



HIGH-IMPACT RESEARCH TARGETS IN SUD TREATMENT AND BEYOND

Few people with SUDs get treatment, and, of those, few achieve recovery the first time they try.²⁰⁵ Research into treatment improvements can focus on getting more people into treatment or on new treatment tools that will be more effective for more people. Both pieces are needed to make care more effective, more personalized, and perhaps most importantly more available to SUD patients no matter where they live and work.

New treatment tools

We know that there are treatments that work—for some people, sometimes. But there's potential to do so much more. Researchers have only just begun to tap the potential of research in genetics, pharmacology, and even immunology. A vaccine against addiction might sound far-fetched, but there's research into it happening right now. It might never work, but if it does, the potential for impact is enormous. Much of the work in new treatment development is funded by public dollars via research agencies like the National Institutes of Health. However, private philanthropy has the potential to contribute in meaningful ways.

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Universities often have research centers dedicated to particular topics or types of research, including those related to substance use. For example, The Perelman School of Medicine at the University of Pennsylvania includes the Center for Studies of Addiction, which conducts research into topics like the genetics of addiction, as well as behavioral therapies. Scripps University hosts the Pearson Center for Alcohol and Addiction Research, where researchers are studying the use of new compounds to control the effect of substances on the brain to prevent relapse during recovery. The National Institute on Drug Abuse (NIDA) maintains research consortia on multiple topics in SUD treatment and delivery.

To learn more about strategic approaches to research funding more generally, see resources from FasterCures.org, a non-profit dedicated to investments in medical research.

Better treatment delivery

Improving treatment delivery is an important goal that can be approached in many different ways. For example, providing care remotely via computer has shown promise in other chronic conditions, such as depression and heart disease, and could open up access to care for those unable to access a specialized facility. The National Institute on Drug Abuse is supporting researchers working toward mobile health (mhealth) solutions to help SUD patients remain on track to recovery and maintain the health of drug users with other medical problems such as HIV. Using mobile technology, this method sends reminder messages about medication and skills learned in treatment. Such technology can also track patients' progress in real time.

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Dartmouth College's Center for Technology and Behavioral Health (CTBH) conducts research into promising technologies for improving and delivering better SUD treatment. Columbia University's CASAColumbia research center works on topics in treatment delivery as well as other systemic issues related to SUDs.

Reduced stigma and discrimination

Underlying many of the issues outlined in this report is the question of stigma and, relatedly, discrimination. As this report emphasizes, we have tools that can make a difference, but those tools could be even more effective if people could seek help without the fear—or the reality—of being stigmatized. Stigma, misinformation, and stereotypes regarding who has substance use disorders has made addiction a politically unpopular topic. As a result, research funding has been difficult to secure, and innovation has been slow. It's not obvious how to conquer stigma and the discrimination that often accompanies it, but there's a role for philanthropy in helping to figure that out. Research on stigma itself can help us understand how to change hearts along with minds. For example, one thing we do know is that personal contact is the most powerful force against stigma.²⁰⁶ What we don't yet know is how to harness that to make a difference on a large scale. And, finally, there is a role for philanthropists—and all other advocates for SUD patients—in simply speaking up about the ways SUD patients suffer and the ways we can all help.



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The Annenberg Public Policy Center conducts research on the stigma of mental illness. Researchers out of Boston University are exploring language's impact on stigma and how changing the way we speak about substance abuse and addiction can change negative outcomes that often result from stigma. Former House Representative Patrick Kennedy, a recovering addict and founder of the Kennedy Forum, is a dual funder and advocate who openly shares his story of addiction and recovery.