professor Russell and Dr. Fernö agreed to investigate the absorption of nicotine through the nasal mucosa in 1979. There were some rumours that this new form of absorption was investigated because Mrs. Fernö now disapproved of Ove´s continued chewing. Initially a 2mg dose was tested (1mg in each

nostril) but because of local side effects it was reduced to 1 mg/dose with some but not a considerable reduction in side effects. Russell's group made most of the clinical development with the spray and advocated that in a smoker's clinic with heavy dependent smokers it was the most effective tool. The nasal spray was first approved in Iceland in 1994 followed by Sweden, Denmark, UK, New Zealand, Belgium and Ireland in the same year.

In the U.S., the FDA was very ambivalent about an approval. Abuse liability and long term use were causes of concern. Finally, after having considered classifying it as a controlled substance, the FDA approved the nicotine nasal spray as a regular prescription medicine in 1996. These deliberations clearly showed the inequalities between the regulatory issues facing tobacco dependence treatment products and the almost total freedom to market the tobacco products causing the disease – the cigarette. Thereafter, a number of "me-too" products in terms of nicotine delivery were developed by different pharmaceutical companies. In order to give options to those not keen to chew and otherwise meet the preferences among the smokers, Pharmacia developed a buccal/oral inhaler and a sublingual tablet. These two preparations deliver nicotine roughly with the same characteristics as the 2 mg gum and the efficacy is also the same.

Use of Nicotine Replacement

Today, NR is marketed in some 70 countries and it sells for well over a billion U.S. dollars and the market is increasing. The largest market by far is the U.S., followed by the UK, and the per capita use is highest in Sweden, where an average smoker spends $23 per year on NR. The NR product with the highest sales is the gum, followed by patch. Major countries with very low penetration are Germany, Japan and Italy.

Deregulation of NR Products

During the last 15 years or so we have seen the medicine regulatory authorities relaxing their attitude towards nicotine and the expressed safety concerns. When NR products were first approved for marketing, the authorities requested many restrictions that became obstacles to an effective treatment of smokers. Examples of such restrictions are

- not allowing high strengths
- requiring prescriptions and counseling from physicians (this rarely happened and was practically unfeasible)
- only allowing short term use
- forbidding combined use of NR products despite evidence of increased efficacy and adequate safety,
- contraindicating products to individuals with high risk medical problems (e.g. recent sufferers of myocardial infarction) despite most of such patients go back to smoking and
- not allowing smokers who could not quit abruptly to use NR to quit gradually.

Allowing NR to be sold over the counter without a prescription (OTC) was the first area in which deregulation started. Among the first countries to switch from prescription only availability to OTC was Finland 1988, Denmark 1989 and UK 1991. In making the gum more available to smokers FDA actually showed great courage as OTC status also means sales outside the pharmacies. Whether the organization or individual assessors such as Dr Spyker should be credited we do not know. We do remember a pre-filing meeting that the sponsor had with the FDA represented by, among others, Dr. Spyker. The sponsor asked for a switch to the 2mg strength. In the meeting Dr. Spyker directly asks first author (KF) "What do you think, Dr. Fagerström, should not also the 4mg be available since it is

the more effective strength"? Being in the meeting on behalf of the sponsor that had only asked for a 2mg switch, I felt, for a tenth of a second, caught in ambivalence, but fortunately KF said without hesitation: "Yes definitively". This resulted in a request from Dr. Spyker to the sponsor to test both strengths in OTC simulating studies. We think these tests both resulted in both strengths becoming OTC in the US at the same time. However, there were times when the regulatory authorities seemed to be ahead of the manufacturing company. The UK authority asked Pharmacia in the mid 1980 ties if the company would consider a prescription free status for the nicotine gum. Pharmacia´s response was that it was too early to consider such an option.

