The Consortium on Addiction Recovery Science (CoARS)

NATIONAL CONFERENCE ON ADDICTION RECOVERY SCIENCE

📅 September 23-24, 2026   📍 Virtual

CALL FOR PROPOSALS

Submission Portal Opens	March 6, 2026
Submissions are Due	May 6, 2026
Submitters will be Notified	Late June 2026

RECOVERY RESEARCH INSTITUTE
RECOVERYANSWERS.ORG

GENERAL INFORMATION

The deadline for submission of proposals is May 6, 2026. 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 June, 2026. 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	March 6, 2026
Proposal submission deadline	May 6, 2026
Authors notified of decision	Late June 2026
Early bird registration deadline	July 24, 2026

Please submit your proposal through this link or by scanning the QR code:
https://redcap.link/2026NCARS
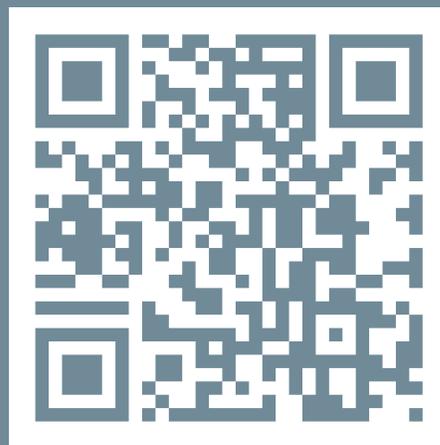
PURPOSE & HISTORY

The 2026 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) 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 comprised of 11 symposia, 7 roundtables, and 24 poster presentations, addressing 9 key areas in recovery science. These topics ranged from health disparities to recovery capital and recovery support services, highlighting the mission of building a foundation of recovery science.

Building on this momentum, the 2025 National Conference on Addiction Recovery Science (NCARS) continued to serve as a vital convening space for the recovery science community. The conference featured plenary speakers Drs. Kelly Dunn, Wilson Compton, Rahul Gupta, Rajita Sinha, David Best, Keith Humphreys, Andrew Finch, Christine Grella, and Sarah Zemore, alongside a diverse program spanning core areas of recovery research and practice. The 2025 program included 8 roundtables, 5 symposia, and 33 posters. New elements introduced in 2025, most notably a highly attended mentorship session, reflected NCARS' commitment to supporting emerging scholars and fostering meaningful connection across career stages. The conference also strengthened its focus on accessibility and inclusion by continuing to offer complimentary registration for Community Advisory Board members and awarding more than $1,000 annually in early-career poster prizes.

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.

2026 National Conference on Addiction Recovery Science

The broad 2026 National Conference on Addiction Recovery Science theme is

> **Driving change through collaborative addiction recovery science**

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

Youth, Young Adults, and Family

Services that Support Saving Lives and Recovery

Health Disparities

Recovery Support Services (e.g., Housing, Community Centers, etc.)
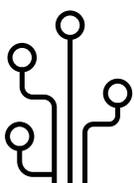
Defining and Measuring Recovery

Recovery Services Workforce Development (e.g. peer recovery support specialists)

Recovery Capital

Medications for Substance Use and Recovery

Recovery Pathways/Phenotypes/ Milestones

Other topics focused on recovery are welcome

Session types:

Please note: NCARS does not offer individual oral presentations outside of the poster session. Proposals for symposia and roundtables should include multiple presenters, as these formats are designed to facilitate dialogue and exchange across related perspectives. Individuals wishing to present solo are encouraged to submit a poster. Those interested in submitting a symposium or roundtable should plan to identify and confirm co-presenters prior to submission.

- *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 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.*
- *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 fist 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 session types, submitters are encouraged to limit presentation submissions to one or more of these four categories:

- *Research: Sessions in this section will present studies that test specific research questions, collect and analyze data, and interpret results; both quantitative and qualitative studies are acceptable.*
- *Program Evaluation: Sessions in the section will present empirical evaluations of clinical and/or recovery support services; unlike research studies, specific research questions need not be tested, though quantitative and/or qualitative data should be included.*
- *Systematic Review: Sessions in this section will present scholarly discussions of a specific topic via review of the current literature in a given area.*
- *Addressing Challenges to Implementation of Evidence-based Practices: Sessions in this section will describe lessons learned from implementation of evidence-based practices, such as fidelity to evidence-based services and partner engagement. These sessions may also highlight novel approaches to filling gaps among extant evidence-based practices.*

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 (<u>NIAAA definition</u>):*** 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 (<u>NIDA definition</u>):*** 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.
- ***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
- ***Adolescents:*** People between the ages of 12–17 years
- ***Transition Age Youth:*** People transitioning from adolescence into young adulthood between the ages of 16–28 years. The term emerging adult is also used.