

# **Emerging Adults Voice their Lived Experience:**

State of Hawai'i Substance Use System of Care Needs Assessment focused on Emerging Adults

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**Report Date: February 6, 2023** (updated from December 30, 2022)  
State of Hawai'i Department of Health, Alcohol & Drug Abuse Division

This report has been prepared by the Research Division of the Department of Psychiatry (DoP), University of Hawai'i at Mānoa for the Alcohol and Drug Abuse Division (ADAD) of the State of Hawai'i, Department of Health (DoH).

**An early version (10/2022) of this report was reviewed by ADAD, and this 12/30/22 report may be used for public dissemination.**

Suggested citation:

Helm S, Alejo L, Masuda T, Salvador M, Juberg M, Gomes I, Kang MJ, Kuniyoshi E, Taylor J, Miao T. (2023). *Emerging Adults Voice their Lived Experience: State of Hawai'i Substance Use System of Care Needs Assessment focused on Emerging Adults*. Prepared by the Department of Psychiatry Research Division, University of Hawai'i at Mānoa for the State of Hawai'i Department of Health, Alcohol & Drug Abuse Division, Kapolei, HI. Feb 6 2023 (updated).

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# Project Overview

**Introduction & Relational Design.** The Department of Psychiatry Research Division (DoP) was contracted by the State of Hawai'i Department of Health, Alcohol and Drug Abuse Division (ADAD) to conduct a needs assessment focused on emerging adults and the substance use system of care in the State of Hawai'i.<sup>1</sup> The DoP uses a relational design approach to project development in which the client (ADAD) is engaged in discussions about the intended use and purpose of a project. Both groups define what deliverables will be disseminated and how this subsequently informs the project design. The ADAD staff and DoP faculty collaboratively designed this project in 2019-2020, by building from our prior adolescent-focused needs assessments<sup>2</sup>, and together we continuously reviewed progress and made improvements through monthly relational design meetings.

**Cultural Competence, Humility & Inclusivity.** To ameliorate health disparities, cultural humility and cultural competence are important for public policy, health and wellness practices, and social and health sciences. Cultural competence is described as an end-point toward which people strive through the conscious practice of cultural humility. The practice of cultural humility is a lifelong process of learning about others, and embracing an attitude of openness to cultural identities that are valued among the diversity of populations with whom we work. These principles may be used within and across public service systems to ameliorate disparities and create inclusivity in the broader system of care. Systemic changes for equity among all people and cultures occur through partnership building and advocacy. This report is written in the spirit of cultural humility by highlighting the perspectives of emerging adults who have direct, recent lived experience in public systems of care that focus on substance use.

**Emerging Adulthood – Developmentally Distinct Stage of Adulthood<sup>3</sup>.** Emerging adults (18-29 years of age), also referred to as young adults or transitional youth, represent an important developmental age group regarding substance use and mental health.<sup>4,5,6</sup> The period of emerging adulthood comes with numerous social and demographic changes and adjustments, allowing emerging adults to focus on what adulthood means to them. Emerging adulthood is a time to explore possible life directions in love, work, and worldviews, and a time to enjoy independence while trying to establish one's self-concept before settling into adult roles and

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<sup>1</sup> The scope of this contract does not include a literature review for this report. Readers are referred to: Arnett JJ. (2016). *The Oxford Handbook of Emerging Adulthood*, Oxford University Press: New York, NY.

<sup>2</sup> Refer to the ADAD website where resources such as surveys and reports are posted: <https://health.hawaii.gov/substance-abuse/survey/>

<sup>3</sup> The term "adulthood" has grown in popularity in the past five years to refer to the mundane tasks associated with fulfilling societally defined adult roles, though some have argued this is a misogynistic term to belittle the success of women individually and collectively. Therefore, we will not use the term "adulthood" in this report.

<sup>4</sup> Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469 – 480. DOI: 10.1037//0003-066X.55.5.469

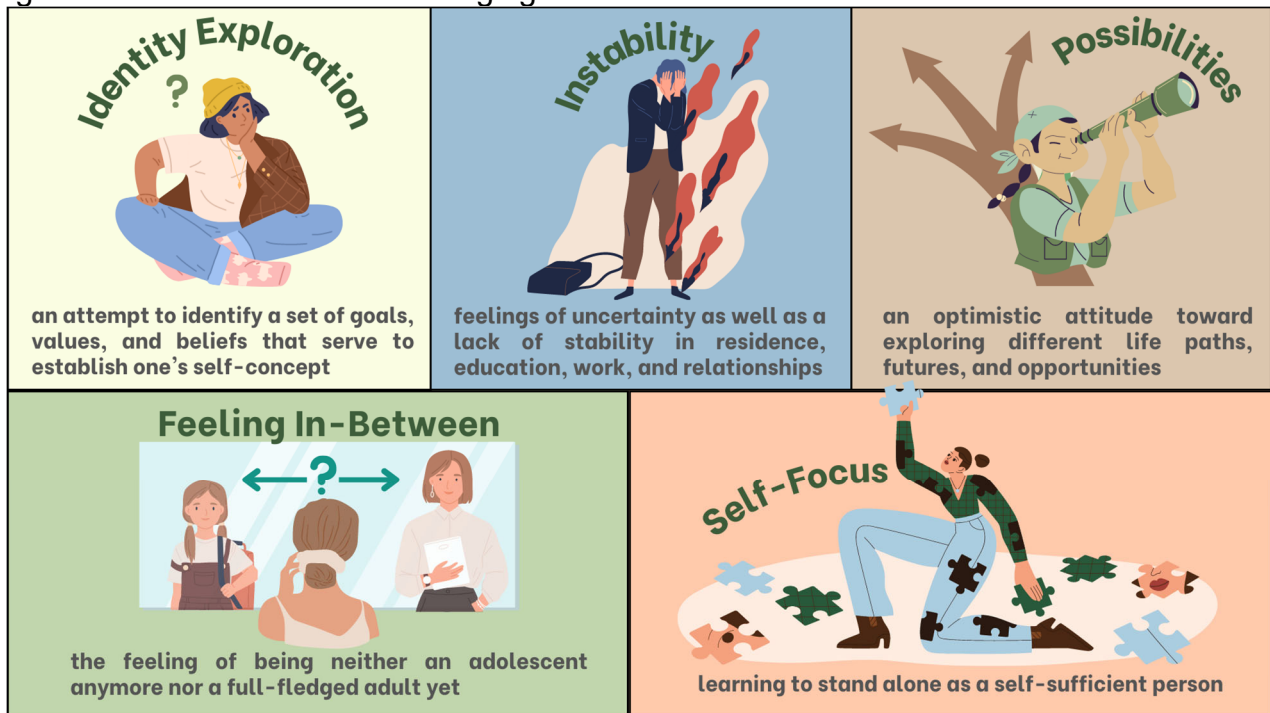
<sup>5</sup> Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues*, 35, 235–254.

<sup>6</sup> Spencer SD, Pokhrel P, Helm S, Wilczek K, Galimov S, Sussman S. (2021). Emerging adulthood attributes and substance use in a sample of Asian and Native Hawaiian and Other Pacific Islander college student. *Asian American Journal of Psychology*. <https://doi.org/10.1037/aap0000254>

responsibilities. There are five defining dimensions of emerging adulthood (Figure 1) commonly referenced in the literature and relevant for practice and policy in support of emerging adults:

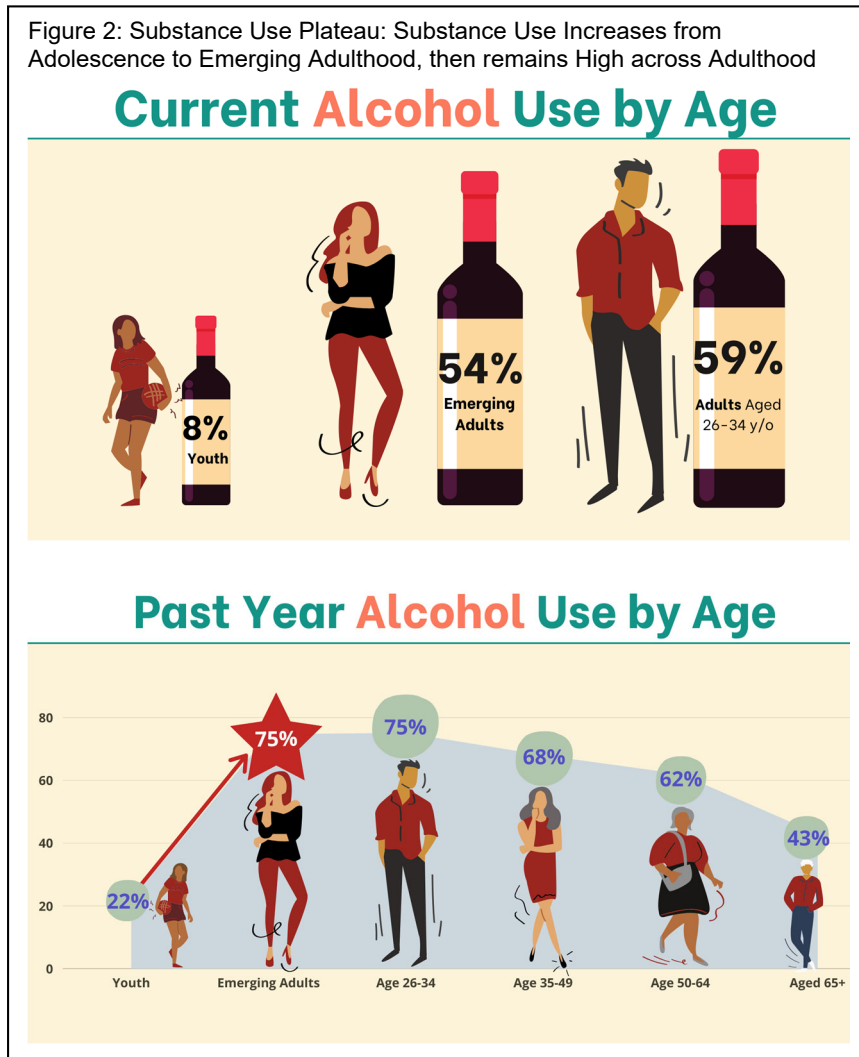
- ***Age of Identity Exploration***. During the period of emerging adulthood, young people may actively seek ways to resolve identity conflicts. This exploration may be described as “finding their true selves” by making important decisions to define aspects of the self like goals, values, and beliefs.
- ***Age of Instability***. Characterized by frequent changes, an emerging adult’s life can very stressful or difficult to deal with. These changes include moving residences, going to college, changing careers or majors, and making or breaking relationships.
- ***Age of Possibilities***. The experimentation aspect of emerging adulthood allows for opportunities of many possible life directions. Emerging adults tend to be optimistic and hopeful for the future where they can explore these possibilities and decide what path is best for them.
- ***Age of Feeling In-Between***. In the stage between adolescence and adulthood, emerging adults have taken on more responsibilities and independence from adolescence, but have not yet attained the typical markers of adulthood (marriage, parenthood, stable employment, etc.).
- ***Age of Self-Focus***. Through this newfound independence, emerging adults have more time to develop their knowledge, skills and self-understanding needed to become a young adult with less obligations to others. While getting ready for adulthood, emerging adults are learning how to be self-sufficient by accepting more responsibilities, making independent decisions, and becoming financially independent.

Figure 1: The Dimensions of Emerging Adulthood



**Emerging Adults & Substance Use Trends.** Although emerging adults continue to be an under-researched group when compared to adolescents or adults as a whole, existing national datasets (e.g., NSDUH) indicate that substance use increases from adolescence and into emerging adulthood, and then remains elevated across the lifespan.<sup>7</sup>

It is important to note that this rise in substance use from childhood through adolescence and into emerging adulthood has been referred to as “peaking” in emerging adulthood. This is a slight misnomer in that a peak suggests an increase or incline toward a high point followed by a decrease or decline of similar magnitude to a low point. In fact, national data trends indicate the substance use increases into early adulthood, where it hits a “plateau” and substance use remains high throughout adulthood<sup>8</sup>. As an example, refer to Figure 2 where current and past alcohol use is depicted (Refer to Appendix A for additional data trends).



substance use and mental health data were collected among a large sample of emerging adults in Hawai'i. The results were published in a peer-reviewed article<sup>9</sup>, indicating mental health and social support networks are mediators in substance use among emerging adults in Hawaii, and that Native Hawaiian and other Pacific Peoples are disproportionately impacted by the stress associated with discrimination (Refer to Figure 3 for the published abstract).

Furthermore, due to the lack of published research on emerging adult behavioral health locally, the primary author of this report engaged in collaborative analysis of an existing dataset in which

<sup>7</sup> Helm S et al. (2021). *Emerging Adults and the Substance Use System of Care*. Statewide webinar, co-sponsored by Hawai'i Youth Services Network and Department of Health, ADAD. Honolulu (via zoom) HI May, June, July 2021.

