



JOINT MEETING ON YOUTH PREVENTION, TREATMENT, AND RECOVERY

 March 24th-26th, 2026

 Four Seasons Hotel
in Baltimore, MD



From Risk to Resilience: Transforming Youth Substance Use Care

Call for Proposals

Thank you for your interest in presenting at the 2026 Joint Meeting on Youth Prevention, Treatment, and Recovery! You can find information on the submission process, abstract requirements, presentation types, and notification timeline in the following document.

Learn more
at our
website
[here](#)



Email
info@youthrecoveryanswers.org
with questions or concerns

Submit a
proposal
to present
[here](#)



Submission Guidelines and Key Information

The following information outlines the requirements and process for submitting a proposal to the 2026 Joint Meeting on Youth Prevention, Treatment, and Recovery (JMYPTR). **We have updated this document from past years, please review all details carefully before preparing your submission, even if you have submitted to us before.** Contact info@youthrecoveryanswers.org with any questions or concerns.

IMPORTANT DATES

Proposal submission portal opens	July 24, 2025
Proposal submission deadline	October 22, 2025
Submitter notified of decision	Mid-December, 2025
Submitter decisions made	January 2, 2025
Joint Meeting on Youth Prevention, Treatment, and Recovery	Tuesday, March 24 - Thursday, March 26, 2026



NATIONAL CENTER ON YOUTH
PREVENTION
TREATMENT
RECOVERY



The conference would not be possible without the generous support of the Peter and Elizabeth C. Tower Foundation



PETER & ELIZABETH TOWER FOUNDATION

Submission Guidelines and Key Information

- **Abstract Word Limit:** 400 words
- **Submission Platform:** All abstracts must be submitted through our online portal.
- **First Author Limit:** Individuals may be listed as first author on no more than two abstracts. If more than two are submitted, only the first two (based on submission date) will be reviewed.
- **Presentation Participation Note:** 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.
- **Learning Objectives:** Those who are submitting a panel presentation, roundtable, technical workshop, or individual presentation must include three learning objectives that describe what attendees should gain from the session. If possible, one learning objective could specify something practical, i.e., what the audience could do differently in their own practice or work as a result of attending your session.
 - For more information or advice on how to generate these, please see the APA resource on learning objectives: <https://www.apa.org/ed/sponsor/resources/objectives.pdf>
- **Peer Review:** All abstracts will undergo blind peer review.
- **Presentation Requirement:** All accepted presenters must deliver their sessions in person, and will be expected to disclose any conflicts of interest at the beginning of their presentation.

Language Policy

- We are committed to maintaining a respectful, inclusive, and stigma-free environment.
- **Feedback on abstracts that contain stigmatizing language will be provided ahead of the review process. Please keep an eye out for communications from conference organizers after you submit and leading up to the deadline.**
- Submitters are encouraged to consult the International Society of Addiction Journal Editors' guidance on non-stigmatizing language: <https://www.isaje.net/addiction-terminology.html>. They are also encouraged to review the Addiction-ary for stigma alerts: <https://www.recoveryanswers.org/addiction-ary/>.

Youth Engagement Guidelines

We strongly encourage proposals that elevate the voices of young people with lived experience. All inclusion of youth must be done ethically, with informed assent and parental consent (where appropriate) as well as appropriate support. Further, we trust that presenters will adequately ensure that youth participation is empowering, voluntary, and respectful of each young person's boundaries and well-being.

Please note that those submitting presentations involving youth will be required to meet with the conference team in advance of the event to discuss your plan for youth engagement should the submission be accepted. This is done to provide additional guidance, support, and assistance for the presenter(s) when involving young people and/or their families.

PURPOSE & HISTORY

The annual 2026 Joint Meeting on Youth Prevention, Treatment, and Recovery (JMYPTR) aims to promote and improve substance use prevention, early intervention, overdose prevention, treatment, and recovery efforts among children, adolescents, and emerging adults. The conference provides a dynamic and interactive forum for the exchange of research, policy, and clinical information among researchers, practitioners, policymakers, and youth and families. We aim to closely connect research, clinical interventions, and policy at the national level through this conference.

Both the 2024 and 2025 Joint Meeting on Youth Prevention, Treatment, and Recovery brought together researchers and clinicians from around the country. The inaugural 2024 conference was the first such national youth-focused substance use conference to take place in over a decade. That conference had 367 in-person attendees and 42 virtual participants from 6 different countries, 31 Tribal nations, and 38 U.S. states and featured 129 presentations, demonstrating the widespread national dedication to our mission of bringing youth back to the top of our nation's substance use agenda. We were joined by federal partners who recognized the significance and timeliness of these efforts, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the Bureau of Indian Affairs, Office of Justice Services (BIA/OJS), and Indian Health Service (IHS).

In 2025, JMYPTR built on that strong foundation, expanding to 401 in-person attendees and receiving a record 176 abstract submissions. The meeting drew participants from 44 states, districts, and territories and featured 109 presentations centered around the rebuilding the clinical and public health infrastructure for our nation's youth. With sustained engagement from federal partners and continued representation from Tribal communities, JMYPTR is rapidly establishing itself as a home for innovation, collaboration, and meaningful action in youth substance use prevention, treatment, and recovery.