In some countries it took a long time to achieve OTC status. For example in Japan in took until 2001. In Germany the authority was even trying to bring OTC gum back on prescription in 1996 after having approved it for OTC sales. A more recent development in terms of availability is the move from a pharmacy only license to even greater availability (general sales). This started in Denmark 2000 and has since happened in United Kingdom, Canada and Norway.
An additional kind of deregulation has taken place on the indicated use of NR products. Up to 1997 the only approved indication was as an aid to smoking cessation. However, after substantial research on smoking reduction in smokers unwilling to quit, largely sponsored by Pharmacia Inc., reduced smoking as an additional indication was granted in Denmark 1997 and later in Iceland, Brazil, Austria, Belgium, New Zealand and Malaysia..

Another closely related indication is concurrent use of NR with smoking (e.g. Temporary Abstinence), when smokers can not smoke due to restrictions. This was first approved in Norway and thereafter such use has been licensed in Austria, Brazil, Portugal, Colombia, Venezuela, New Zealand and France. More recently NR has also been indicated for smokers attempting to Reduce to Quit. Ove Fernö foresaw the development towards increased availability. He realized that in order to fully exploit the utility of NR it should not be less freely available than cigarettes. Unfortunately, we are not to that point yet.

The future of NR.
We would like to think that the following thoughts and remarks on the future development of NR in the society were very much shared by Mr Fernö; he served as a teacher for us. There are few if any examples of cultures entirely free of recreational drugs. Aldous Huxley wrote "That humanity at large will ever be able to dispense with Artificial Paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principal appetites of the soul"(9).

However, drugs can be more or less accepted by societies. It seems that the attitudes towards drugs have to do with their psychotoxicity. The more it alters the conscience and normal behavior of the user, the more condemned the drug seems to be. For example, drugs that make their consumers hallucinate, become violent or become so euphoric that its users lose interest in normal duties and responsibilities are a threat to others and the whole society. Caffeine and nicotine seem not to have been condemned, although there are some exceptions, probably because of their mild psychotoxicity. I assume that there are many people that do not even regard coffee, tea or tobacco as containing drugs. Today, tobacco smoking is very much condemned in many countries but that is, I suppose, because of the hazardous health effects it has on the smoker and those smoking passively. Any abnor-

mal behavior in a smoker is hard if not impossible to observe. Therefore it seems to me that if the "enjoyment" of nicotine could be made safe there is no more reason to restrict nicotine than caffeine. In comparison with alcohol, it seems that nicotine has a much more benign psychotoxicity although possibly a stronger dependence potential, at least when the vehicle is tobacco. But what if the vehicle is something else that delivers clean nicotine? Clean nicotine is available today outside the pharmacy with no signs of primary addiction. Our wish is that the NR products should be on the very same shelf as the cigarettes. After some time I hope the world is ready to move the cigarettes away and let only the NR be visible. In this way the smokers are exposed to the products which we think will increase their curiosity and lower the barriers for trying them. For NR products to be available on the same shelf as cigarettes in a free market, some form of licence to sell cigarettes may be needed where availability of NR can be mandated.

Let us make an assumption that coffee was smoked and inhaled in a certain culture. If we further assume that pyrolisis of coffee beans was producing the same and equally harmful products as smoking tobacco does, would we then outlaw coffee use if we knew of no safer alternative. However, if we knew that coffee could be "enjoyed" safely if brewed, I assume we would accept and welcome brewed coffee. With pure nicotine we are in a situation today where many believe it is far from safe and 70 % of EU smokers think it causes lung cancer. However, professionals and laymen are gradually becoming more enlightened and in some future, at least in democracies that care for their citizen's health, it is hard to see that cigarettes will be the acceptable source for nicotine. As Prof. Russell put it 1991 "It is argued that it is not so much the efficacy of a new nicotine delivery systems as temporary aids to cessation, but their potential as long-term alternatives to tobacco, that makes the virtual elimination of tobacco a realistic future target".

We can certainly see that smoking has a lot of inherent appeal with its taste, smell, visual stimuli and fast nicotine delivery- so it will most likely never disappear completely. But if people could use clean nicotine most of the time and smoke a cigarette after the "Sunday dinner", we think we have come a long way in reducing its harm. Instead of being the number one risk factor for death and disease, such a new use pattern would probably be difficult to document as a risk factor at all with a possible exception for the sequels of smoking during pregnancy.