<sup>8</sup> NSDUH data set

<sup>9</sup> Spencer SD, Pokhrel P, Helm S, Wilczek K, Galimov S, Sussman S. (2021). Emerging adulthood attributes and substance use in a sample of Asian and Native Hawaiian and Other Pacific Islander college student. *Asian American Journal of Psychology*. <https://doi.org/10.1037/aap0000254>

Figure 3. Abstract for Emerging Adult Data Analysis for Hawai'i, Spencer et al 2021



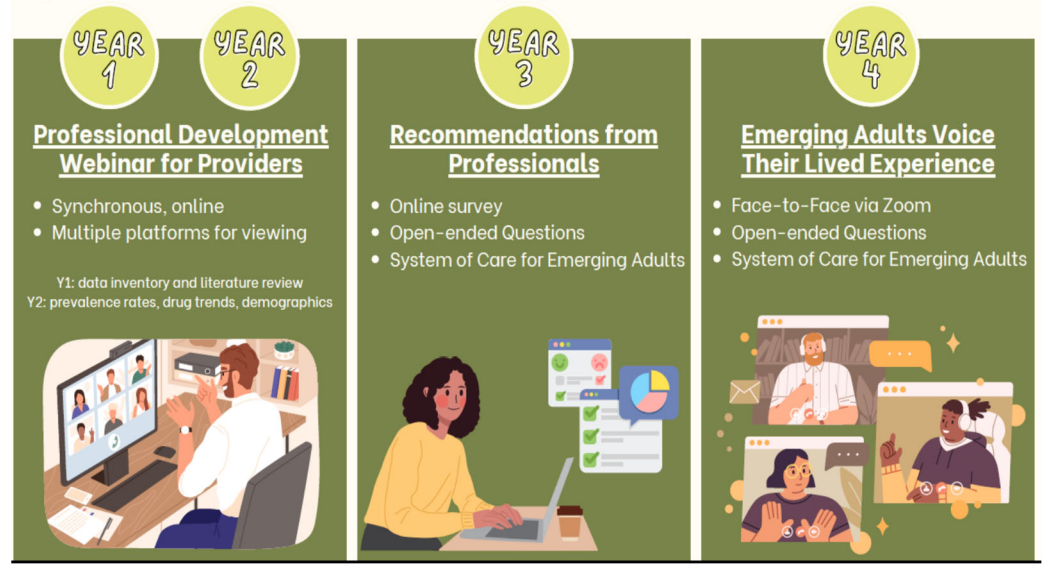
**Rationale for the Present Needs Assessment.** Given the data trends described above, it is clear that emerging adulthood is an ideal developmental period in which to focus interventions. This would serve to curtail the increase in substance use during this critical time of life, as well as protect against the potential deleterious impacts across the lifespan as adults age. Essentially, the idea is to lower the plateau. In other words, the system of care must focus on emerging adults by strategically increasing protections and reducing risk, both for the benefit of emerging adults at this crucial time of their lives, as well as for lifetime population impact. This means moving beyond school-based and after-school programs for adolescents, toward specifically engaging social structures in which emerging adults live and work – such as employers, colleges and training programs, recreational activities, natural support networks of friends and family, programs for young families<sup>10,11</sup>, and so on.

<sup>10</sup> Refer to ADAD's State Plan chapter on Pregnant and Parenting Women: Elia JL, Pang C, Preston-Pita H, & Onoye J. (2022). *Implications for a system of care in Hawai'i for pregnant and parenting women and substance use*. In Onoye J, Calistro YT, Seo JY, Helm S, Yurow J, & Valera J. (2022) *Intersections of Substance Use Among Public Sectors and Health Disparities Populations: Implications for a System of Care*. Hawai'i State Department of Health Alcohol and Drug Abuse Division State Plan. Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division (#MOA-SP-21-01). Honolulu, HI. URL Pending.

<sup>11</sup> See also Nyashanu & Visser, 2022. <https://substanceabusepolicy.biomedcentral.com/counter/pdf/10.1186/s13011-022-00501-2.pdf>

However, the current public system of care, which invests in developmentally designed adolescent prevention and treatment, does not extend to developmentally focused interventions with emerging adults. In addition, the adult treatment and recovery system tends to focus disproportionately on a forensic population that is referred to treatment through the juvenile or adult criminal justice system. For more in-depth background, refer to ADAD's State Plan for an improved System of Care<sup>12</sup>, in which substance use intersections are highlighted among specific health disparity populations and the public sector, e.g. criminal justice<sup>13</sup> and juvenile justice<sup>14</sup>. Consequently, through relational design discussions with ADAD during the project development phase, the goal of this Emerging Adults Needs Assessment was to identify

Figure 4. Four Year Plan for Emerging Adult Needs Assessment



system improvements from professionals working in the substance use system of care (Phase 1, years 1-3)<sup>15</sup> as well as from emerging adults with experience in public sector systems of care that focus on substance use (Phase 2, years 3-4), as depicted in Figure 4. This set of reports has been organized to assist the State Department of Health, Alcohol and Drug Abuse Division to make data-driven decisions. **This report represents Phase 2, in which emerging adults voiced their lived experience as a way to inform public health practice and policy.**

<sup>12</sup> Onoye, J., Helm, S., Yurow, J., Valera, J., & Mabellos, T. (2022). *Toward a Hawai'i State Plan for the Substance Use System of Care: Implications for a Healing System among Public Sectors and Health Disparity Populations*. In Onoye, J., Calistro, Y.T., Seo, J.Y., Helm, S., Yurow, J., & Valera, J. (2022) *Intersections of Substance Use Among Public Sectors and Health Disparities Populations: Implications for a System of Care*. Hawai'i State Department of Health Alcohol and Drug Abuse Division State Plan. Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division (#MOA-SP-21-01). Honolulu, HI. URL Pending.

<sup>13</sup> Redulla, J.K. & Nikogosyan, G. (2022). *Implications for a system in Hawai'i for criminal justice and substance use*. In Onoye, J., Calistro, Y.T., Seo, J.Y., Helm, S., Yurow, J., & Valera, J. (2022) *Intersections of Substance Use Among Public Sectors and Health Disparities Populations: Implications for a System of Care*. Hawai'i State Department of Health Alcohol and Drug Abuse Division State Plan. Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division (#MOA-SP-21-01). Honolulu, HI. URL Pending.

<sup>14</sup> Miao, T., Hishinuma, E.S., & Umamoto, K.N. (2022). *Implications for a system of care in Hawai'i for youth involved in the justice system and substance use*. In Onoye, J., Calistro, Y.T., Seo, J.Y., Helm, S., Yurow, J., & Valera, J. (2022) *Intersections of Substance Use Among Public Sectors and Health Disparities Populations: Implications for a System of Care*. Hawai'i State Department of Health Alcohol and Drug Abuse Division State Plan. Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division (#MOA-SP-21-01). Honolulu, HI. URL Pending.

<sup>15</sup> Helm S, Alejo L, Masuda T, Kuniyoshi E. (2022). *State of Hawai'i Substance Use System of Care for Emerging Adults. Recommendations for Improvements from Professionals in the Field*. Prepared by the Department of Psychiatry Research Division, University of Hawai'i at Mānoa for the State of Hawai'i Department of Health, Alcohol & Drug Abuse Division, Kapolei, HI. July 2022. [https://health.hawaii.gov/substance-abuse/files/2022/07/State-of-Hawaii-Substance-Use-System-of-Care-for-Emerging-Adults.-Recommendations-from-Professionals\\_2022-July.pdf](https://health.hawaii.gov/substance-abuse/files/2022/07/State-of-Hawaii-Substance-Use-System-of-Care-for-Emerging-Adults.-Recommendations-from-Professionals_2022-July.pdf)



# Methods

**Design.** This Emerging Adults Needs Assessment project was implemented in two phases. Phase 1 focused on learning from professionals working in the substance use system of care, which has been posted on the ADAD website.<sup>16</sup> Recommendations and other insights gained from professionals during Phase 1 provided a foundation for the Phase 2. Based on Phase 1 work with professionals a) we refined the topics for the interviews with emerging adults and b) improved the participant recruitment strategy by collaborating with organizations who provide substance use services to adults, including emerging adults, across the state. **This Phase 2 report represents the perspectives of emerging adults with lived experience who have engaged in activities with these partner organizations.**

**Project Review & Dissemination.** The project protocol was reviewed by the University of Hawai'i's IRB and was determined to be "Not Human Subjects Research" (NHSR) based on the definition of research<sup>17</sup>, which excludes evaluations and needs assessments conducted for public health surveillance, such as this project on behalf of the Department of Health to guide public policy in the State of Hawai'i.<sup>18</sup> This report has been reviewed by ADAD staff (October 2022 version), whose edits have been incorporated into this final version. Selected results were shared during a Department of Psychiatry Grand Rounds (10/21/22)<sup>19</sup> and a mahalo webinar for liaison organizations (12/8/22), to which they invited clients and graduates, including people who may have participated in an interview.<sup>20</sup> Finally, this project will be presented at the Cross Cultural Health Care Conference (1/27/23)<sup>21</sup>.

**Sampling Framework.** With assistance from ADAD, service providers across the state were identified and invited to assist as project liaisons. Our Community Outreach staff explained that the needs assessment was funded by ADAD and that our team was leading the effort.

To begin, our team generated a list of providers who work with adults across each island and ensured that both rural and sub/urban providers were well represented. A project flyer was shared with service providers for this purpose, specifying that we wanted to interview emerging adults (Refer to Appendix B). Over 50 organizations were invited, and ultimately eight organizations were available to refer emerging adult to participate in an individual or small group

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<sup>16</sup> Helm S, Alejo L, Masuda T, Kuniyoshi E. (2022). *State of Hawai'i Substance Use System of Care for Emerging Adults. Recommendations for Improvements from Professionals in the Field.* Prepared by the Department of Psychiatry Research Division, University of Hawai'i at Mānoa for the State of Hawai'i Department of Health, Alcohol & Drug Abuse Division, Kapolei, HI. July 2022. [https://health.hawaii.gov/substance-abuse/files/2022/07/State-of-Hawaii-Substance-Use-System-of-Care-for-Emerging-Adults-Recommendations-from-Professionals\\_2022-July.pdf](https://health.hawaii.gov/substance-abuse/files/2022/07/State-of-Hawaii-Substance-Use-System-of-Care-for-Emerging-Adults-Recommendations-from-Professionals_2022-July.pdf)

<sup>17</sup> Per the determination letter: The NHSR Determination is based upon the following Federally provided definitions: "Research" is defined by these regulations as "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge."

<sup>18</sup> Activities that are not research (1b.III) [https://research.hawaii.edu/orc/wp-content/uploads/sites/7/2021/12/WKSH\\_301\\_Is\\_my\\_project\\_human\\_subjects\\_research.pdf](https://research.hawaii.edu/orc/wp-content/uploads/sites/7/2021/12/WKSH_301_Is_my_project_human_subjects_research.pdf)

<sup>19</sup> Helm S, Alejo L, Kang MJ, Masuda T, Juberg M. (2022). *Emerging adults voice their lived experience.* Invited colloquium, Department of Psychiatry Grand Rounds, John A. Burns School of Medicine, University of Hawai'i at Mānoa. via webex, Honolulu, HI. October 21, 2022.

<sup>20</sup> Helm S, Alejo L, Masuda T, Kang MJ, Miao T. (2022). *Mahalo Emerging Adults & Community.* Webinar featuring selected results of the "Emerging Adults Substance Use System of Care Needs Assessment" for contributing community organizations. Honolulu via Zoom. December 8, 2022.

<sup>21</sup> Helm S, Monick B, Salvador M, Kuniyoshi E, Onoye J. (1/27/23). *Cultural considerations in medical education for improving an adolescent and emerging adult substance use system of care.* Oral presentation for the [7<sup>th</sup> Cross Cultural Health Care Conference](#). Honolulu, HI.

interview via zoom. Our Community Outreach staff managed the participant recruitment by following up with each emerging adult who expressed interest in participating in an interview. Approximately 30 emerging adults expressed an interest in participating, and a total of 24 emerging adults were able to schedule an interview during the data collection window (November 2021-January 2022). Therefore, the results are based on the perspectives of 24 emerging adults who participated in one of eleven interviews.

Aside from confirming participants to be age 18 or older (old enough to consent on their own behalf), demographic identifiers were not collected (nor reported here) as a way to protect the anonymity of participants. Given that the sampling frame was small (a few organizations and two dozen participants) we agreed with ADAD to focus on emerging adulthood in the aggregate, rather than disaggregate results based on demographic characteristics. Projects with specific intersectional interests may be warranted in the future. On the other hand, we ensured statewide representation in this way:

- We classified interviews as rural or urban based on the organizations' locations in the state of Hawai'i, and in some cases reclassified based on specific information shared by participants. A third of the interviews were classified as rural.
- The introduction included the option to specify one's cultural background. We modeled this in our own introductions. For example, *"My name is Susana, I use she/her pronouns, and I am of Italian ancestry."* Therefore, although specific identifiers were the choice of each participant, this report reflects the diversity of the state's population<sup>22</sup>: the results reflect the views primarily of Asian, Native Hawaiian, and other Pacific Peoples, as well as to a lesser extent Euro- and African-American emerging adults.
- We also paid attention to the balance of men and women participants to the extent that participants voluntarily self-identified. When it became apparent midway through the interview calendar that the majority of participants were women, we extended the interview calendar to increase participation among people who identify as men. We added an "all-male" interview which was facilitated by our male staff. As a result, approximately two-thirds of the participants were women, and one-third men.

**Data Collection.** Data were collected during individual and small group interviews via Zoom. Interviews were conducted from November 2021 through January 2022. All interviews were facilitated by the lead interviewer and needs assessment Principal Investigator and two assistants (with one exception being an interview with an all-male group of emerging adults facilitated by an all-male three-person interview team). Project staff who participated in data collection as interviewers were trained in trauma informed interviewing, which is based on standards of practice in trauma informed care.

Prior to each interview, the three-member interview team reviewed the organizational websites from which the participants were referred - to familiarize ourselves with the kinds of services provided and the context of these services in the statewide system of care. At the specified interview time, participants were admitted to the Zoom room and self-introductions were made. An orientation was conducted with the participants to review the purpose of the project and confirmed that each person was agreeing to participate, which generally required about 15 minutes (refer to Appendix C). We asked each person to introduce themselves with the name they would like to use and their pronouns if they wished, as well as to state their age to confirm that they were at least 18 years old and eligible to consent for themselves.

