

The Consortium on
Addiction Recovery
Science (CoARS)



NATIONAL CONFERENCE ON ADDICTION RECOVERY SCIENCE



April 23-24, 2025



Virtual

CALL FOR PROPOSALS

Submission Portal Opens	October 3, 2024
Submissions are Due	January 6, 2025
Submitters will be Notified	January 30, 2025



GENERAL INFORMATION

The deadline for submission of proposals **has been extended to January 6, 2025**. Word limit for poster submissions is 300 words, and word limit for symposia and roundtables is 700 words. All submissions will be peer-reviewed, and participants will be notified of accept/reject decisions by late January, 2025. Time and space considerations as well as program priorities will factor into acceptance decisions and assignment to oral or poster sessions. As first author, presenters are limited to only one poster presentation **and** one symposium **or** roundtable. However, presenters can be co-author on multiple submissions.

IMPORTANT DATES

Proposal submission portal opens	October 3, 2024
Proposal submission deadline	January 6, 2025
Authors notified of decision	January 30, 2025
Early bird registration deadline	February 28, 2025

PURPOSE & HISTORY

The 2025 National Conference on Addiction Recovery Science (NCARS) will bring together researchers at all stages of training and experience to stimulate exchange of ideas and allow for the presentation of cutting-edge research across the spectrum of alcohol and other drug use disorders and affected populations. This is the only national conference specifically dedicated to substance use disorder recovery science.

The inaugural 2024 National Conference on Addiction Recovery Science (NCARS) brought together 314 delegates from across 3 countries and 38 U.S. states. The event featured powerful keynote presentations by Nora Volkow, George Koob, and William White, in addition to a distinguished panel with Tom Coderre, Tisha Wiley, Laura Kwako, Paolo del Vecchio, and Peter Gaumond. The program included 42 breakout sessions, comprised of 11 symposia, 7 roundtables, and 24 poster presentations, addressing 9 key areas in recovery science. These topics ranged from DEI/health disparities to recovery capital and recovery support services, highlighting the mission of building a foundation of recovery science.

The Consortium on Addiction Recovery Science (CoARS), which hosts and organizes NCARS, is funded by the National Institute on Drug Abuse (NIDA) to increase our understanding of recovery support services, particularly for people with opioid use disorder (OUD) who are using or have used OUD treatment medications, through research networking, training students and early career scientists, and building community partnerships.

2025 National Conference on Addiction Recovery Science

The broad 2025 National Conference on Addiction Recovery Science theme is

Partnering to improve addiction recovery science

Your presentation should fall into at least one part of one of the following categories:

Thematic areas:

1. Youth, Young Adults, and Family
2. DEI/Health Disparities
3. Defining and Measuring Recovery
4. Recovery Capital
5. Recovery Pathways/Phenotypes/Milestones
6. Recovery Services Workforce Development (e.g. peer recovery support specialists)
7. Harm Reduction and Recovery
8. Recovery Support Services (e.g., Housing, Community Centers, etc.)
9. Other topics focused on recovery are welcome

Session types:

- ***Symposium Presentation (1 hour):*** These are formal, thematic presentations. These proposals should include three to four symposium presenters, one of whom will be the introductant/discussant. Each presenter will have 15 minutes, with roughly 15 minutes at the end for discussion. The discussion is intended to be interactive with audience participation strongly encouraged.
- ***Poster Presentation (1 hour):*** These presentations provide an opportunity for groups or individuals to display their program descriptions and research findings in a poster format. A virtual poster board area will be available for each poster. Each poster presentation will consist of a 3-minute pre-recorded voice over as well as a virtual area for Q & A.
- ***Roundtable (1-hour session):*** These should include up to five participants, including a moderator, who will have an opportunity to engage in an interactive discussion about a specific topic. Proposals should describe how they will address the components of roundtables: (1) brief overview of the topic to be discussed, (2) nature and orchestration of the interactive discussion.
- ***Please note:*** A presenter may be first author on only one session, either a symposium or a roundtable. However, in addition to being first author for a session, individuals are welcome to participate in multiple presentations and may also submit a poster. Please be mindful of the number of presentations you are involved in, as space constraints may make it challenging to schedule each one in a unique time slot.

Within each of the above three session types, submitters are encouraged to limit presentation submissions to one or more of these three categories:

- ***Original Research/Research Methods:*** Sessions will include prospective and retrospective studies that are also likely to include specified research questions, hypothesis testing, and data collection and analysis.
- ***Systematic Review Summary:*** Sessions will include scholarly discussions of a specific topic via a review of the current literature in a given area.
- ***Challenges and Facilitators in Implementation Science:*** Sessions will describe lessons learned regarding community engagement and implementation issues such as fidelity to evidence-based treatment, recruitment/follow-up, and partner engagement. These are similar to our CoARS monthly seminars.

Definition of Terms

Note: The conference adheres to the International Society of Addiction Journal Editors consensus statement which recommends against the use of terminology that can stigmatize people who use alcohol, drugs, other addictive substances or who have an addictive behavior (<https://www.isaje.net/addiction-terminology.html>). Please also see the Addictionary at www.recoveryanswers.org for guidance when developing abstracts and final presentations.

- **Recovery from alcohol use disorder (NIAAA definition):** process through which an individual pursues both remission from alcohol use disorder (AUD) and cessation from heavy drinking. An individual may be considered “recovered” if both remission from AUD and cessation from heavy drinking are achieved and maintained over time. For those experiencing alcohol-related functional impairment and other adverse consequences, recovery is often marked by the fulfillment of basic needs, enhancements in social support and spirituality, and improvements in physical and mental health, quality of life, and other dimensions of well-being. Continued improvement in these domains may, in turn, promote sustained recovery.
- **Recovery from substance use disorder (NIDA definition):** Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Even people with severe and chronic substance use disorders can, with help, overcome their illness and regain health and social function. This is called *remission*. Being *in recovery* is when those positive changes and values become part of a voluntarily adopted lifestyle. While many people in recovery believe that abstinence from all substance use is a cardinal feature of a recovery lifestyle, others report that handling negative feelings without using substances and living a contributive life are more important parts of their recovery.
- **Adolescents:** People between the ages of 12–17 years
- **Co-existing disability:** A substance use disorder and a disability
- **Co-occurring disorder:** A substance use and mental health disorder
- **Evidence-based:** Knowledge that is supported by research results that are statistically significant
- **Families:** Parents, grandparents, siblings, extended family, and caregivers of youth
- **Health Disparities:** “Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” —NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, Vol. 1, Fiscal Years 2002–2006
- **Transition Age Youth:** People transitioning from adolescence into young adulthood between the ages of 16–28 years. The term emerging adult is also used.