Who is going to provide the new products- the reformed tobacco industry, the pharmaceutical industry or a new type of industry? I would personally like to see the pharmaceutical industry providing the products but realize that it is unlikely; pharmaceutical companies would most likely not want to be associated with providing nicotine as a substitute for tobacco that could also involve primary addiction in adolescents. Will the tobacco industry then, which largely is synonymous with the cigarette industry, risk its cigarette business by providing clean nicotine? This is probable if society makes it clear enough that it is not ready to accept cigarette smoking as a normal behavior. We are already seeing products entering the U.S. market that are at least alternative nicotine systems, if not properly clean nicotine delivery systems. Sweden is the country that has gone the furthest in this direction where almost 50% of all nicotine consumed comes from unburned sources. However, most of it comes from smokefree tobacco and only a small percent comes from clean nicotine. How nicotine will be consumed in the future also has to do with how it will be regulated. So far, all societies, without exception, have favored the most contaminated and hazardous system. The cigarette has been virtually unregulated while the pure nicotine products to help smokers quit smoking cigarettes were difficult to register at all. This situation is gradually changing but a regulatory

framework where one agency has the power to regulate all nicotine containing products would be very instrumental in guaranteeing the best public health impact. This is also something that most scientists and advocates seem to agree on, and large and reputable organizations and bodies like the British Royal College of Physicians and The House of Commons in the UK have recently petitioned its health department to move in that direction.

We believe and hope that nicotine will one day be consumed in its pure form. It would mean that we have largely eliminated a giant risk factor for death and disease. Some nicotine addiction would of course still be prevailing- a price that it seems we must be ready to pay, at least in the short term. Hopefully we could at some later stage also get rid of the addiction, which would need a regulation on the amount of nicotine that the products were allowed to deliver. Such a profound change in behavior could undoubtedly take a long time. The concept of "culture" is key here. We are dealing with something which has deep cultural roots and will require at least one if not several generations to change. Whatever time it takes, we are convinced that something very important for the benefit of mankind happened in southern Sweden in the late 1960 ties.

Ove Fernö´s thinking and foresight , and perhaps personal circumstances, made him a decisive driver in the development of Nicotine Replacement. His work has helped countless smokers to break the dependence. But he was also a great man to spend an evening with, usually over a glass of beer, to speculate about the future of NT and other matters of importance, very often philosophy. His originality and individuality showed up early; after graduation from high school he biked from Sweden to Spain and back in order to learn languages, cultures and countries. He is greatly missed.

Book Review

Addiction Treatment: Science and Policy for the 21st Century

Written by: Jack E. Henningfield, Patricia B. Santora, & Warren K. Bickel (Eds.)

Reviewed By: Mary E. Cooley

In the United States, addiction to alcohol, tobacco and other drugs accounts for approximately one in five deaths. In addition, addiction exerts an enormous financial and emotional toll on the addicted individual and family members as they watch their loved one struggle with addiction. Given that drug addiction is one of the leading public health issues of our time, ensuring adequate and accessible treatment for those in need is an important topic. The book, Addiction treatment: Science and policy for the twenty-first century edited by Jack Henningfield, Patricia Santora and Warren Bickel, provides an excellent overview of the current state of addiction treatment in the United States. This book provides an array of essays from outstanding leaders in the field to foster thought and discussion about addiction treatment. The goal of the book is to help revolutionize and energize debate to shape what treatment for drug addiction should look like in the future.

The book consists of three sections. The first section addresses underlying theoretical perspectives for treating addiction to alcohol, tobacco, illicit opiods and stimulants and prescription drugs, treatment models for addiction, and highlights areas of emerging science. There are nine chapters within this section. The chapters are short and easy to read. One of the strengths of this section

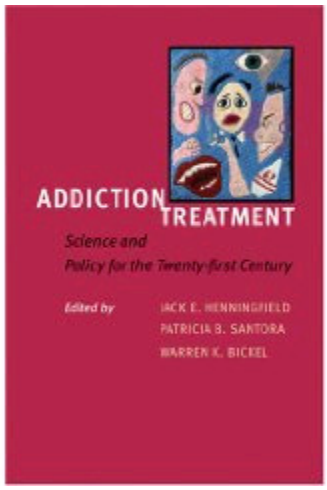
Jack E. Henningfield, Patricia B. Santora, & Warren K. Bickel (Eds.). (2007). Addiction Treatment: Science and Policy for the Twenty-First Century. Johns Hopkins University Press.

