
WELCOME

As I was telling John Pinney last night, I remembered when these conferences started some years ago: there were a few of us meeting in hallways and no one took this effort very seriously. If one were to look at this room as well as our nation as whole, one would be impressed by the effects that these kinds of gatherings have had.

This is the fourth conference devoted specifically to smoking cessation. The first was in 1989 at Harvard, the next at Johns Hopkins in 1990, and then in 1993, I stood at this very podium and introduced the third conference.

The growing size of these conferences speaks for itself, of course, and this one is substantially oversubscribed. As you can see, every seat in the house is filled. The crowded seating arrangements are a cross we will happily bear.

Sitting in this room and those who will address you here over the next two days are what I regard as the greatest living experts in this field of smoking cessation. They are

extremely well balanced. There are researchers, treatment experts, government officials, and representatives from private industry, voluntary health agencies, and medical professional societies.

I want to thank you for coming and joining us for this important gathering, and I also want to introduce my colleague and co-convenor, Dr Ovide Pomerleau. He is currently professor of psychology and psychiatry and the director of the Behavioral Medicine Program at the University of Michigan. He is a pioneer in the research on nicotine and its effects and founding president of the Society for Research on Nicotine and Tobacco.

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INTRODUCTORY REMARKS

It is a special pleasure for me to be here today and to represent the Society for Research on Nicotine and Tobacco in convening this meeting. It is an unusual conference. It is special because its main purpose is to explore the limits of available knowledge proactively, with no hidden agendas or government or industry initiatives.

The conference objectives are: (1) to continue to expand our perspectives on the treatment of tobacco addiction, and (2) to learn from our successes and failures, as well as from those of related fields. Over the next two days you will hear discussions on the latest information on alternative strategies to smoking cessation. Current approaches will be reviewed critically in terms of effectiveness, availability, acceptability, and cost-effectiveness. Alternative approaches will be reviewed from the perspective of harm reduction, and, I might point out as an aside, a comment in the tradition of Michael Russell who over a decade ago proposed the development of high nicotine cigarettes as a means of decreasing cigarette consumption.

You will hear today some new ideas on that subject, for

example proposals such as restricting the nicotine availability in cigarettes to a level below the threshold for addiction as a means of dealing with this public health problem. This alternative will be evaluated, and the pros and cons of nicotine maintenance for smokers will also be considered. I would like to encourage you as a group to listen, to think, to question, and to prepare for action.

My next task is to introduce the moderator for the first section, Saul Shiffman. Dr Shiffman is professor of psychology at the University of Pittsburgh, where he directs the Clinical Psychology Center and the Smoking Research Group. He received his PhD in clinical psychology from the University of California, Los Angeles, and his research examines addictive behaviour, with a particular focus on cigarette smoking and nicotine addiction.

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