

Press Release

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SAFE Glen Cove Coalition: Director of NIDA on Advancing Recovery Research

Recently in *The New England Journal of Medicine*, NIDA Director and research colleagues likened the addicted brain to a house on fire—a crisis requiring urgent efforts to contain the damage and preserve life. The drug crisis in America has demanded a sustained focus to extinguish those fires by expanding treatment access and overdose prevention and reversal strategies—and encouragingly, data show that overdose fatalities have been declining since 2023. However, a house that has had its addiction fire extinguished still smolders and can readily burst into flames again. After an initial remission of substance use disorder (SUD) symptoms, it can take as much as 8 years and 4-5 engagements in treatment or mutual support groups to achieve sustained remission, and risk for meeting SUD criteria can remain elevated for several more years after that.

Those in the addiction field have an obligation not only to improve their abilities at fighting the fires of active addiction, but also to enhance their ability to facilitate the processes of rebuilding in the aftermath, to reduce their future recurrence. Increasing the number of people achieving long-term recovery from SUDs is a national policy priority and a major goal of the research supported by NIDA—from basic neuroscience to understand how the brain rewires and recovers after addiction to an intensified focus on the supports and services that can help individuals thrive as they build healthier lives.

Fortunately, the very same adaptability and neuroplasticity of the brain that makes it susceptible to developing addiction in the first place also enables it to heal, especially when internal and external conditions are supportive of recovery. The neurobiology underlying remission from SUDs has long been a focus of NIDA-funded research. Twenty years ago PET neuroimaging showed the recovery of lost dopamine transporters in people with methamphetamine use disorder after prolonged abstinence. More recent longitudinal neuroimaging studies of people in SUD treatment show structural recovery in several areas of the brain.

Research has demonstrated that as an individual in recovery learns new behaviors, goals, and rewards, the learning process reshapes brain synaptic connectivity across a range of circuits, ultimately outcompeting drug-related memories and automatic behavioral patterns, which weaken over time. NIDA has also made a major investment in research on services and supports that can make it easier for people in recovery to continue to choose non-drug rewards and

thereby facilitate this neural rewiring. Such services may prove to be at least as important as treatment or overdose reversal in maintaining the recent gains made in reducing overdose deaths.

Over the past few years, NIDA has funded several grants with the aim of building the infrastructure necessary to advance the science of recovery support. They included grants in 2020 and 2022 that supported the development of networks of recovery researchers working to establish key measures for the field, as well as clinical trial planning grants that establish the foundation necessary to conduct future large-scale clinical trials to understand the effectiveness of various recovery support services. NIDA is also supporting research on how to deliver services to groups like adolescents and young adults and people involved in the criminal-justice system, and to identify factors that are most predictive of recovery outcomes like recovery identity and meaningfulness.

One defining feature of recovery support services is the central role of peers who have lived or living experience of SUD. It can involve individual support by recovery coaches, living or working in settings with others in recovery such as recovery housing or recovery community centers, or mutual-aid groups like traditional 12-step programs and newer models like SMART Recovery. Among the many questions being addressed by NIDA grantees, therefore, are ways to support peers and their professional advancement to foster a more sustainable recovery workforce. NIDA is also working with startups to develop apps and other digital tools that can be used to facilitate connecting to peers, including mobile apps and digital peer-support platforms accessible in treatment settings for patients who are socioeconomically disadvantaged.

The positive shift from punishing people experiencing addiction towards treating them in the clinic seen over the past four decades is now shifting into a new phase where the clinic is integrated with the community. The integration of support in the community is giving nonclinicians, including peers, friends, and family, an increasingly important role in the care of people with SUDs, facilitating the continuity of care beyond treatment.

As more addiction fires are extinguished through public health measures at the national, state, and community levels, NIDA maintains more scientific attention should be directed to the end goal of long-term health and wellness for all people whose lives have been affected by addiction.

The National Institute on Drug Abuse (NIDA) is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit www.nida.nih.gov.

SAFE, Inc. is the only alcohol and substance abuse prevention, intervention and education agency in the City of Glen Cove. Its Coalition is conducting alcohol, tobacco and other drug prevention awareness campaigns entitled, "Keeping Glen Cove SAFE," to educate and update the community regarding drinking, prescription and illicit drug use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website at www.safeglencove.org.