Length: 248 pp.
0801886694
For more information on this book, see

http://www.press.jhu.edu/books/title_pages/8588.html

is the presentation of new and innovative treatment approaches to addiction. Interesting treatment approaches include the use of computer-based interactive technology, stepped care models to accommodate individual differences, development of chronic disease management models of treatment, and integrating various paradigms (such as an action paradigm complemented by a stage based paradigm) to increase the impact of treatment.

Section two addresses addiction treatment with special populations such as pregnant women, adolescents, medically ill populations, and incarcerated drug users. All of these chapters provide compelling data that highlight the need for treatment and the challenges associated with ensuring adequate access. This section of the book underscores the complexity of addiction treatment since addiction affects individuals with diverse developmental, psychological, social, and medical needs. A particularly poignant chapter presents a personal story of addiction, recovery and art. Colored art work is included as part of this section and provides an artist's glimpse into the personal experiences of addiction and recovery. The editors provide a complementary chapter that explains that a scientific perspective alone isn't adequate to portray an understanding of addiction and that addiction art helps bridge the gap between science and the human experience. The hope is that readers will feel compassion and understand that we need to do more to prevent and treat addiction.



The final section provides an analysis of health care, social and policy issues. Debate on topics that address basic conceptions about the nature of drug addiction, to issues of legislation for public health policies, to concerns about patient confidentiality is presented. Controversial topics such as whether addiction should be considered a disease or behavior, whether addiction should be handled as a criminal offense or treated as a public health problem and whether stigmatizing addiction is helpful or not are addressed by experts in the field. Some of the viewpoints expressed in this chapter oppose other contributor viewpoints. The divergence of attitudes and opinions about addiction and addiction treatment clearly show that there are no simple or easy solutions to ensuring adequate treatment.

The editors do an excellent job of putting together a collection of essays from leading experts in the field of addiction. The provocative essays and the way that the chapters are organized creates a book that is easy to read and will certainly stimulate thought and further discussion about what is possible for addiction treatment in the twenty-first century. This book provide a comprehensive approach to understanding addiction as a treatable illness and suggests avenues for treatment approaches that have the potential to change the current face of addiction treatment in the United States. This book is an outstanding resource and is appropriate for students, health care professionals, researchers, policy makers, and laypersons interested in addiction science and health care policy.

Nicotine Research Grant Funding Update

By: The Tobacco and Nicotine Research Interest Group (TANRIG)

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.

The National Cancer Institute recently published the 19th edition of the tobacco control monograph series entitled *The Role of Media in Promoting and Reducing Tobacco Use*. Monograph 19 is the most current and comprehensive distillation of the scientific literature on media communications in tobacco promotion and tobacco control. It synthesizes the science across the disciplines of marketing, psychology, communications, statistics, epidemiology, and public health. It is hoped that the key lessons from this monograph can inform policymakers as well as scientists and practitioners. The monograph is available online and can be ordered at http://www.cancercontrol.cancer.gov/tcrb/monographs/19/index.htm.

Numerous Funding Opportunity Announcements (FOAs) of potential interest to tobacco researchers have been released recently. Note that there may be additional mechanisms available, but only one mechanism for each announcement is listed below.