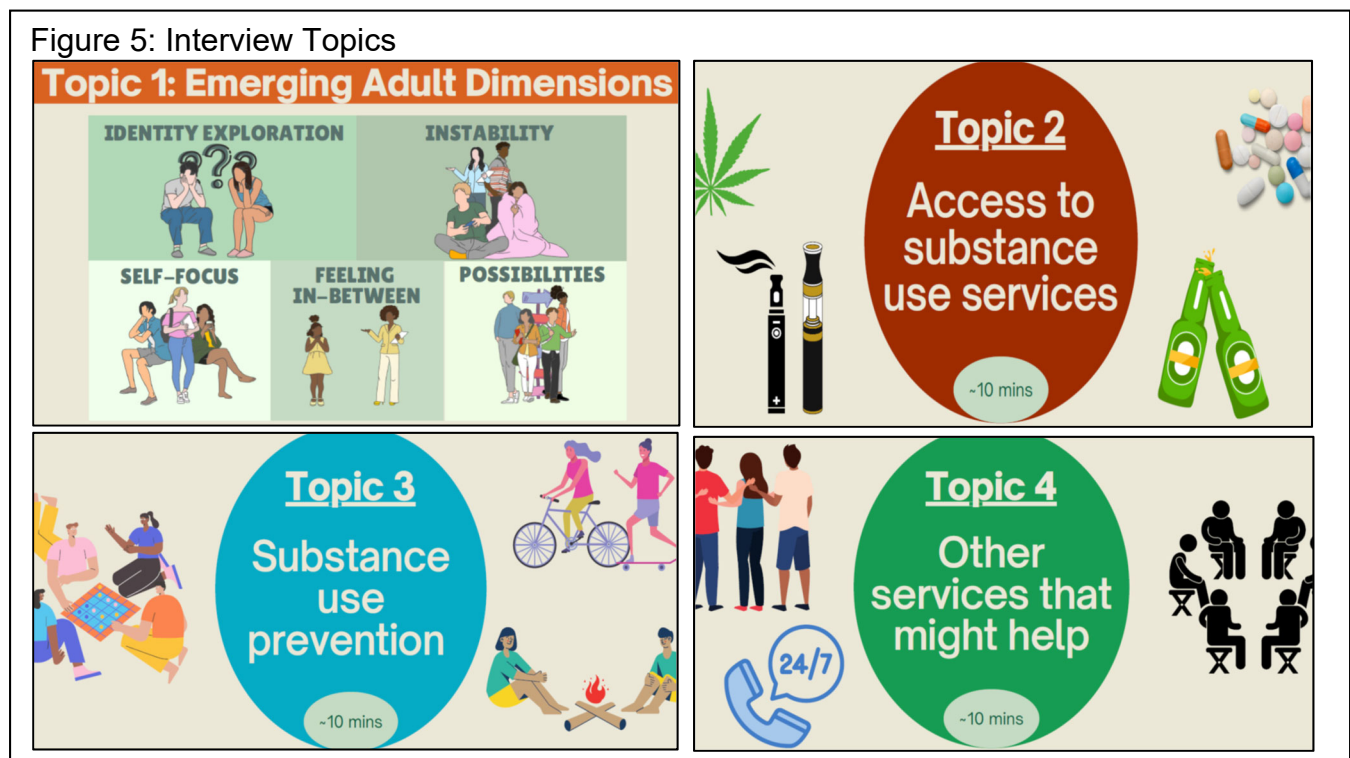
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<sup>22</sup>See: <https://www.census.gov/quickfacts/HI> ; <https://www.pewresearch.org/fact-tank/2015/06/17/hawaii-is-home-to-the-nations-largest-share-of-multiracial-americans/> ; <https://health.hawaii.gov/hhs/files/2015/07/1.1-Gender-Age-and-Ethnicity-By-County-%E2%80%93-93-Population-of-Hawaii-Table-and-Figure.pdf>

Interviews commenced with the following questions (screenshared on Zoom) as depicted in Figure 5, with each topic discussed in about 10 minutes. To ensure that participants did not disclose too much personal information, questions focused on emerging adults in general, as opposed to the individual participant in particular.

- Topic 1: We explained the concept of emerging adulthood and asked participants to reflect on the five dimensions from their view as an emerging adult.
- Topic 2: We asked participants how emerging adults would access substance use services if needed. Given that we worked with treatment providers as participant referral sources, we expected that participants would be familiar with a variety of access points.
- Topic 3: The focus was on prevention, specifically substance use prevention targeting emerging adults.
- Topic 4: We asked participants to comment on other services that may assist emerging adults to transition to adulthood.
- We concluded interviews with other ideas to improve the system of care for EAs, as well as a reminder about confidentiality and a heartfelt mahalo (and to let us know if they did not receive the gift card).

Figure 5: Interview Topics



**Data Management.** Interviews were audio-recorded, transcribed verbatim and checked for accuracy, then de-identified and analyzed. We used our own audio-recorders rather than the Zoom audio recording feature to ensure the audio data were secure, and the files were compatible with our data management and analysis software. Immediately following the conclusion of the interview, audio data were uploaded to our secure platform, then deleted from the audio recorders. Subsequently, a transcript was typed verbatim by one project associate, then checked for accuracy by a different project associate (edits made as needed). The verified transcript was de-identified. In addition to de-identifying participants, names of people, organizations, and in some cases physical locations were given pseudonyms. The de-identified

transcripts were used in the analysis, as shown in Table 1. The 11 interviews yielded just over 10 hours of audio data, consisting of 138 pages of data.

Table 1. Volume of Data Used in Analysis

Number of interviews conducted	Total duration of interviews	Total pages of de-identified transcripts
11	10 hours and 2 minutes	138

**Data Analysis: Mixed Methods & Data Visualization.** Our analytic strategy may be referred to as mixed methods, meaning it is largely a qualitative needs assessment, enhanced by quantitative metrics. We collected qualitative data, qualitatively coded the data for themes, then quantified the themes in order to highlight the most prominent themes in this report. In other words, the results highlight prominent themes because they were discussed in detail across the interviews. Data analysis occurred in two steps.

First, each transcript was consensus coded for both *a priori* and emergent themes for the content analysis. Consensus coding is one strategy for ensuring quality in qualitative data analysis. Quality analysis occurs in teams, so that teams of trained coders, who are well-versed in the relevant concepts, lead the analysis process. This means discrepancies in coding decisions are inherent in high quality coding. In consensus coding, two or more team members code independently, then during consensus coding meetings they compare their analyses. Discrepant views are discussed and code definitions are updated in the codebook to reflect new meaning. Consensus coding promotes accurate coding by ensuring that discrepancies are not ignored but rather are structured as opportunities to add clarity to the interpretation of the data, and subsequently added to the codebook. *A priori* themes are those that are expected to be in the data as a result of prior phases of the needs assessment and specific interview questions asked. In other words, these are themes that are established before coding begins, which included: aspects of emerging adulthood and issues around substance use (Topics 1 & 2) and the system of care (Topics 2-4). Emergent themes literally emerge from the data. They become evident only upon analyzing the interview data as a set. In other words, themes emerge after data collection and analysis begin, and add essential nuance to the expected analysis.

Second, consensus coded data were entered into the computer assisted qualitative data analysis software, NVivo-12.<sup>23</sup> This software quantifies data in terms of two important metrics: files and references. Files refer to the number of transcripts in which a theme was mentioned. References are the number of times a theme is mentioned across each transcript. The number of files is limited to the number of transcripts, in this case 11 files from each of the 11 interviews, whereas there is no limit to the number of references possible in a data set. Using these two metrics (files & references), the most prominent themes are presented in the results section.

Finally, our team created original data-driven graphics that depict themes shared by emerging adults. In creating data-driven graphics, our team used a variety of nature symbols to illustrate what the emerging adults had shared: mountains, roads, oceans, icebergs, and walking paths. These symbols are repeated throughout the data visualization in the results, and represent the stories that the emerging adults voiced in the interviews. We translated their stories into graphics to accompany the qualitative themes and quotes.

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<sup>23</sup> Link to NVivo software website: <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/about/nvivo>

# Results

The content analysis of the eleven interviews yielded important themes for emerging adults. Each theme is described below, followed by exemplary quotes<sup>24</sup> and data visualization. As noted elsewhere, interviews were de-identified, so quotes are labeled by whether the interview occurred in a rural or urban community, and then by participant. For example the first quote (Rural 5\_2) was in the fifth rural community in which an interview took place, and the statement was made by the second participant. In some cases, themes are organized to align with the ecodevelopmental model commonly utilized in public health.<sup>25,26</sup> A summary of these themes and subthemes is provided in Table 2.

Mirroring the interview flow, these results begin with the participants' description of emerging adulthood as a unique developmental context in the transition to adulthood that continues, from adolescence, to be a time of need (Theme 1). Emerging adult participants described substance use as a trajectory, often fraught with trauma (Theme 2). Next, participants shared ideas about getting help from a variety of relationships and settings in their social support network, as well as through the system of care (Theme 3). The final theme focuses on the power of a healing journey (Theme 4).

Table 2. List of Themes and Sub-themes.

Theme		Subtheme
1	Emerging Adulthood	EA Dimensions & the Transition to Adulthood
		Time of Need
		• Need to “Do Everything Right”
		• Need for “Guidrails”
2	Substance Use	Substance Use Trajectory
		Trauma
3	Getting Help	Social Support Network (Informal)
		System of Care Services (Formal)
4	Healing Journey	Competing Discourses
		A Dynamic and Non-Linear Path

<sup>24</sup> Explicit or inappropriate language has been edited.

<sup>25</sup> Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design*. Cambridge, MA: Harvard University Press.

<sup>26</sup> Szapocznik, J., & Coatsworth, J. D. (1999). An ecodevelopmental framework for organizing the influences on drug abuse: A developmental model of risk and protection. In M. Glantz & C. Hartel (Eds.), *Drug abuse: Origins & interventions* (pp. 331–366). Washington, DC: American Psychological Association.

## Theme 1: Emerging Adulthood

### Emerging Adulthood Dimensions & The Transition to Adulthood

We started each interview by sharing an overview of the five domains of emerging adulthood as conceptualized by Arnett<sup>27</sup> and then asked the participants to comment. Not surprisingly, in each of the 11 interviews participants shared ideas about the five dimensions of emerging adulthood (87 references), including the transition from adolescence to emerging adulthood (7 files, 26 references).

*Identity exploration.* This was the emerging adulthood dimension described most frequently (10 files, 36 references). Common sentiments were that they don't know who they are, and are exploring themselves, their interests, values, and beliefs. This also includes exploring intersectionality, where the emerging adults are trying to find themselves in relation to their culture, race, gender, and sexual orientation.

*RURAL 5\_2: Yeah, I definitely think that [laughs] I can relate to a lot of these. I've gone through all of these I feel like. So, identity exploration, definitely. Well I'm part of the LGBTQ community. So, identity exploration is definitely something during younger years but also during the adolescence going into emerging adulthood. So, definitely, like who am I? [laughs]. And who do I wanna be seen as? Is definitely something that I dealt with.*

*Instability.* Participants mentioned (9 files, 34 references) difficulties and challenges of emerging adulthood as they begin to make changes in multiple aspects and contexts of their lives, particularly financial instability. This included feelings of uncertainty, fear, and confusion regarding their identity and their overall journey to adulthood.

*URBAN 6\_3: You know after high school, I actually was a teen mom. So, after I graduated high school, a few months later, I had my son at 17 and then I gave birth and actually aged out of the system. So...you know you have a gap. A time period, where you have to like to, for us, for being a former foster youth, you know to get more resources and help and stipends for us. Like you know I applied for that, which was great and stuff. It was kind of like a juggle, a little bit to, you know a newborn fresh out of high school, fresh out of being out of the state, jumping in right and going into college.*

*Possibilities.* Possibilities (9 files, 23 references) may be viewed as the contrast to instability, in terms of representing optimism, high hopes, dreams, and the fact that an emerging adult's direction in life is not necessarily fixed. Because of the uncertainty associated with emerging adulthood, participants mentioned trying out new things and considering different options for their life journey.

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<sup>27</sup> Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>

*Feeling In-Between.* Despite being developmentally distinct from both adolescents and adults, EAs mentioned (8 files, 17 references) feeling “in-between”, or that people around them still treat them as youth, while also talking about the adult-like challenges they face as young people. They expressed being on the way to adulthood, but not quite there yet.

**URBAN 6\_2:** *But I feel like when you are transitioning from being a minor, like graduating and moving on up into adulthood. Like everyone kind of just expects you to kind of know what the roles or responsibilities are of that title of being adult. Like once I turned 18, I mean it doesn't seem like a big deal to a lot of people but my parents started making me make all of my appointments. And like on my own. And like no, okay this is how to do it and this is like who you call. Like just figure it out. And so, I was like left to my own [devices]...So, I feel like, there's definitely an in-between that nobody really talks about and it should definitely be incorporated into some kind of like system of care.*

*Self-Focus.* As the age of self-focus, emerging adulthood is the time to develop identity and understandings needed to become an adult. Emerging adults referred (7 files, 23 references) to self-focus as putting themselves and their needs before others, especially for self-care. There was a hint of individualism, but mostly a growing awareness that they matter.

*Transition to Adulthood.* In 7 out of the 11 interviews, Emerging adults mentioned that expectations of them as they transition into adulthood often are not realistic. EAs described the transition to adulthood as occurring with little to no guidance or support from formal (e.g., school) or informal (e.g., family) sources. In other words, like adolescence, emerging adulthood is a unique time of expressing independence and a need for guidance.

## **Emerging Adulthood is a Time of Need**

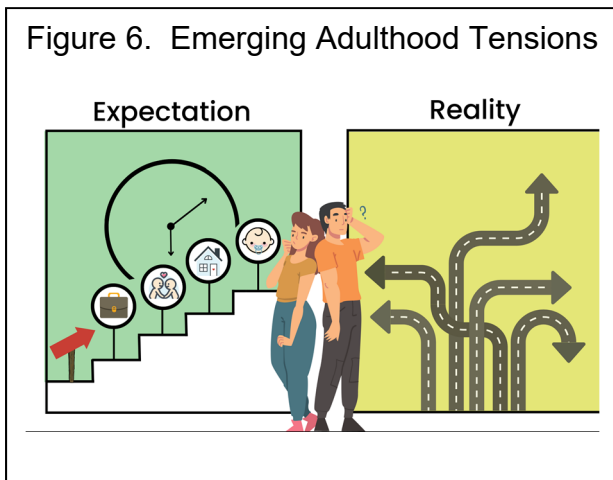
Participants shared an important nuance in their experience of becoming an adult. These emerging adults expressed societal expectations to “do everything right” but that they needed “guiderails” to do so. The need to do everything right (10 files, 33 references) was described as stressful, whereas the need for guiderails (11 files, 59 references) was juxtaposed with the absence of guiderails.

### ***Need to Do Everything Right.***

Emerging adults expressed three distinct ideas regarding the feeling that they need to do everything right: role transitions and the social clock (7 files, 20 references), familial obligations (4 files, 7 references), and individual transitions (7 files, 14 references).

*Societal Level: Role Transitions & the Social Clock.* At the societal level, emerging adults were aware of adulthood markers as characterized by a variety of major life transitions (e.g., school and work), but contrasted this with their perceptions of reality. Figure 6 illustrates the tension described by participants between expected social markers of emerging adulthood and the realities of emerging adults’ lived experience.