This conference is successfully reinvigorating the field following the tradition of the Joint Meeting on Adolescent Treatment Effectiveness (JMATE) which ran from 2005-2012. With a renewed focus on this area, the National Center on Youth Prevention, Treatment and Recovery (youthrecoveryanswers.org) at the Massachusetts General Hospital Recovery Research Institute in collaboration with numerous federal, state, and national organization partners, is continuing to expand this effort to address the public health imperative of tackling youth alcohol and other drug use.



2026 JOINT MEETING ON YOUTH PREVENTION TREATMENT, AND RECOVERY (JMYPTR)

From Risk to Resilience: Transforming Youth Substance Use Care

The current alcohol and drug crisis in our nation is unprecedented – to address it, we need collaborative urgency, action, and innovation. There is an increased recognition of the need to prevent the onset of substance use disorders, intervene earlier in the clinical course, provide access to overdose prevention services, and engage young people much sooner with services that can help initiate, support, and maintain remission and stable recovery. The 2026 JMYPTR will serve as a platform for all stakeholders to gather, learn, and share information about evidence-based and innovative practices and research as well as foster new collaborations.

In this work, it is essential to recognize the disproportionate burden of substance use and its consequences among Native American youth. Structural inequities, historical trauma, and under-resourced systems have contributed to significant disparities in access to prevention, treatment, and recovery services for this population. JMYPTR is committed to centering the voices, experiences, and leadership of Native American youth and their communities to ensure that the solutions we develop are not only inclusive, but equitable and culturally grounded.

The current era of change spans many fields and cuts across multiple levels:

- A young people's recovery movement that includes listening to youth and families in directing their care and the need to learn about recovery from peers
- Preparing the field for health care services delivery changes including virtual models and use of health information technology
- Models of integration of substance use disorder and mental health treatment
- Expanding substance use disorder and mental health treatment into primary care
- School-based substance use and mental health care
- Re-entry and changes in juvenile justice
- Increasing demand for early intervention and decreasing the harmful consequences of substance use
- Demand for more knowledge about helpful recovery support services specifically for youth

The 2026 JMYPTR features three distinct but overlapping tracks

1. Prevention
2. Treatment
3. Recovery

Presentations are organized according to these general tracks, although presentations can span across more than one where necessary. When more than one track applies to a submission, authors should choose whichever one is most applicable. JMYPTR proposals should focus on children, adolescent, and emerging adult populations. See definitions on final page for more information.

TRACKS

1. Prevention

This track seeks presentations focused on prevention and early interventions that aim to prevent and reduce overall harm immediately during the young person's adolescent and emerging adult years as well as preventing lifelong problems. Suitable topics could include but are not limited to:

- Positive youth development activities to prevent and reduce substance use (including the arts, community development athletics, and others)
- Preventing trauma and violence among Native American youth and their families
- Community-based prevention services
- Education-based prevention services, especially those in middle and high school settings
- Development and testing of promising culturally responsive prevention practices



2. Treatment

There is a pressing need to identify novel treatments and practices that have been developed specifically for youth, and for these to have been developed with youth and family input. This track seeks proposals of novel treatments and practices for which there may be theoretical support, pilot data, or early trial evidence of a positive effect on young people. Studies of existing treatments which seek to limit disparities among minority populations by adapting approaches to specific populations will be appropriate for this track. Proposals addressing the unique treatment needs of Native American youth and incorporating traditional or community-rooted healing practices are especially encouraged. Small sample studies or qualitative studies that have a strong theoretical rationale will also be appropriate for this concentration. Other topics to be addressed within this track could include such elements as:

- Treating trauma and violence among Native American youth
- Implementation of evidence-based treatments and practices
- Community-based treatment services
- School or legal system-based treatments and practices
- Emerging models of collaboration and integration of youth treatment and recovery delivery systems including primary care, mental health treatment, substance use disorder treatment, child welfare and foster care, education, juvenile justice, etc., as well as new organizational models (accountable care organizations, health homes, etc.)
- Navigating treatment systems – for families and for transitional age youth
- Development and testing of promising culturally responsive intervention practices
- Interventions to help family members

TRACKS

3. Recovery

The field has moved to valuing recovery-oriented systems of care, that is, a transformational shift in how we approach youth substance use prevention, treatment, and recovery. From this perspective, there should be “no wrong door to treatment” and no single pathway to recovery. A comprehensive infrastructure supporting both treatment and recovery must be developed. This concentration will focus on how the different and multiple youth- and family-serving systems can support youth through (1) evidence-based interventions, treatments, and practices, (2) education-based prevention and recovery supports, and (3) community-based recovery supports.