- **Measures and Determinants of Smokeless Tobacco Use, Prevention, and Cessation (R01)**. This funding opportunity announcement (FOA) encourages the submission of research grant applications from scientists who propose to study the factors that mediate initiation, use, and cessation of smokeless tobacco, to understand the relationship of smokeless tobacco with other tobacco products, and to develop methods for studying smokeless tobacco products and related behaviors in humans. The overall goal is to develop an evidence base to inform smokeless tobacco control efforts, and to develop effective ways to limit the spread and promote cessation of smokeless tobacco use. http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-024.html

- **Improving Effectiveness of Smoking Cessation Interventions and Programs in Low Income Adult Populations (R01)**. This funding opportunity announcement (FOA) encourages research grant applications for projects designed to improve outcomes of smoking cessation in low income adult populations within the United States. Despite significant progress in reducing the prevalence of smoking in the United States, smoking continues to represent a major threat to public health. In addition, decreases in smoking have not been consistent across the population and marked disparities exist with smoking prevalence continuing to remain high among low income adults. The long-term goal is to facilitate a significant reduction in smoking prevalence among low income adults, thereby reducing the excess disease burden of tobacco use within these groups and decreasing the prevalence of smoking in the United States as a whole. This FOA is intended to support human research only.
  http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-022.html

- **Economics of Treatment and Prevention Services for Drug & Alcohol Abuse (R01)**. This Funding Opportunity Announcement (FOA) encourages Research Project Grant (R01) applications on the economics of prevention and treatment services for drug and alcohol abuse. Such research projects might emphasize any of the following subjects: (1) financing and purchasing of drug and alcohol treatment and prevention services, including studies of health insurance and payment mechanisms; (2) economic incentives used to improve the quality and economic efficiency of treatment and prevention services (3) alternative delivery systems and managed care; (4) cost-benefit, cost-effectiveness, or cost-utility analyses; (5) service costs, production, and economic efficiency; and (6) research to develop or improve methods to be used in the economic study of drug and alcohol services.
http://grants.nih.gov/grants/guide/pa-files/PA-08-174.html

- **Functional Characterization of Genetic Variants and Interactions: The Genes, Environment and Health Initiative (R21)**. This FOA supports research relating genetic variation to biological mechanism, or disease causality. Areas of interest include, but are not limited to, relatively low throughput approaches (e.g. transgenic mouse approaches) to test some of the most promising variants for changes in function; or exploit high-throughput tests (e.g. yeast, C. elegans, cell culture systems, or computational approaches) to look at different aspects of variant function.
http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-09-003.html

- **Genome-wide Association Studies of Treatment Response in Randomized Clinical Trials – Study Investigators (U01)**. The purpose of this funding opportunity is to support genome-wide association (GWA) studies in randomized controlled clinical trials to identify genetic variants associated with response to treatments for conditions of clinical or public health significance.
http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-08-004.html

- **Integration of Mouse Models into Human Cancer Research (U01)**. This Funding Opportunity Announcement (FOA), issued by the National Cancer Institute (NCI), extends the NCI-Mouse Models of Human Cancers Consortium (NCI-MMHCC) for a third project period. The previous periods resulted in generation, validation, and utilization of many novel mouse cancer models. Having successfully attained the original specific program goals, the NCI-MMHCC is poised to enter the next stage that stresses the use of biologically relevant mouse models as effective tools for human research.
http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-018.html

- **Reducing Risk Behaviors by Promoting Positive Youth Development (R01).** The purpose of this Funding Opportunity Announcement is to encourage Research Project Grant (R01) applications from institutions/ organizations that propose to enhance our understanding of effective positive youth development programs and the mechanisms responsible for positive health and developmental outcomes. This will be accomplished through the development, implementation, and evaluation of new or improved positive youth development programs, the evaluation of existing "successful" programs, or the evaluation of effective, evidence-based, gender-inclusive programs that are adapted, translated, or disseminated for new populations of youth and adolescents.
http://grants.nih.gov/grants/guide/pa-files/PA-08-241.html

- **Small Grants Program for Cancer Epidemiology (R03)**. This funding opportunity announcement (FOA) encourages the submission of Small Research Grant (R03) applications for research on cancer etiology and epidemiology. The overarching goal of this FOA is to provide support for pilot projects, testing of new techniques, secondary analyses of existing data, development and validation of measurement methods, linkage of genetic polymorphisms with other variables related to cancer risk, and development of innovative projects for more comprehensive research in cancer etiology and epidemiology.
  http://grants.nih.gov/grants/guide/pa-files/PAR-08-237.html