Figure 6. Emerging Adulthood Tensions



On one hand, emerging adults felt they were expected to follow a social clock and achieve each traditional milestone. On the other hand, emerging adults have a burgeoning awareness that this developmental period should allow them to explore different paths, which is a much more complex journey than the expected linear paths toward marriage, parenthood, financial independence, and stable employment. Related to this, emerging adults expressed a sense of having been misguided by society, including by their families, into believing there is a single linear path that may be achieved without guidance.

**URBAN 6\_1:** ...When I first started college, I was 18 and like I didn't know what I wanted to be. And we were just kind of pressured straight out of high school. Like do you want to do college? Do you want to do trade school? Do you want to get straight into the workforce? And like, honestly I didn't know. But because I had so much pressure to go to college, is why I went to college.

**URBAN 6\_1:** ...everyone kind of just expects you to kind of know what the roles or responsibilities are of that title of being adult...just because you become an adult, doesn't automatically mean that you know your identity. Like you're still figuring it out. You're still exploring and that's okay.

**Familial Level: Obligations.** At the familial level, participants in four interviews mentioned that, although emerging adulthood is characterized by increased autonomy and self-focus (as we had presented during the opening of the interview), some participants discussed a sense of familial obligation that dissuaded exploration or pursuit of their own interests (e.g., education, work, general EA transition). This feeling of being in-between was expressed as tension between transitioning to independent adulthood on the one hand, and following parental rules and fulfilling familial responsibilities on the other.

**URBAN 3\_2:** So, I live with my parents. And I guess growing up, they still think I'm like 18 years old, so I'm not. Since I'm under their roof, I have to follow their rules still yet, even though I'm [in my early 20s]. I'm basically still living like a teenager kind of, under their eyes. So I have to follow their rules, but at the same time, that's like I have to please my parents, at this age still yet.

**Individual Level: Adaptation & Resilience.** At the individual level, participants in seven interviews talked about learning to adapt and become resilient in order to face the uncertainties of this transitional developmental period. Part of this focused on accepting responsibilities, goal-setting, and identifying purposefulness; while other aspects focused on personal beliefs and values. Specifically, EAs mentioned that learning from their mistakes and understanding their limits and capabilities showcased self-sufficiency. At an individual level, they suggested that becoming reflective and self-aware was important for accepting one's choices. Similarly, EAs mentioned that setting standards for themselves and creating their own ideal life path



independently from familial- or societal-defined ideals motivated their transition to adulthood. Though, they still compared their experiences with peer and societal expectations.

*RURAL 5\_2: So I did start that whole self-focus. Right? Of like, 'Okay, I need to stop being so focused on everyone else and what everyone else needs and start focusing on myself.' I did a whole move from [outer island] to [outer island]. I was like, 'Nope, it's all about me now. And my next part of my journey in life.' And so, definitely that whole self-focus, switching from being that whole major people-pleaser to like, you know focusing on myself.*

### **Need for Guiderails.**

The term “guiderails” was expressed in one of the interviews, and captured the essence of what participants depicted as balancing the socially-derived ideal of needing to do everything right with the more realistic need for guidance. Participants expressed four distinct aspects of needing guiderails during the emerging adult transition. At the individual level (8 files, 24 references), emerging adults explained that basic life skills, employment, housing, and general finances are a challenge, for which they could use support. At the familial level (8 files, 10 references), participants pointed out that parents and family are pivotal for these basic needs, and that the transition to emerging adulthood is mediated by their familial relationships and access to familial guiderails. At the exo-system level (9 files, 25 references), EAs believe that the existing system of care generally does not provide the guiderails they need at this time of life, and this is particularly problematic if family relationships are strained. At the societal level (5 files, 10 references), emerging adults explained that guiderails are needed to deal with the variety of tensions related to the need to do everything right, particularly the societal expectation of independence.

*Individual Level.* Participants mentioned that explicit guidance is needed for the primary markers of adulthood – employment, housing, financial independence and stability. Specific examples included: how to apply for jobs, finding jobs willing to give second chances, volunteering and internship opportunities; rent assistance such as Section 8, sober living houses, negotiating rental leases; and taxes, insurance, financial assistance, food stamps, writing checks. Guiderails for other basic skills included classes or trainings in mental health skills and self-care skills, trades (cars, wood, construction), and home economics.

*Familial Level.* Emerging adults delineated whether parents and family were supportive or not, in terms of providing a continuity of support or being cut-off from tangible resources (e.g., housing and finances) and other guiderails. For those who define their family life as disrupted, the lack of guiderails was lamented, particularly among youth with experience in the foster care system.

*URBAN 3\_1: For me, I do have a close relationship with my parents, and so it's nice to kind of go through this emerging adulthood and still trying to figure out all these adult things with them before I actually decide to move out.*

*System of Care Level.* Emerging adults focused on barriers to guiderails embedded in the traditional systems of care. For example, they identified a lack of transitional programs, case management, and other support programs which leave them vulnerable. Related to this,

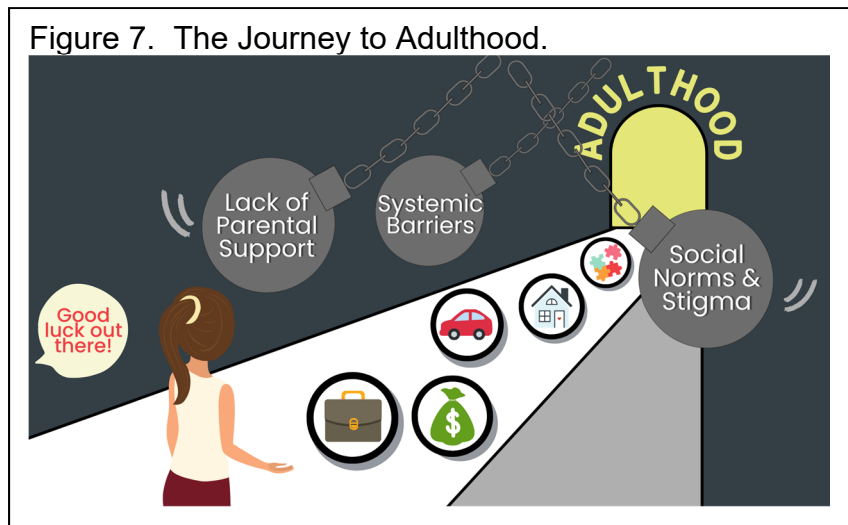
emerging adults referred to wanting guiderails that would be uniquely designed for and available to people with lived experience – as professionals and peer support - to help guide their own healing journey. Another systemic problem identified was a lack of services in rural communities in general.

**RURAL 5\_3:** ...I think I would emphasize that the ages of emerging adults are just as important as 18-year-olds, high schoolers...It's like no one pays attention to [people] from 18 to 25 or like there's just a gap.

**RURAL 5\_1:** ...the transition of like ending care, or like foster youth services is when you turn 18. So, like anything after that too. I know it's not emerging adult, it's probably like later adulthood, but like just having. I feel like there's such a lack in like transitional services for youth in foster care who have no home, you know, to go to. Like you're 18, 'go on, get out of here'... and it's just like where do you go? And then like what?

### Societal Level.

Participants stressed that society prioritizes independence during emerging adulthood, which leads them to feel suddenly abandoned and left to their own devices by family and others. One of the participants expressed this about societal expectations (URBAN 4-1), “[it’s] like ‘Okay, you can make your choices now. It’s on you. You’re not a minor.’ And that’s kind of where things fall off”. Figure 7 depicts the journey to adulthood



as described by participants. With adulthood represented as the glowing yellow door at the end of a path, emerging adults are expected to pick up certain markers of adulthood: employment, financial stability, transportation, housing, and life skills. However, they are expected to reach these milestones while encountering barriers such as the lack of parental support, the social norm of independence, and system-related barriers. Towards the left of the graphic, a text bubble says “Good luck out there!” to symbolize that participants felt that emerging adults are generally left to their own devices as they learn how to be an adult.

As stated above, emerging adults believe this is an unrealistic social expectation and causes them to feel lost and in need of guidance. This sentiment was linked with stigma and help-seeking challenges<sup>28</sup>. It was mentioned that the fear of not following the norm of being self-sufficient leads to self-stigmatization against seeking help and a systemic absence of guiderails designed for emerging adults and the transition to adulthood.

<sup>28</sup> See also: Nyashanu & Visser, 2022. <https://substanceabusepolicy.biomedcentral.com/counter/pdf/10.1186/s13011-022-00501-2.pdf>

**URBAN 1\_1:** *So many of us are afraid, I know friends of mine are firstly afraid to ask for help, because they're afraid of looking stupid. Because we're expected to grow up and just. Like my mom will tell me, "It's just something you have to pick up when you're old, it's something you have to learn on your own". But then that's scary because you don't really know...They tell you to figure it out, which is important but then you don't wanna go and ask them for help anymore because every time they shoot you down.*

**URBAN 3\_2:** *I think because of our age, because we're an adult now. I think we have this mindset where, we're telling ourselves "I can take care of myself, I don't need help. I will be able to solve this problem on my own. And it will take myself time, but at the same time, I might need help, but I don't want to ask for help"...it's like, you can't tell your family what's going on with you, because they might judge you, and they possibly would not talk to you anymore.*

## Theme 2: Substance Use

### Substance Use Trajectory

Participants in each of the interviews described substance use as a trajectory from peer and family exposure to community exposure (7 files, 15 references), which was related to substance use as a coping strategy (7 files, 17 references) and understanding the impacts of substance use (9 files, 30 references). The substance use trajectory is depicted in Figure 8 and exemplified in selected quotes below.

Figure 8. Emerging Adult Substance Use Trajectory.



**RURAL 5\_1:** *If one person in your friend or family is gonna do it, there's like, you know, it's kinda really hard for you to stop on your own because you're surrounded by that little culture. Friends are doing it, hey, you know, my friends are doing it. It's not bad.*

**URBAN 1\_1:** *I'm not sure, because I feel like when you're young you don't really listen. You wanna try everything out. You know? But then you try the wrong thing, 'cause it only takes one time to, excuse me, but f--- you up in the brain. You know you take too much or somebody laces something.*

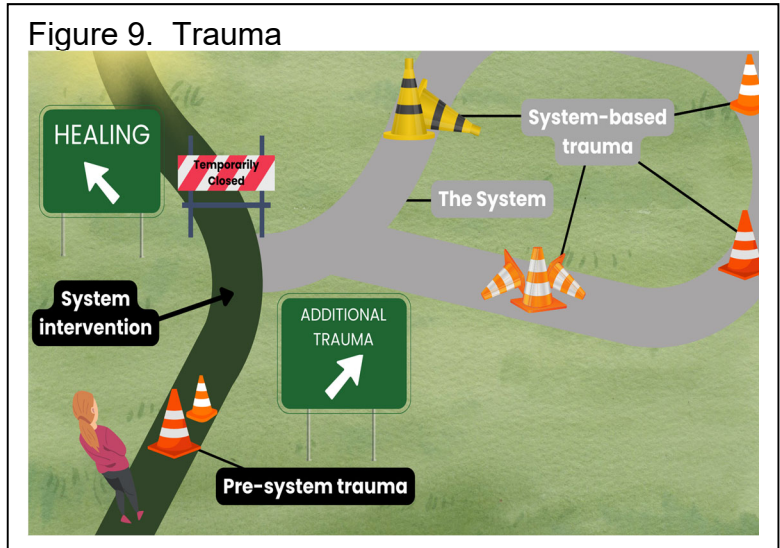
**URBAN 6\_3:** *...like mental health is so serious and important. Honestly, I feel like, for me, I didn't take care of my mental health. That's why I leaned more towards substance abuse like a lot, a lot of it.*

**RURAL 1\_1:** *For me it was just, I kept getting arrested every time I was using drugs, so. That made me think that I, you know. So, I need help, there's something wrong. But other than that, I don't know, it's all. Or if your just life becomes unmanageable and you just had enough already. Pretty much that's when you know.*

## Substance Use & Trauma

Participants described trauma as part of the substance use trajectory (Figure 9) as an individual on a path with stumbling blocks and roadblocks. On this path, emerging adults described encountering trauma as suggested in the quotes above. These traumatic experiences are represented by cones, which may include family problems such as substance use, mental health issues, the absence of parent(s) or caring adults, domestic violence and child abuse-neglect; as well as individual problems such as using substances to cope, self-stigma, and their own mental health challenges. This is labeled as pre-system trauma<sup>29</sup> because these traumatic experiences precipitated system intervention.

Due to these traumatic experiences, an individual may be referred to the system of care, and become involved in one or more interventions. In the figure, the pathway to interventions shows a sign pointing to “additional trauma” which is perceived to occur when someone enters the public sector system of care and experiences system-based trauma, also represented by the cones. There is another sign that indicates the “healing” direction to the left but that avenue is “temporarily closed.” This leftward path represents the participants’ perception that system interventions often do not lead to a healing journey (refer to Theme 4), but rather may be characterized as compounding experiences of trauma, also referred to system trauma.



**URBAN 6\_1:** *Because that is also too where people dive into substances, right? When their life starts going in a downward spiral, like in minutes. And so, to have somebody [previously mentioned: therapist or counselor or like a mentor on hand] on hand, when I don't know, you all of a sudden become homeless or you all of a sudden like want to go on a drug binge or like you know. There's just things that come up in life as an emerging adult that can really take your life from 0 to 300. So, I feel like having that option available is always good.*

<sup>29</sup> Masuda T & Helm S. (under review for peer reviewed publication 4/13/22). "Being in the system is really difficult and...I wouldn't wish it on anybody." Trauma and the public sector system of care for youth. *Journal TBD*.