This track will also focus on different aspects of the larger continuum of care as well as proposals that examine infrastructure elements such as collaboration, integration, and supportive organization and financing arrangements across multiple systems that serve youth and their families. Proposals that highlight culturally grounded recovery pathways and community-led recovery supports for populations at elevated risk, including Native American youth, are especially welcome. Topics to be addressed within this concentration could focus on areas such as:

- Youth and family definitions of recovery
- Youth and family empowerment and leadership
- Youth and family advocacy/community service strategies that build upon collaboration among youth, families, and community partners
- Community-based recovery support services for youth
- School or legal system-based recovery support services
- Emerging models of collaboration and integration of youth treatment and recovery delivery systems including primary care, mental health treatment, substance use disorder treatment, child welfare and foster care, education, juvenile justice, etc., as well as new organizational models (accountable care organizations, health homes, etc.)
- Navigating recovery systems – for families and for transitional age youth
- Building recovery capital

SPECIAL TOPICS- OTHER

Recognizing that not all youth substance use submission topics fit neatly into one of these tracks, other presentation topics welcomed at the conference are included below. When deciding which track to submit, please classify your proposal as you see fit. Some of these topics include, but are not limited to, the following:

- Financing and systems-level infrastructure
- Youth and family engagement in program and policy development
- Interagency and cross-sector collaboration
- Workforce development and training
- Health equity, sociocultural factors, and cultural responsiveness
- Trauma, violence, and adverse childhood experiences
- Co-occurring substance use, mental health, and developmental conditions
- Neuroscience and adolescent brain development
- Housing instability and social determinants of health
- Use of technology in engagement, treatment, and recovery
- Policy and healthcare coverage
- Innovation in measurement, evaluation, and data use
- Other



Sessions and Presentation Types

Below is a description of the session types and presentation categories featured in JMYPTR. Each submission should fall under one session type, and we are looking for presentations that fall under at least one of the following categories. **All presentation types have a presenter count limit (i.e., only a maximum of X presenters are allowed to present at the conference itself), but are welcome to have as many co-authors as needed.**

Five types of sessions may be submitted:

- **Panel Presentation (60 minutes):** These are formal, thematic presentations. These proposals should include only up to three panel presenters and a discussant/chair. The discussion is intended to be interactive with audience participation strongly encouraged.
- **Individual Presentation (15 minutes):** Review committee members will group three related individual presentations to create a 60-minute thematic panel. Individual presentations are limited to one presenter.
- **Technical Workshop (60 minutes):** Participants have an opportunity to learn about new skills or a very specific technical aspect. Although attendees will not become proficient in any skills, the workshop should include concrete exercises that directly engage workshop attendees in learning about the topic. Technical workshops are limited to four facilitators.
- **Poster Presentation (1-2 hours):** These presentations provide an opportunity for groups or individuals to display their program descriptions and research findings in a poster format and discuss findings live with interested conference delegates. A 4'x6' poster board area will be available for each poster. Poster presentations are limited to two presenters.
- **Roundtable (60 minutes):** Participants 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 informal overview of the topic, (2) interactive discussion. Roundtables are limited to four facilitators. While not required, you may include a designated moderator (separate from the facilitators) to guide the discussion during your roundtable.

There are seven categories of presentations:

- Original Research/Research Methods: Sessions can include prospective and retrospective or cross-sectional studies that involve hypothesis testing, as well as data collection and analysis. Well-conducted qualitative research can also fit.
- Literature Summary: Sessions will include scholarly discussions of a specific topic via a review of the current literature. High-quality methods (e.g., systematic review, narrative review) will be prioritized.
- Theoretical Commentary: Sessions will be related to any topic about substance use prevention, treatment, and recovery, including but not limited to policy, trends in the field, strategies and practices, mechanisms of action, and methodological issues.
- Program Description: Sessions will provide a description of a novel or innovative program.
- Clinical Techniques: Sessions will provide information about current evidence-based clinical techniques being used in practice.
- Policy/Advocacy Methods: Sessions will provide research and skills that help inform policy/advocacy efforts.
- Implementation Issues: Sessions will describe lessons learned regarding implementation issues such as fidelity to evidence-based treatment, recruitment/follow-up, and engagement.



REVIEW CRITERIA

All submissions will be reviewed by at least 2 peer reviewers before a final decision is made. Submissions will be reviewed based on the following criteria:

- Interest: overall interest of the topic to attendees
- Innovation: presentation of novel knowledge in the fields of prevention, treatment, and/or recovery
- Quality, Clarity, and Rigor: use of theories, methods, or discussion points that are appropriate for the topic and type of presentation
- Significance: indication that the topic has an important impact in the fields of prevention, treatment, and/or recovery



DEFINITIONS 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 (isaje.net/addiction-terminology.html). Please also see the Addictionary at recoveryanswers.org for guidance when developing proposals and final presentations.

- 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, 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
- Youth: A person under the age of 27 years
- Transitional-Aged Youth/Emerging Adults: People transitioning from adolescence into young adulthood between the ages of 18–27 years
- Adolescents: People between the ages of 12–17 years
- Young Adolescents: People ages 10–11 years
- Young Children: People under the age of 10 years



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