- **Using Systems Science Methodologies to Protect and Improve Population Health (R21).** This FOA solicits Exploratory/Developmental (R21) applications from institutions/organizations that propose to apply one or more specific system science methodologies to public health and health care systems problems and contribute knowledge that will enhance effective decision making around the development of and prioritization of policies, interventions, and programs to improve population health, especially where resources are limited and only a limited number of programs/policies/interventions can be implemented. Applicants are encouraged to submit projects that tackle "policy resistant" health problems (i.e., ones in which the effects of planned interventions, programs or policies tend to be delayed, diluted or defeated by responses of the system to the intervention itself) using a systems science methodology.
  http://grants.nih.gov/grants/guide/pa-files/PAR-08-224.html

- **Fogarty International Research Collaboration – Behavioral and Social Sciences (FIRCA-BSS) Research Award (R03)**. This Funding Opportunity Announcement (FOA) facilitates collaborative behavioral and social sciences research between scientists supported by the National Institutes of Health (NIH) and investigators in low- and middle-income countries (LMIC). Special consideration will be given to proposed research that addresses significant global health problems, particularly those of high relevance to an LMIC country or region.
  http://grants.nih.gov/grants/guide/pa-files/PAR-08-223.html

- **Methodology and Measurement in the Behavioral and Social Sciences (R01)**. The goal of this Funding Opportunity Announcement (FOA) is to encourage research that will improve the quality and scientific power of data collected in the behavioral and social sciences, relevant to the missions of the participating NIH Institutes and Centers.
  http://grants.nih.gov/grants/guide/pa-files/PAR-08-212.html

- **Technological Innovations for Interdisciplinary Research Incorporating the Behavioral and Social Sciences (SBIR [R43/R44])**. The purpose of this Funding Opportunity Announcement (FOA) is to solicit Small Business Innovation Research (SBIR) grant applications from small business concerns (SBCs) for development of new, innovative technologies for research integrating human social and/or behavioral science with other disciplines.
  http://grants.nih.gov/grants/guide/pa-files/PAR-08-202.html

SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO

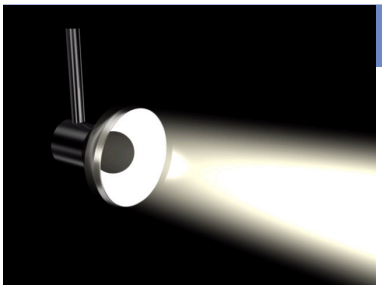
Call for Papers for a Special Issue in Journal of Consulting and Clinical Psychology "Smoking Cessation: Innovative Treatments and Understudied Populations"

By: Belinda Borrelli

Despite advances in pharmacological treatment, smoking cessation rates remain relatively stagnant. This may be because the development and testing of theory-based behavioral treatments has stalled, or because certain segments of the population have not been targeted for intervention. *The Journal of Consulting and Clinical Psychology* is requesting submissions of empirical papers that focus on either testing innovative treatment approaches for smoking cessation or testing smoking cessation interventions in understudied populations. Manuscripts that focus on innovative treatments may include, but are not limited to, behavioral therapy, cognitive-behavioral therapy, combined pharmacological and behavioral therapies, and theory-based therapies that have been tested in other fields but have not yet been applied to smoking cessation. Manuscripts that focus on understudied populations may include, but are not limited to, targeting different cultures, ethnicities, ages, and medical and psychiatric comorbidities. Preference will be given to papers with a clearly articulated theoretical foundation and clinical implications. The goal of this special section is to present cutting-edge research on smoking and to stimulate the field to produce innovative theory-based treatments and address the needs of understudied and under-treated smokers.