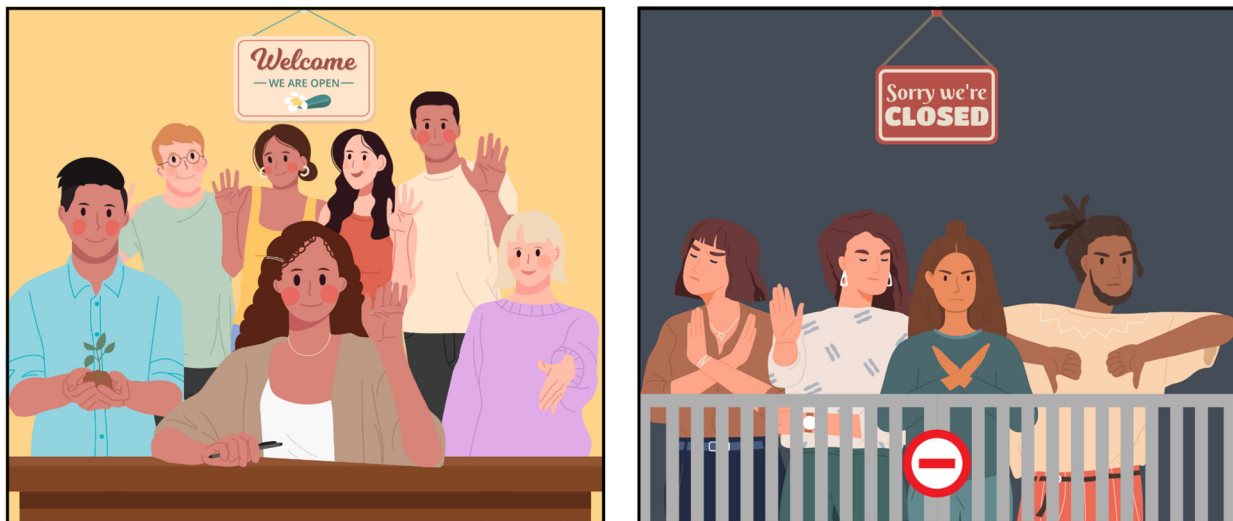
## Theme 3: Getting Help

This theme includes two primary areas of emphasis. First, emerging adult participants explained the ways in which informal social support systems may or may not be sources of support. Second, emerging adult participants shared insights about the formal system of care.

### **Getting Help: Informal Social Support Network–Relationships & Settings.**

Several forms of informal social support were highlighted by emerging adults, which we have organized as relationships and settings. Relationships included family (11 files, 59 references), peers (9 files, 19 references), and people with lived experience (8 files, 27 references). Settings emphasized social media (6 files, 21 references), as well as post-secondary education and training (5 files, 13 references), the world of work (4 files, 8 references) and ways to improve to school/work settings (5 files, 14 references). EAs contrasted relationships and settings as either useful and welcoming or not, as shown in Figure 10.

Figure 10. Relationships & Settings are Useful & Welcoming (or Not).



**Relationships – Family.** For the purpose of this project, we expansively defined family to align with the ways in which the participants expressed this relationship. In addition to birth family, we included chosen family and people that were described as important in their upbringing. We also included participants' descriptions of an idealized version of family. EAs mentioned family in these contexts: guidance and support, identity development, fear of family judgment, absence of family, and family influence on substance use.

- **Guidance & Support.** As a protective factor, participants mentioned (8 files, 24 references) that their family has offered guidance and support both as they move towards adulthood and as they work towards substance use recovery. Participants named family as a resource for emotional and financial support as they deal with emerging adulthood related and substance use related stresses. Participants also identified the importance of parental support and involvement in emerging adults healing journeys.

***RURAL 2\_1:** [in response to interviewer's question about going to family first in time of need] I'm just more comfortable like asking my family for help, I guess. And. Yeah, I just know that they like want what's best for me and I know that they're smart and like have resources. And they care about you. They love you. They should [laughs].*

***RURAL 1\_1:** Like right now I wish that I did listen, to my mom guys and stuff, I wish I didn't leave home, I wish I just stuck it out and listened to them and took their suggestions, but I don't know how it would change because I was just stuck in my ways. Yeah.*

- **Family & Identity.** Depending on the situation, as described by participants, family influence on identity development may be a risk or a protective factor. Emerging adults discussed (4 files, 14 references) how they understand their identities vis-à-vis their family history. Participants either did not have a connection to such family culture or learned to embrace their cultures as it was embedded in their familial foundation. Emerging adults also talked about developing their adult identities outside of the family and the family home.

***RURAL 5\_1:** Okay, thanks for explaining. Because I'm 26 now, I think that identity exploration is still super relatable. Instability also. Self-focus. I think actually everything is relatable. I'm like. People that I work with they're like switching careers, they're like. For me, right now, I feel like I'm kind of still trying to identify myself in terms of like culture because it was never part of my childhood, teenage. Like it was never like instilled in family foundation kind of things.*

- **Fear of Judgment.** As a risk factor, participants mentioned (6 files, 16 references) that emerging adults often conceal their substance use and need for help due to a fear of judgment from unsupportive parents. This stems from the stigma attached to substance use and closely relates to the tensions of familial expectations. Fear of judgement and related stigma creates or maintains distance between emerging adults and their families if they feel they cannot communicate or ask for/offer help.

***URBAN 3\_2:** I think it also depends on the parents. 'Cause some parents are supportive, some parents are not. So, it depends how they feel about their child I think. That's my opinion, but just seeing. I think it is based on culture too. Like what Maggie said. It's just depending on the parents, but I could see why parents do not want to support their child if they are going through substance abuse, but yeah.*

- **Absence of Family.** As another risk factor, participants discussed (6 files, 9 references) the ways in which family dynamics can affect an emerging adult's substance use

trajectory. The literal absence of family, as well as the absence of a healthy family, can make it hard for emerging adults to find the support necessary for both transitioning to adulthood and substance use recovery. Especially for those with foster care experience, aging out of the system without stable familial connections was described as leading to feeling lost and left behind.

*URBAN 5\_1: Okay so, I can relate to that, because I have siblings...I really didn't have a childhood, so I had to step up to the plate and be the man and the woman. The family man, just all in between. And finding that I'm just all in between of everything. [another participants says "Yeah me too"]. I feel like most people don't have childhoods, because of their background. And if they do, I think that's why some adults are f----- childish as f---. They're immature. I'm sorry for my language. But let me just go back a little. They're childish and immature, because they didn't have the right tools or the right people to guide them in a way. So, that's why they come off, no offense I'm not coming for you, I'm childish sometimes too. But yeah, I can relate to that feeling of being in between.*

- **Family Substance Use.** As a risk factor, when substance use exists in the family, emerging adults identified (3 files, 6 references) implications for their own substance use and help-seeking. Participants explained that family substance use complicates recovery, and their discussion emphasized multigenerational patterns of substance use and recovery support.

*URBAN 5\_1: I think we need more of the whole family to be there for us. Not outcast us. Or discriminate us. Or judge us. You know because especially in the Samoan culture they'll judge you. They don't give a f---, my mom she'll, "get the f-- out". But you're doing it? Who's gonna break the generational curse? So, I think we need more of our former adults to not criticize us, but to empathize. They need to. My mom and my dad used to say, "We all need to sympathize for one another" Be there for one another, not go against." Because I think that's what it really takes to. I think it really takes to.*

*URBAN 2\_1: "Like the teachers will never understand where, what we've been through and what we've done [clears throat] in our abuse, substance. And like maybe not. Maybe us that have been recovering addict won't be necessarily the best thing for youth because you know. Maybe us calling them out on their s--- and getting in their face like that will like kind of get them angry. You know what I mean. If somebody was in my face about it. Like I would be kind of get mad. Like if your mom was like. If your mom came up to you and she was a drug addict before and she was like what the f--- are you doing? Are you f----- hanging out with the druggies? Like how you think I would feel? I would feel like very anger-ful right? 'Cause who is she to f----- tell me anything right? She does the same s--- right?*

*URBAN 1\_2: Parents are not stupid. They do [use substances] too. So, you can't really hide it [substance use] from your parents.*

**Relationships - Peers.** Peers as a part of the social support network encompassed emerging adults' perceptions of risk and protection in substance use, including challenges with establishing and maintaining friendships, as well as peers as sources of support. Participants

identified the importance and desire for opportunities for peer group bonding (e.g., hobbies and social outings) that did not include alcohol and other drugs. Doing things together without drugs and alcohol was perceived as a way to share emotional support and social fulfillment among people their own age.

**URBAN 6\_2:** ...reframe it and make it more like youth friendly. Just a lot of young people would see that, and be like I don't need a support group, or I don't want to say I'm a part of one. But if it's more of just like peer-to-peer bonding in a sense, with a therapy aspect. I can see people being more willing to be engaged with that. ... I know that both CAMHD and the Adult Mental Health Division have peer support for people. So, I think having those already in place, they might be willing to bridge out and create more of a support setting.

**URBAN 5\_1:** Continue to be there for them because when they wake up out of that bubble they're gonna, 'Oh! Wow'. So, sometimes you gotta through the thick and not just the thin. You gotta go through the milestones with them to let them know that, 'hey you gotta figure your s--- out but I'm here' You know. But, in this society people don't wanna...Provide my experience. People love to watch you struggle, especially if you're from the trenches, they love that s---. But when they don't see you, to be honest you gotta just take your time. You really can't. Like if I said I really care about helping people get off the street, sometimes they might be like "b---- f--- you". I'm like, 'I'm okay'. I still gotta pray for her and I still gotta show up for her, consistently. Letting her know that I'm still here because at the end of the life, when she thought everyone is gone, I'm still right here. She's going to thank me later and then God will give me my reward. 'Cause you know, you stucked it out through your own thing, you know what I mean?

- **Pandemic & Wellbeing.** Although participants identified that peer social and emotional support has been undermined by the pandemic, they considered it an essential aspect of emerging adulthood wellbeing.

**URBAN 4\_1:** And this has been a thing that I've been kinda struggling with in my own program, personally. Because of COVID, we've been doing all of our things online. Virtual games, and family night sessions on the computer. But if they don't want it that way, they won't show up. It's one thing to say, 'Hey, this is what we offer', but if they don't bite, then you know. That's been a big challenge.

**URBAN 3\_2:** I think for people our age, because we're not in high school and college anymore, it's kind of hard to make relationships right now, because of how. ... And especially with this pandemic, I think, it made people learn how to not be sociable. If that makes sense? It gives I guess social anxiety, for some people, because of how you had to stay at home for so long, and you don't know how to socialize with people now because of how you were so at home and by yourself. Maybe? Yeah [chuckles].

- **Consequences among Peers.** Participants explained that observing their friends or hearing stories from their friends about bad experiences with drugs is a deterrent to their own drug use.



**RURAL 4\_1:** *Groups would help a lot to keep people busy, you know stuff like you said hobbies. Hanging around people who don't have substance abuse history and that.*

**RURAL 1\_1:** *Yeah just watch who your friends is. I don't know, if people have a bad experience the first time they drink, I don't think they would be an alcoholic or drink again at all, but. Yeah, I don't know.*

- **Peer Pressure.** In terms of negative consequences, participants confirmed that emerging adults experience peer pressure to use drugs, yet there is a lack of anti-drug use information specifically targeting emerging adults. Coupled with low self-esteem and self-doubt experienced by many emerging adults, peer pressure was described as potentially overpowering.

**RURAL 5\_3:** *And it's like hard because you, kind of. Well, for me, comparing myself to other people, comparing myself to my friends that have whole families now and like houses and I'm like still trying to figure myself out. So, self-doubt is definitely.*

**RURAL 5\_1:** *If one person in your friend or family is gonna do [drugs], there's like, you know, it's kinda really hard for you to stop on your own because you're surrounded by that little [mini drug use] culture. Friends are doing it, 'hey, you know, my friends are doing it. It's not bad.' And then, in school I see it, like you know, like talk about advertising. Like there's not really much advertising on school campuses saying that, 'here's a service that you can go to for help.' Or like, 'this is why it's bad for like your mental health.'*

**Relationships – Lived Experience.** Participants emphasized that a social support network comprised of peers and professionals with lived experience is important to emerging adults with experience in substance use and other systems of care. Emerging adults who participated in the interviews clearly valued the lived experiences of others in terms of trust: people are trustworthy because they've had similar lived experiences and therefore are role models. An appealing part of working with professionals with lived experience as well as sponsors (i.e. recovery support groups) was expressed as “walking the walk” and a sense of hopefulness about the future. On the other hand, professionals who do not have lived experience were viewed as less competent. Refer to Appendix E for a brief review of Peer Support.

**URBAN 5\_1:** *All the people that's worked here at [this shelter], they've been through the same s--- we've been through. So, they're bringing. They're coming back here, working for us, they're giving back to the community. So, our role is to keep the cycle going. I'm fighting all my demons right now, so that my people have the best of the best. That way the cycle can keep going. Giving back to the community. 'Cause it is, you know, kuleana, 'cause it is kuleana. KU-LE-ANA. [participant 3 agreeing]. Ku-le-ana.*

**RURAL 3\_1:** *It was like 'I'm trying my best to explain to [the counselor] what was going on and answering questions' but it just doesn't make sense in his mind, as well as it did with a few of these other counselors who are over here that have 20 years plus clean time. And they know exactly what I'm talking about, almost finishing my sentence. Oh, yeah, yeah, yeah. I know about that. It's like somebody*

*hasn't been there it's like I mean you can read a map all you want, you still might get lost. You know, I mean its kind of hard to explain, I mean not really but, it's just I feel like there's a lot more understanding from someone who's been through the same things.*

**Settings – Work.** In terms of work settings, we wanted to know from emerging adults how the world of work supported drug-free norms or created opportunities for substance use service access. Participants expressed mixed thoughts on work as a supportive setting. Although participants were aware that some employers provide health insurance through which treatment may be accessed, participants felt a lot of jobs do not provide health insurance. Similarly, work places generally were perceived as zero-tolerance settings where there is an expectation that people would not be permitted to be under the influence of alcohol or other drugs at work. Yet, workplaces were not perceived as good service access points for fear that revealing a problem would result in job termination. Work setting improvements focused on making substance use information and resources available for emerging adults, including promoting employee wellbeing outside of work.

