The Jarvik-Russell New Investigator Award, named after Murray Jarvik and Michael Russell, recognizes scientists and SRNT members early in their careers who have made extraordinary contributions to the field of nicotine and tobacco research.

**MURRAY E. JARVIK**

Dr. Murray Jarvik was born in New York City in 1923. 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, where Murray became one of the pre-eminent researchers studying a newly discovered substance: LSD.

LSD research pivoted Murray into the emerging field of psychopharmacology in the mid-1950s 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.

Murray's interests in the mid-1960s turned toward tobacco smoking. 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.

Perhaps Murray Jarvik’s most notable achievement was work done with Jed Rose in the 1980s 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.

**MICHAEL RUSSELL**

By the 1960s, the emerging evidence of the danger of cigarette smoking was clear, but there was very little understanding of why people smoked. Cigarette smoking was generally thought of as a habit, with pharmacological factors receiving little or no attention.

Michael Russell was the man who did most to revolutionize our understanding. His research led to the 1988 report of the US Surgeon General, Nicotine Addiction, which finally brought recognition that cigarette smoking is a classic drug dependence.
Russell was a psychiatrist in training at the Maudsley Hospital, in south London, when he chose the topic of cigarette smoking for his research thesis in 1967. Based on his review of what was then fragmentary research literature, he concluded in a 1971 paper that the drug nicotine was the motivating force underlying smoking behavior. He made the study of the interacting pharmacological and psychological determinants of tobacco dependence his life’s work.

Mike is regarded by many as the father of effective treatment to help smokers quit, but he is probably best known in the cessation field for a non-pharmacological intervention. In 1979 he published a trial examining the effectiveness of brief advice to quit smoking given by GPs in the course of routine consultations. The one-year success rate was 5%, compared with less than 1% in controls. A successful trial of nicotine chewing gum combined with brief advice in primary care followed. Mike Russell moved toward the concept of an integrated district smoking cessation service, in which routine delivery of advice and pharmacological therapy in primary care was combined with intensive clinic support. That vision has now been realized in Great Britain’s National Health Service.