The deadline for submissions of manuscripts is January 5th, 2009. The anticipated publication date is February 2010. Papers that do not meet the deadline will be considered as "regular" submissions to this journal. All submissions should be entered through the main submission portal for the journal (www.apa.org/journals/ccp.html). Authors should indicate in their accompanying cover letter that the paper is to be considered for the special section on "Smoking Cessation: Innovative Treatments and Understudied Populations." All submitted papers must be in APA format and conform to the all the submission guidelines for this journal (see www.apa.org/journals/ccp.html); papers that do not follow the guidelines may be returned without review.

Questions or inquiries regarding the special section should be directed to the section editor, Dr. Belinda Borrelli (Belinda_Borrelli@Brown.edu).



In the Spotlight

Honors, Awards, & Achievements

Jennifer R. Warren, Ph.D received the 'University of Minnesota Outstanding Postdoctoral Scholar Award' for 200-09. This recognition is conferred on three Post-Docs nominated from across the UMN. Dr Warren is a Postdoctoral Associate in the Program in Health Disparities Research located within the Medical School. Her funded research focuses on the reduction of tobacco-related health disparities among low income/inner-city populations in access to quit smoking interventions and the reduction of childhood disease and illness due to parental and other adult SHS exposure.

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., e**xtensive 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 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:**
  - September 15-19, 2008
  - November 3-7, 2008
  - April 13-15, 2009
- **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

SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO

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.

Ayo-Yusuf O. A., van den Borne, B., van Wyk, P. J., & Severson, H. H. (2008). Longitudinal association of smoking-related attitude to oral health with adolescents' smoking onset. *J Public Health Dent.* Jul 22. [Epub ahead of print].

Backinger, C. L., Michaels, C. N., Jefferson, A. M., Fagan, P., Hurd, A. L., & Grana, R. (2008). Factors associated with recruitment and retention of youth into smoking cessation intervention studies—A review of the literature. *Health Education Research, 23*, 359-368.

Barnett, P. G., Wong, W., & Hall, S. (2008). The cost-effectiveness of a smoking cessation program for out-patients in treatment for depression. *Addiction, 103*, 834-840.

Batra, A., Collins, S. E., Torchalla, I., Schröter, M., & Buchkremer, G. (2008). Multidimensional smoker profiles and their prediction of smoking following a pharmacobehavioral intervention. *Journal of Substance Abuse Treatment, 35,* 41-52.

Blank, M. D., Sams, C., Weaver, M. F., & Eissenberg, T. (2008). Nicotine delivery, cardiovascular profile, and subjective effects of an oral tobacco product for smokers. *Nicotine & Tobacco Research, 10,* 417-421.

Brigham, J., Lessov-Schlaggar, C. N., Javitz, H. S., McElroy, M., Krasnow, R., & Swan, G. E. (2008). Reliability of adult retrospective recall of lifetime tobacco use. *Nicotine & Tobacco Research, 10*, 287-299.

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Position Openings

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: kcropsey@uab.edu. Women and members of minority groups are especially encouraged to apply.

UNIVERSITY OF CINCINNATI VETERANS AFFAIRS MEDICAL CENTER FELLOWSHIPS IN ADDICTION PSYCHIATRY/ADDICTION MEDICINE. The Addiction Sciences Division offers three fellowship programs in Addictions. The first is a **one-year ACGME-accredited**