**RURAL 2\_1:** *I mean when you're in your twenties and, I guess maybe if at your job, they would have some sort of awareness about it. And like obviously like you're not supposed go to work drunk or high. ... So, there was no like training videos just kind of different. But. I don't know if other jobs do have that. I think usually the training videos are just about like training you how to do the job and not like telling to not come in drunk. I think everyone should just know that. But, I know that like if you did, then they would fire you.*

**URBAN 4\_1:** *I worked restaurants, and let me tell you: restaurant workers like their drugs. And I was like, what are we doing here?! Is this how you get through a shift?! And I don't know I feel like, yes, you might have bonding, outside of work, but that's really it. Like, you'll have a softball game, but then after the softball game, everybody goes to the bar. Like, especially since you're an adult, these things are just. Maybe not parties, specifically, but I think it's something that is overlooked. Like you're an adult, you're responsible for your own actions, at that point. I don't think there is much prevention in workplaces that aren't for the public, like we are.*

**URBAN 1\_2:** *If I was the boss. If I was the boss I'll probably, if I catch you with drugs, I'd probably send you home.*

**URBAN 1\_3:** *I would terminate you.*

**URBAN 1\_2:** *I'd probably terminate that person if they bring substances to a job site.*

**Settings – Education.** We specifically asked participants about post-secondary education/training and the world of work, given that these two settings tend to be primary settings for emerging adults. It should be noted that we did not ask participants to identify whether they had post-secondary educational experience, though it became evident that few of the participants had experience with college settings. Nonetheless, participants' ideas about the college setting are important. College campuses were viewed as places where counselors were available, and may be a place where substance use resources may be available. On the other hand, prevention education was not considered widely disseminated. In addition, the transition

from high school to college, where students are expected to take care of themselves, was described as a destabilizing element for emerging adults.

***URBAN 3\_1:** During college, I had this class in psychology talking about this kind of stuff, like about substance use. And it was that specific teacher or professor that told us about certain services that are available, and to be honest, I didn't realize how big substance use was until that class. And so, hearing it from that professor was really an "ah-ha", like a huge ah-ha moment for what is out there, and what can be offered to emerging adults, and yeah.*

Suggestions to improve college settings in terms of the transition to adulthood and substance use focused on resilience, self-care, and other independence skills. In other words, participants believe that some emerging adults want college campuses to mirror an idealized version of support - the kind of support that parents and family may provide and what had been available in high school. Albeit, college-based support was expected to center emerging adulthood as a distinct period of social-emotional growth.

***URBAN 4\_1:** I mean, if you're going to let's say, a college. I think having programs ... that emphasize self-care, and resilience, and empathy. Just giving them something to do outside of class. If you know, you're a college student, would be good. I've seen a little bit at [local university] but not so much to a point where like it's a club, and you're doing things. Especially because college culture, is a lot of parties, and drinking. If you're not in college, I think prevention is hard to come by. ... [prevention] just disappears once you're out of the gate from high school, into the 'real world.' They're just like, 'Okay, you can make your choices now. It's on you. You're not a minor.' And that's kind of where things fall off. You know you can do well in school, high school. Then you might go out into the 'real world' and do something, and there's just nothing there to help prevent that.*

***URBAN 6\_1:** So, there's just this big gap. Like as far as young adults and like kind of getting them prepared for that state. Right? Because as we talked about earlier, when you're transitioning right. There's a bunch of instability and a bunch of unknowns. And if you're throwing somebody into that kind of arena and you're also taking away from them what they have for so many years and they no longer have the proper coping mechanisms.*

**Settings – Social Media.** Social media in the form of the internet, apps, and other digital technologies was an obvious area of interest for a needs assessment among emerging adults. Not surprisingly, participants identified benefits and detriments of using social media (6 files, 15 references) and other technologies for support (4 files, 7 references), and ways to improve support via social media (4 files, 11 references). For example, participants acknowledged that some social media platforms host anti-drug use and harm reduction campaigns, and may be a place to learn about health, coping, and resources, as well as a way to connect to supportive peers. On the other hand, participants also acknowledged that social media commonly depicts people using drugs. Participants cautioned that not all people have access to social media, so it should not be the sole resource for substance use prevention, treatment, and recovery. In this sense, traditional television advertisements and public awareness campaigns were still considered useful. Ways to improve ease of access to information, such as using QR codes and clickable links, as well as emerging adult-specific content were offered.

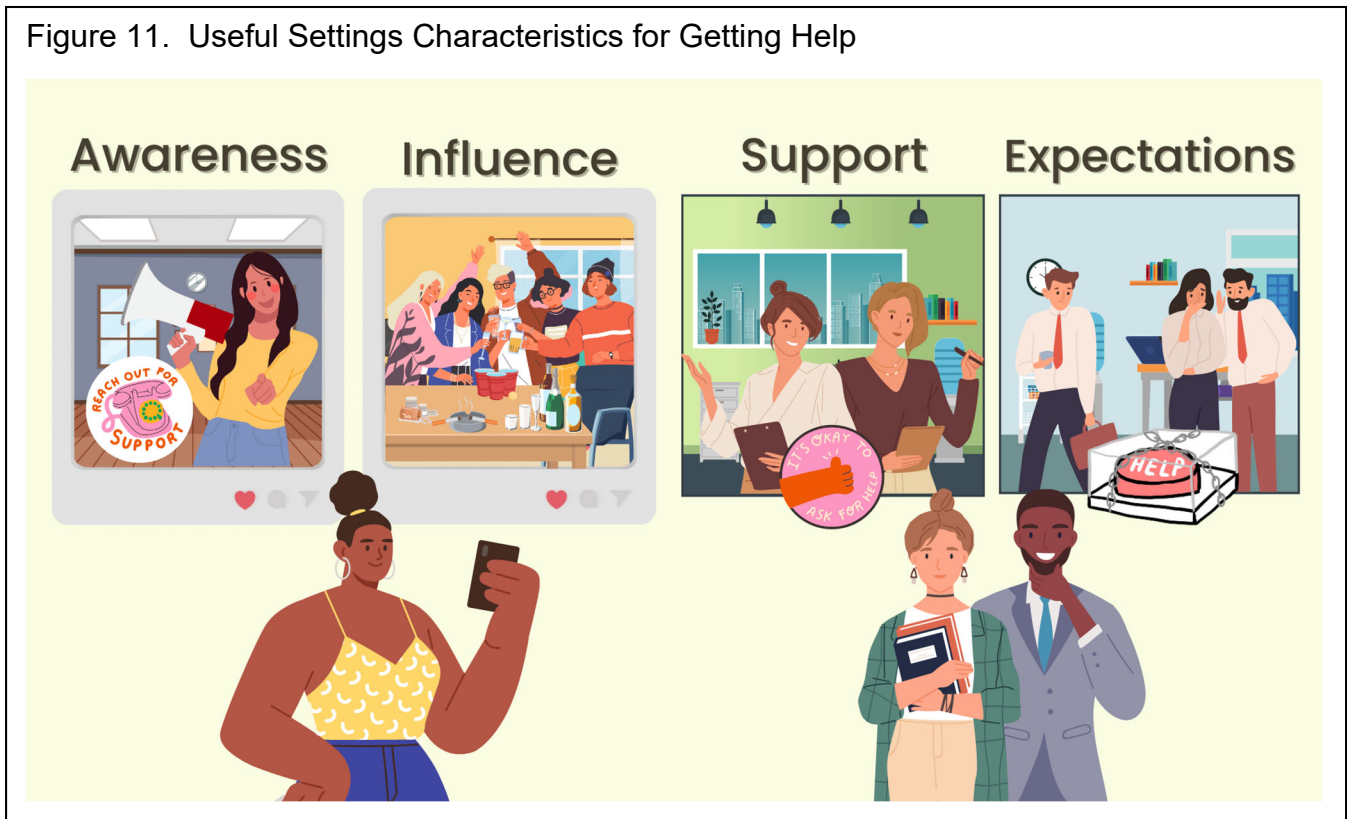
**URBAN 4\_1:** I would say social media is probably the best way to engage people and spread awareness these days. Whether it be through Instagram, or Twitter, Facebook maybe even? I feel like if you're gonna get to an emerging adult right now, social media is how you do it.

**RURAL 2\_1:** I guess like hearing from other people like what they're doing and what they like to do. Or like, I don't know, just I get an idea and I research, I like Google it or [trails off].

**URBAN 3\_2:** Yeah, social media is a big thing. Especially for people our age. But yeah, I agree with Maggie, it's more focused towards teens, which is understandable, but at the same time, people our age do need help as well. If anything. So, it would be nice to be like, yes, the people who are over twenty-one are legal, but it's also good to have some help if needed.

In summary, participants explained that although social settings influence emerging adults' substance use trajectory, they also serve as mediators for getting help in terms of awareness, actual support, and establishing expectations (Figure 11). That said, participants did not feel that these informal settings should replace the formal system of care.

Figure 11. Useful Settings Characteristics for Getting Help



## **Getting Help: Formal System of Care - Prevention, Treatment, Recovery .**

In each interview, we asked participants to share their views of the system of care from their perspective as emerging adults with experience in the substance use system of care, as well as at the intersection of the justice system, foster care, homelessness services, and other public sectors of formal helping. Topic 2 of the interview focused on substance use, including ideas about treatment and recovery, where as topic 3 of the interview focused on prevention. We present the results below, in the following order: prevention, treatment, then recovery. We also included a cross-cutting theme of barriers to care. As is the case with qualitative methods, these themes related to getting formal help from the various systems of care are presented in distinct sections here, but are by no means mutually exclusive.

### **Getting Help – Prevention<sup>30</sup>**

Prevention was mentioned in the context of getting help in all eleven interviews, as was to be expected given it was one of the interview topics. Six sub-themes emerged (Table 3).

Sub-Theme	Files	References
Reasons for using or not using substances	6	12
Strategies for substance use prevention	11	88
Concepts of individualism and self-focus	10	20
The importance of connections	5	19
The need to address transitions	6	26
Skill-building through prevention	7	19

*Reasons for using or not using substances.* Participants shared a variety of reasons that emerging adults would use substances: family members' and/or friends' substance use; peer pressure; stress management; to feel happy; and socializing and bonding with peers at parties.

*RURAL 5\_1: "If one person in your friend or family is gonna do it, there's like, you know, it's kinda really hard for you to stop on your own because you're surrounded by that little culture. Friends are doing it, "hey, you know, my friends are doing it. It's not bad"."*

*URBAN 6\_2: "I feel like there are definitely times in my life that my bonding with peers came down to us drinking. And that's why I was doing it, as a social aspect."*

Emerging adults also expressed reasons for not using substances, mostly in terms of concerns that included parents finding out; punitive measures at work; saving money; the

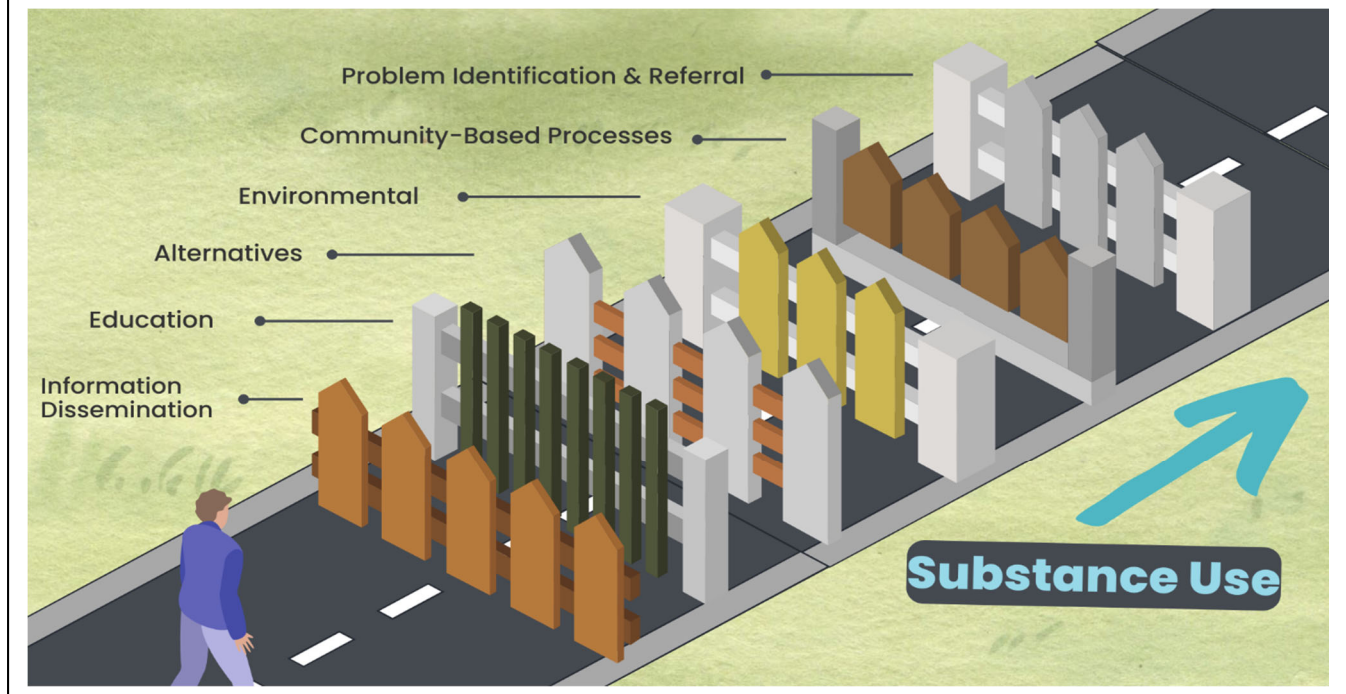
<sup>30</sup> Given the importance of prevention, a brief review is provided in Appendix D.

damage of substance use to their physical appearance, bodies, and health; taking care of yourself; and not missing out on life experiences.

**URBAN 2\_1:** “But once you start doing drugs everything that is fun to you in life you miss out on everything. You know. You stop playing basketball. You stop going to the park and seeing your friends.”

**Strategies for Substance Use Prevention.** Participants described a number of strategies to prevent substance use among emerging adults, which aligned with the framework utilized by Center for Substance Use Prevention (CSAP, Figure 12). Emerging adults identified these strategies as if they were fences erected as roadblocks to substance use, with successive fences increasing in strength. The first three fences (information dissemination, education, and alternatives) are typically the first prevention strategies that an emerging adult would encounter. Then the last three fences (environmental, community-based strategies, and problem identification and referral) are the “strongest” defenses that protect against substance use at another level. These prevention strategies were viewed as roadblocks that theoretically could detour the emerging adult on their path toward substance use. The major strategies that emerged from the emerging adult interviews are discussed below.

Figure 12. Prevention Depicted as Roadblocks to Substance Use



- **Information Dissemination:** Emerging adults mentioned that substance use prevention can be done through advertisements around the community (at gas stations, grocery stores, restaurants, college campuses) and on social media (awareness and outreach on TikTok, Instagram, Facebook, Twitter, YouTube).

**RURAL 5\_2:** Yeah, so definitely, like I had mentioned earlier the social media platforms. And yeah, I mean it could be at, you know, any type of therapists' offices because, you know, when people start to look for help they start to, you know, seek out help where they can. But also, yeah, grocery stores. You know, they have bulletin boards when you walk into some grocery stores or like at Walmart, some things like that, they have the bulletin boards right when you walk in, as well. Other like gas stations, even, right. Gas stations are like the number one cigarette sellers. Also, Walgreens. Walgreens is a number one cigarette seller because they have like sales on cigarettes, like two for like the cheapest price. So, that's where people who are buying tobacco go the most frequently. So, that would be like the number one place. Although they'd be like, "why would we wanna cut down tobacco sales?" Right? [laughs]. But, you know, that would be a good place to try to get. And yeah, so places like that would definitely be good to advertise. And maybe even trying to get maybe like a commercial campaign going, right? For people who are still like watching maybe like the nightly news or something that can go on. That's an idea.

**RURAL 2\_1:** And I think it's just. If there's more advertising about it. I mean a lot of youth are, you know, on social media more now, right? And things like that. Like if there are places on island, like especially in the more rural communities that, you know, that [trails off]. I mean TikTok [social media platform] is a huge thing now, right? And like Instagram [social media platform] and like Facebook [social media platform] and you know where something can just pop up, like you know, "if you need help with this" and like, you know, "we're here". Like, you know, and things like that with access to it then it could be easier...

- **Education:** School-based classes and lived experience education through peer support were also described by participants as forms of prevention.

**RURAL 4\_1:** It was I guess okay to a certain extent, even though a lot of it had to do with, to your knowledge, that some counselors didn't have at our school. Like in-depth information about different drugs and how to stay away from that, you know it's. They don't really talk about how you get introduced.

**Interviewer:** ...do you think...it would've been helpful if you had someone talk to you about how it gets started...some preventative measures that could've been taken maybe, back then?

**RURAL 4\_1:** Yeah, I guess if I was, if my counselors or people around me would kind of help stay away or give certain suggestions on how to stay away from substances. It would've been easier for me to not have access to them.

- **Alternatives:** Alternatives were discussed in the context of safe and healthy activities that excludes substance use, such as going to the movies or going to the beach. The emerging adults also mentioned that having positive peer relationships and social environments can help with the prevention of substance use.

**URBAN 6\_1:** I feel that would be totally useful. 'Cause I feel like, going back to like, when I first started or got out of high school and then like started college. I feel like I wouldn't have drank as much if I knew that there were other things to do. But because I felt like I could only bond with the people that I was going to class with or whatever over drinking. That's what I ended up doing. So, I feel like definitely, like putting, I don't know, maybe a website or like a kind of like an OpenTable thing.

*Where you reserve your spot and you like go hang out with a bunch of people and like to do things that are, like productive and not so damaging to the body. I feel like that would be useful. I mean how many people would actually use it? I don't know. But I know that if was that age again, I would use it. So, just like from my experience.*

**RURAL 2\_1:** *I guess just finding something that you like doing like cooking or artwork. Or like if you like comic books, like getting involved with the comic con and everything with that. Or movies.*

- **Environmental Strategies** were not mentioned by EAs in the interviews.
- **Community-Based Processes:** At the community-level, participants mentioned the need for a supportive community such as having trusted people to go to in the community, and the need for emerging adult-specific transitional programs that will teach them about community resources.

**RURAL 5\_3:** *If we're imagining now but I think I would emphasize that the ages of emerging adults are just as important as 18-year-olds, high schoolers, and I feel like there's like just a gap where you're supposed. It's like no one pays attention to from 18 to like 25 or like there's just a gap. And that's why like what you guys are doing with emerging adults, you guys are emphasizing on those ages and that's really important because they're like just figuring out their life as well. So, like it's like the start. Just like when they're toddlers, it's their start of like learning, yeah. It's not really a message I just wanted to say thank you guys for putting more of an emphasis on this age gap.*

- **Problem Identification & Referral:** As a population at-risk for substance use, emerging adults also mentioned the need for earlier and proper education for youth at-risk. There was also a need for help for those with system and substance use exposure and the need expand the reach of prevention strategies. At the same time, there is a contradiction of normalized use in social environments and in emerging adulthood and the stigmatization of help.

**URBAN 1\_1:** *Keeping yourself occupied 'cause just sitting at the beach or just sitting at the park, okay [interrupted]. [conversation between participants]. That's what I'm saying, when we go to the beach, what do we do? We drink. When we go to the park, we drink. So, do something that's actually keeping you occupied.*

**URBAN 4\_1:** *I don't think [workplaces offer substance use prevention or help] they do. I don't think this exists, and that is, that's kinda sad. I mean, when I was going to college, I worked restaurants, and let me tell you. Restaurant workers like their drugs. And I was like, what are we doing here?! Is this how you get through a shift?! And I don't know I feel like, yes, you might have bonding, outside of work, but that's really it. Like, you'll have a softball game, but then after the softball game, everybody goes to the bar. Like, especially since you're an adult, these things are just. Maybe not parties, specifically, but I think it's something that is overlooked. Like you're an adult, you're responsible for your own actions, at that point. I don't think there is much prevention in workplaces that aren't for the public, like we are.*



*Concepts of Individualism and Self-Focus.* This subtheme emphasized the dominant macro-level narrative of individualism that permeates substance use help-seeking and support. EAs reinforced the idea that accessing and participating in prevention services is up to the individual, who must have the will to choose to do so.

**RURAL 5\_1:** *And it's just like, I don't know how to like help somebody stop, really. But, it has to be up to them ultimately. Like at the end of the day, they have to make that conscious choice on their own...*

*Connections.* Emerging adults expressed their desire for prevention services, that by design, have welcoming opportunities for social connection and bonding. The concept of connection was articulated in three main ways: community building; acceptance and judgement-free zones; and fostering a path forward without substances. Services that prioritize human connection and bonding were emphasized.

**RURAL 5\_2:** *...people could still come together and it could, you know, feel like togetherness. And just know that like, you know, these are things that you can still do as someone who is not using substances, right? And like these are things that, these are coping skills that you can use like when you are feeling stressed out instead of possibly turning to drugs or to alcohol and things like that. And just so that they know that they have a supportive community. And that they don't have to turn to the wrong type of communities, 'cause it's really easy to slip into the wrong communities. And also, you know, there could be resources, right? For like, if you know someone who needs help, here's a list of resources. You know, if, and things like that so they can also help family and friends and things like that.*

**URBAN 4\_1:** *But in terms of prevention, I think just making those connections, getting out more, surrounding yourself by people who you know, are good, in that way. I think that's really important. Just having that emotional support. The human connection, I guess, is a big thing.*

Participants further described the concept of connections in terms of prevention services as spaces of acceptance, where emerging adults are not judged based on their identity or experiences. Additionally, they desired safe spaces where emerging adults can spend time, connect with people, further explore their identities with the support of others with similar experiences. Figure 13 represents an ideal place where emerging adults could gather and build community around activities other than substance use, in contrast to typical bonding over drinking or partying. The participants

Figure 13. Prevention as Safe Spaces for Emerging Adult Identity Development



discussed that a main component of prevention services is that they are judgment free and accepting of various identities, providing emerging adults with opportunities to come together to connect with peers and others who can form a supportive community.

**URBAN 4\_1:** *I think sharing these stories, and also getting into a group with people who may also be curious about certain things. Like identity is such a big thing right now. Whether it be gender identity, sexuality, or cultural-ethnic identity. Like you might come from a family, and you don't know much about your culture, you can go out and meet people with the same background, who have been in touch with their roots. Or, you know, if you're maybe questioning your gender, you can talk to people who've been through that...I think maybe breaking it down into certain categories like that can help us understand ourselves better...in terms of prevention, I think just making those connections, getting out more, surrounding yourself by people who you know, are good, in that way. I think that's really important. Just having that emotional support. The human connection, I guess, is a big thing.*

**RURAL 5\_2:** *But, just something that is accessible to anyone who just wants someone to talk to or people to talk to and just an open community that is free of judgment and just here.*

Emerging adults spoke about how prevention services could help them foster a path forward without substance use. Figure 14 illustrates some of the suggestions that EAs shared, including how an app to connect emerging adults with similar interests to meet up to play cards, or bike, or eat together without substances present would be a great way to bolster community-

Figure 14. Fostering a Path Forward Without Substances



building without the pressure of substance use. They also mentioned prevention services as a potential place to receive support for their future goals.

**URBAN 6\_1:** *I think an app would be really useful. I think that this would be an app that I've told totally have on my phone. Like, if it was an app and I just graduated high school, I'm like in the middle of college don't know what to do. But every time I go to campus. Just for example, when I first started college, I was a college freshman. I literally only went to school, [urban town], and like left after my classes. I didn't want to like, I don't know be on campus. 'Cause one, I didn't dorm there and two, I didn't really know who to talk to. But when you have these schedule things. Or like these things or notifications that pop up on your phone. Like, hey you have bicycling with people at this time. Or like you have game night with these people at this time. Like, that's pretty cool. Like, I think I would have engaged in something like that like totally at that age. If it was an app or something would make it more convenient and also made it better than like going out and partying.*

**URBAN 2\_3:** *You know what I mean. And fuel, fuel that mana'o. That wisdom, that pono in them, to freaking be like yo! Okay, you know! Take them under our wing and do something right with life. You know?*

**Life Skills and Transitions.** Skill-building was considered prevention by emerging adults, who mentioned (7 files, 19 references) that it was important to practice self-care and understand their mental health and learn activities that will prepare them for adulthood. Self-care and mental health skills include coping skills, healthy lifestyles, and relationship/community building. "Life Prep" as the emerging adults called it, included hobbies, trades, taxes, and health education.

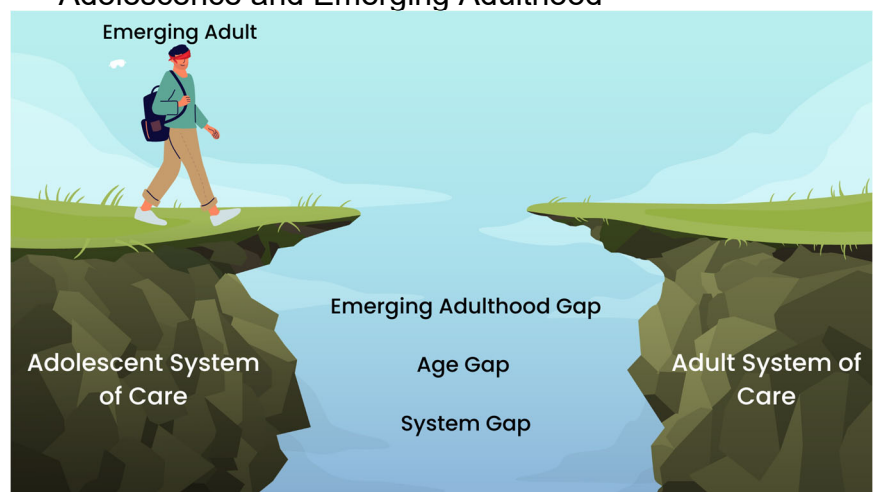
**URBAN 6\_1:** *Yeah. So, I wasn't in the [statewide case management services] program. I wasn't qualified. So, I was in [college access program], from the time I graduated high school till my, till my sophomore year of graduate school or my second year. I ended, when I began my second year of graduate school. So, from the time I was a freshman as an undergrad, till my second year of graduate school I was getting stipends from [college access program]. And it was a really big help. For a moment of time, when I lived in [neighbor island], I was still getting those stipends. So, I was able to live on my own, and get like a little taste of independence and I honestly miss it so much... Just like that everyone should really have like these services, foster youth or not. I know it's helpful. I also think that it's important to have, maybe like a life skills course in high school. I feel like when I graduated, there was so much I was not taught and so much things that I was taught that I would never use... 'Cause I know we have a college prep class and I feel like we should have a life prep class. We don't have anything in high school to teach us things that will be actually useful. Like things, like how do I do my taxes? How do I manage my time? How do I, like just different things. So, I feel like maybe having a life, life prep course with all those things...I still have a hard time with my taxes. But maybe have I learned it when I was younger, it would have helped. So just learning the basic life skills. I don't know things that are important that you don't realize until you graduate. You're like, oh I actually don't know how to do this. Like, how do I call and make an appointment? And these things sound so minute and little. But they all add up to the responsibilities as an adult. So, I feel like maybe having a life prep course that is either, I don't know, mandatory or an elective, for students that know they might struggle afterwards. That would be really helpful.*

The transition from adolescence to adulthood leaves emerging adults feeling lost and wanting help across a variety of settings and relationships. The non-linear path and non-normativity of emerging adulthood posits that EAs can be anywhere. Whether it's in college or non-college settings, participants mentioned that there was a need for more resources and support as they transition into adulthood. For those in non-college settings, their experience with aging out of youth services garnered a need for earlier prevention and preparation to help them because support discontinues in emerging adulthood (4 files, 16 references). While the college lifestyle may serve as a risk factor for substance use, emerging adults mentioned that college campuses should be equipped with resources for prevention. As alcohol use likely increases when emerging adults reach legal age, participants talked about the convenience of technology and social media when it comes to advertising and outreach for prevention and peer support for their generation of EAs.