addiction psychiatry fellowship; the second is a **two-year VA clinical research addiction medicine fellowship**. There is also a third option available on a *case-by-case basis* and depending on local available funding, a **one-year addiction medicine clinical fellowship**. Preparation for certification in Addiction Medicine by the American Society of Addiction Medicine, or added qualifications certification by the American Board of Psychiatry and Neurology is emphasized. Fellows are exposed to a rich assortment of clinical environments that include rotations in a **nationally-recognized Clinical Program of Excellence** in Substance Use Disorders. Research opportunities exist in **two NIH-funded addiction research centers**, studying illicit drug abuse, and alcohol and tobacco addiction. UC Department of Psychiatry is ranked 14th nationally for NIH funding in 2008; one of the fastest rising departments in the U.S., with one of the very largest psychiatric pharmaceutical research programs. Fellowship Faculty is comprised of addiction specialists from multiple disciplines, dedicated to quality patient care, teaching, and scholarly activity. Experiential, team-based clinical learning is interwoven with approximately 50 addiction-specific didactics, 20 review audio-lectures, live oral examination, hands-on teaching, and unique multidisciplinary feedback sessions – focused to advance competency-based learning. Highly competitive salary and benefits are available. The tri-state Cincinnati area offers uniquely diverse entertainment and shopping, affordable housing, and one of the finest selections of public schools in the nation. Robust employment opportunities exist for post-fellowship positions within the College of Medicine, VA, and growing tri-state addiction-specialty marketplace. **Visit** http://www.psychiatry.uc.edu/index.php?q=node/102 **for more information**. Interested candidates are invited to discuss their training interests with: Shannon Miller, M.D., FASAM, FAPA, CMRO; Director, Addiction Psychiatry and Addiction Medicine Fellowships, Associate Professor, Clinical Psychiatry, **Point of Contact: Kathleen Peak, kathleen.peak@va.gov, 513-861-3100, extension 6676.**

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.

Meeting Calendar

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

Sept 15-19	Rochester, MN	Tobacco Tx Specialist Training www.ndc.mayo.edu
Sept 22-26	Worcester, MA	Tob Tx SpecialCore Certif Trg www.umassmed.edu/behavmed/tobacco/train.aspx
Sept 22-26	New Brunswick, NJ	Tobacco Dependence Treatment Specialist Training www.tobaccoprogram.org
Sept 23-26	Rome, Italy	10th SRNT Europe conference www.srnt2008rome.com
Oct 13-15	Florence, Italy	European Association of Addiction Tx www.eaat.org
Oct 13-16	Jackson, MS	Tobacco Tx Specialist Workshop actcenter.umc.edu
Oct 20-21	New Brunswick, NJ	Youth Quit2Win Training www.tobaccoprogram.org
Oct 20-24	Columbus, OH	Ohio Health Nicotine Dep Program thouston@ohiohealth.com
Oct 25-28	Philadelphia, PA	Am College Chest Physicians www.accp.org
Oct 25-29	San Diego, CA	American Public Health Association http://www.apha.org/meetings
Oct 28-31	Bankok, ME	SRNT Asian Conference www.ndc.mayo.edu
Nov 3-7	Rochester, MN	Tobacco Tx Specialist Training www.ndc.mayo.edu

2009

Feb 23-27	Rochester, MN	Tobacco Tx Specialist Training www.ndc.mayo.edu
Mar 8-12	Mumbai, India	World Conference Tobacco or Health www.14wctoh.org
Mar 30	Rochester, MN	Tobacco Tx Specialist Training www.ndc.mayo.edu
Mar 30-Apr 3	Worchester, MA	Tob Tx Special Core Training www.umassmed.edu/behavmed/tobacco/train/aspx
Apr 13-15	Rochester, MN	Annual Nicotine Dependence Conf www.ndc.mayo.edu
Apr 22-25	Montreal	Society of Behavioral Medicine www.sbm.org/meetings
Apr 27-30	Dublin	Society for Research Nicotine Tobacco www.srnt.org
May 8-12	Mumbai, India	Wld Conf Tobacco of Hlth www.14wctoh.org
June 10-12	Phoenix, AZ	National Conference Tobacco or Health www.tobaccocontrolconference.org

Meeting Calendar

2009 (cont.)

June 20-25	Reno, NV	College on Problems of Drug Dependence www.cpdd.vcu.edu
June 22-26	Rochester, MN	Tobacco Tx Specialist Certification Training www.ndc.mayo.edu
Aug 24-28	Rochester, MN	Tobacco Tx Specialist Training www.ndc.mayo.edu
Sept 21-24	Worcester, MA	Tobacco Tx Special Core Training www.ndc.mayo.edu
Sept 21	Worcester, MA	Motivational Interviewing Wksp www.ndc.mayo.edu
Nov 2-6	Rochester, MN	Tobacco Tx Specialist Certification Training www.ndc.mayo.edu

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