**URBAN 4\_1:** *I mean, if you're going to let's say, a college. I think having programs somewhat similar to what we offer. Things that emphasize self-care, and resilience, and empathy. Just giving them something to do outside of class. If you know, you're a college student, would be good. I've seen a little bit at [local university] but not so much to a point where like it's a club, and you're doing things. Especially because college culture, is a lot of parties, and drinking. If you're not in college, I think prevention is hard to come by. Like you said, that it just disappears once you're out of the gate from high school, into the "real world". They're just like, "Okay, you can make your choices now. It's on you. You're not a minor". And that's kind of where things fall off. You know you can do well in school, high school. Then you might go out into the "real world" and do something, and there's just nothing there to help prevent that.*

Overall, participants described a dearth of prevention services in the current substance use system of care for emerging adults, especially when compared to adolescent-oriented and high school-based prevention services. Figure 15 provides a visual representation of a point of tension that emerged in the interviews. The lack of prevention for emerging adults is represented by the treacherous gap between the two rocks in the first graphic. The emerging adult is blindfolded to represent a lack of system guidance and support from the adolescent system of care to the adult system of care. The perilous path that the emerging adult is on shows that they may fall through the gap of prevention services. This gap is characterized by the lack of attention paid to emerging adults, in terms of both

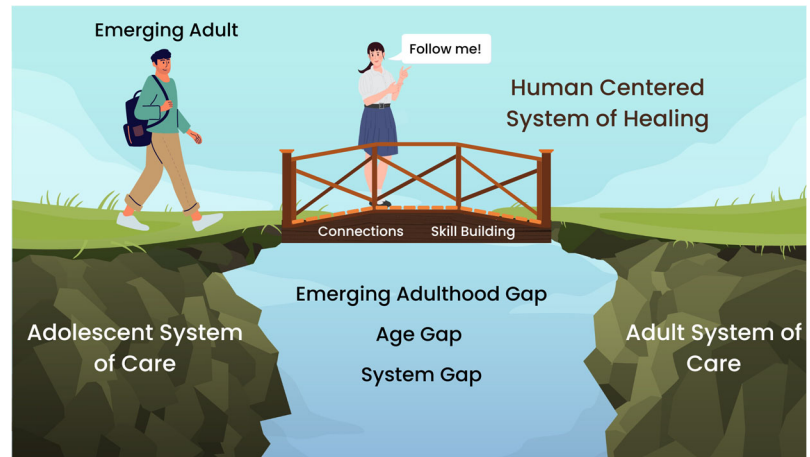
Figure 15. Gap in Prevention Services between Adolescence and Emerging Adulthood



prevention and specific substance use services. This gap demonstrates that there is a need for transitional support and continuity of care for emerging adults as they move from the adolescent system of care to the adult system of care.

Alternatively, Figure 16 represents a re-imagined substance use system of care with prevention services for emerging adults with characteristics described by participants. In the graphic below, the emerging adult isn't blindfolded and can see that there is a supportive bridge and person there to guide them along to a new *human-centered system of healing*. The bridge represents aspects of prevention services that are welcoming, accepting, and foster community building. Additionally, the bridge represents prevention services that incorporate skill building in terms of self-care, mental health, and life preparation and planning. The woman on the bridge saying "Follow me!", represents any supportive connection in the emerging adults' life to guide them to and support them through needed substance use services.

Figure 16. Re-Imagined System of Care with Prevention Support for EAs: A Human Centered System of Healing



Furthermore, EAs re-imagined this human-centered system of healing with a range of people to support them, including their natural support network of co-workers, coaches, family and friends, as well as peer support specialists and traditional service providers (Figure 17).

Figure 17. Bridge of Supportive People



## Getting Help – Treatment

Getting help through treatment was described (11 files, 67 references) by emerging adults by: the decision to seek help; time, timing, and logistics; and a human-centered system of care.

*The Decision to Seek Help.* Emerging adults discussed help-seeking (7 files, 18 references) as an attitude, as well as help-seeking at the point of crisis. Help-seeking often was avoided by EAs because of a fear of social consequences or because they did not know who they were supposed to go to for help. On the other hand, participants also mentioned that there were perceived social benefits of seeking out help and going to treatment.

**RURAL 3\_1:** *Well for me, I've been through probably about six treatment centers, and none of them worked. And I'm not gonna say that it's because they didn't provide good services, they definitely provided good services and they definitely worked for anybody who wants the help, I mean it doesn't really matter the quality of service that's given. It's more so the attitude of the consumer or the client. The client, who's going into these types of things, I feel like for me, I can't speak for anyone else. I also wanted the help, I wanted to be sober, and I saw the benefits and I saw the good things coming to me. And how much better I felt, stuff like that, when people looked at me differently. So, I wanted to feel, until I felt like I wanted it. I didn't really wanna get sober until this kind of going good, like honestly it doesn't even really matter like I was saying the quality of service, not until if that's something that you want. Until you want it.*

Adopting an attitude of individualism, coupled with stigma, was described by EAs as reasons to not seek help until they are in a crisis. Participants described the decision to seek help as influenced by how they recognize and understand their situation of use.

**URBAN 6\_1:** *As far as the frequency, I don't really know, but I feel that everyone should have a therapist...I don't even think you need to have a problem to have a therapist, but it's always good to have one. Because say something in your life starts going downhill really fast, boom, you can call that person. Rather than. Like, for instance I just started to do my own search on therapists. And like it took me at least 3 months to not only get referred to somebody, but then actually get an appointment. And then on top of that with COVID, it's all telehealth. So, it's like it has to be customized to the person. 'Cause lot of people can't do telehealth. But it's just like. I don't know how often, but I think that no matter what circumstance you're in, as an emerging adult. You should always have a therapist or counselor or like a mentor on hand, in case things go wrong. Because that is also too where people dive into substances, right? ... So, I feel like having that option available is always good. 'Cause you never know if you're going to have time to wait for a referral, to wait to get an appointment, to wait for all these things. It takes time. I'd say as far as frequency just keep one around for whenever you need and you already have that rapport built. So, you don't have to worry about like, oh if I call this person, am I even going to trust just telling them all the stuff? No! You already have somebody on speed dial that you can call and say, hey something's going on with my life. Can I set up an appointment with you as soon as possible? And then it's already available, rather than just jumping through these hoops and by the time you get the help you've already gone downhill.*

Participants discussed treatment services in terms of an attitude of “having to want it”. This idea emphasized the dominant macro-level individualism narrative that permeates substance use help seeking and support among EAs. In their comments, emerging adults reinforced the idea that accessing treatment services and participating in treatment services is up to the individual to choose to do so.

***RURAL 3\_3:** Yeah, he's right on the point with that. If he doesn't want the help, then he's not gonna get it. That's what's up with all, for me I didn't want help. I had to be homeless, I had nothing left, and the program gave me a place to stay for one. I almost overdosed, I was almost dead, while I relapsed, so that kind of scared the s--- outta me and scared me straight. So, I'm kinda at the bottom now, where I want the help. Kind of going through the motions. I've too been in treatment 8 times, in 3 different half-way house, but I never stopped until I came out here. I think a lot of us are looking death in the face. I've been to all three. I've played with all three.*

***Time & Timing, and Logistics.*** There were temporal and spatial aspects of treatment that the EAs discussed (11 files and 48 references) and were distilled into two separate categories: first Time & Timing, and also Logistics. This idea represents descriptions of how or when an emerging adult would get to a treatment program, and named or described that treatment program. While non-mutually exclusive, Time & Timing of treatment was mentioned across 7 focus groups with 25 references, and the Logistics of treatment was mentioned 45 times across all 11 focus groups.

Getting to treatment takes time. Participants highlighted issues that delay access to treatment, and thus delay EAs' healing journey (4 files, 13 references). Emerging adults mentioned the time it takes to physically get to treatment services due to challenges of distance and access to transportation. They also discussed waiting to get to treatment until there are no other options, such as justice system involvement, hitting “rock bottom” or due to gaps with insurance covering care.

***URBAN 2\_1:** I know I'm going to let her down! And I don't like letting [name omitted] down! So, I'll be like f---! Like K. So, I was telling [name omitted], what if like 'cause she would schedule my appointments when I go to baby's doctor. And that--through my insurance, they take me in the cab. So, she wanted to schedule my appointment on another day that I wasn't going with baby. You know, we have more time to talk, instead of me seeing her for like 20 minutes, 10 minutes, you know, while I'm waiting for baby. So, I called my insurance to schedule a cab ride 'cause this is tobacco abuse treatment, and it's like it's like substance abuse you know? So, but instead it's like tobacco abuse, you know what I'm saying?*

***URBAN 2\_1:** So, guess what the insurance told me? They cannot schedule a cab ride for me to go to tobacco treatment. Because they haven't found that tobacco treatment is helping people. They wanted me to do this whole. It was a big trip, where I would have to do this and this! And then I would have to go in and I would have to go and show them that it's helping me! Like it was a big trip! And I was like what the f---! Just to f---ing get a cab ride to go there! And I think like they should make it so like there is cab rides to go there so that more people know you know, we can put it out! You know, like there is tobacco treatment go and see [name*

*omitted]. It's not like we're going to f---- change overnight k! So, the cab people were telling me, like I have to show them an immediate. Immediate change in my tobacco use, like what the f---? Like even in treatment, you know, like nobody's going to change over f---- night. And it's not like we're going into a tobacco residential, you know what I mean [laughs]? You know what I'm saying. I'm out in the world and everywhere you go there's going to be people smoking!*

Healing is a matter of timing, according to EAs. The timing of an emerging adult's healing journey is affected by the timing of which treatment program and strategies reach them, the timing of when an EA enrolls and completes a treatment program, and the timing as it is related to an EA's mental health status. Emerging adults discussed missed opportunities, such as prevention and treatment strategies and resources to which they could have been connected earlier. Participants acknowledged that EAs are affected by the gap in outreach and guidance at their age, and suggested that preparation should have been provided for their transition.

**RURAL 4 Interviewer:** *Okay, thank you for sharing. So, let me, just to clarify. So, you actually got access to these services, through your time at the hospital where you were admitted in?*

**RURAL 4\_1:** *Yeah.*

**RURAL 4 Interviewer:** *Okay, would you say that you would've had access to these services back in [outer island]?*

**RURAL 4\_1:** *Yes and no. During high school I did have access, a limited amount of substance abuse services, but not, outside of school it was kind of hard to see people promoting stuff like this.*

Treatment is a cycle that occurs across time. EAs mentioned the frequency of treatment, the duration of treatment, the cycle of going to treatment and relapsing, the time commitment of treatment, and the ability to get through treatment at their own pace. Some EAs described the timing or pacing of accessing substance use treatment is related to co-occurring of mental health problems.

**RURAL 1 Interviewer:** *That's helpful for us to understand. How long, sorry again, this is personal so you don't have to answer, but I'm curious how long have you been at [island specific substance use recovery program]? And how long are you permitted to stay there? Before you need to go to like the next stage of your recovery and sobriety?*

**RURAL 1\_1:** *I been here for three months. And yeah, I got three more months before I go down to this, to the sober living house over here, over there, downtown. Yeah. I'm committed to finish this program. Start a new life.*

**URBAN 6\_2:** *Thank you. I think substance use prevention is really mental health support. Just knowing that a lot of people that use drugs, they're using it as a way to cope with underlying mental health conditions. So, I would say just. I don't know. And a little bit of background, [describes substance use among family members]. And I noticed there was a point in my life, where I was like, mentally going through a lot of the same things I noticed [my family members] went through prior to them starting to use heavier types of drugs. And I think that it was a yellow flag moment, where I realized that I did not have the correct coping skills to deal with the anxiety that I was feeling and having somebody to reach out to. So, having a therapist in place, accessing the warmlines, working on healthy coping skills. ...So that you're*



*able to better cope with what is going on within you and not feeling the need to kind of, numb it out with any type of substances. So, yeah. That would be mine. Really like mental health support is substance use prevention.*

In each of the 11 interviews, EAs discussed the logistics of treatment services. Treatment logistics were organized into seven subthemes: types of substance use services; transportation; high school-based services; telehealth and remote services; therapy; awareness of substance use services; and insurance and finances. Regarding insurance and finances, participants emphasized emerging adult specific resources.

**URBAN 2\_1:** *I wanted to state a problem with the ways that we're getting into...substance abuse treatment is through our insurance. So, after a long run on the streets. I was smoking plenty, plenty weed. I was getting high smoking weed. So, I was smoking weed all day all night. I went to [substance use program] and I stopped smoking weed when I first went in. So, I did residential, which is a month. I came out to day treatment. Day treatment, there's not so. K, so. Because of our insurance, they're not supposed to keep us too long in day treatment. Because our insurance will only cover so much [clears throat]. So, they kept saying I had marijuana still in my system. And you know what, I was living in a clean and sober house and I wasn't even smoking. So, they're looking at me like, like I was doing something wrong. And I was like what are you talking about? They said because my levels wasn't going down but staying at the same level. And like how is that possible. Like I was thinking like if I did go and smoke more weed wouldn't it show up as more? Like instead of being the same level. Unless I'm smoking the same amount of marijuana a day. Which is kinda crazy because nobody can do that [chuckles]. And you know what? Because my insurance. They f---ing told me that I had to discharge. So, like. That was like r----d because I should have been in like IOP [Intensive Out-Patient]. You know how many people finish the program and I was still in day treatment and I was sober. And like that was like nuts! Like I've seen so much people not be able to go to treatment because of their insurance! Or people that got kicked out early because of their insurance. You know what I'm saying?.*

Similarly, participants talked about how transportation is important in how emerging adults access substance use treatment services. Emerging adults also shared their knowledge of, desire for, or experience with telehealth and remote treatment services.

**RURAL 5\_2:** *"Yeah, I think that that's great. I definitely agree with the therapy part. I mean I just recently started therapy a couple months ago and I actually. You know on [outer island] it's so hard to find a therapist and I started seeing a therapist who's on O'ahu because we're able to do telehealth. And so that's something that, you know, any emerging adult would be able to also, be able to possibly do in any rural communities or even on O'ahu. You know if there like in Waianae and the therapist is all the way in town and they don't wanna have to catch a bus for 2 or 3 hours, you know? That would be something that would be really helpful."*

Participants talked about their knowledge of, desire for, or experience with therapy services. They also discussed how substance use treatment services for emerging adults are obscure. They mentioned how substance use treatment services for emerging adults are difficult

to know about and aren't well advertised. Also, they viewed the services as difficult to access and participate in tangible terms.

EAs expressed (8 of 11 interviews) the idea of human-centered treatment, in that substance use treatment should be more than just symptom management, but rather should encompass holistic support and healing. Emerging adults described 4 main components of human-centered treatment: trust and support; desire for humanizing services; belonging and connection; and finally, future purpose and vision. The emerging adults expressed that they wanted treatment providers to be trusted points of support in their healing journey as the move through their tumultuous emerging adulthood period. Participants expressed the desire for treatment providers to be trustworthy and supportive of them as EAs, describing experiences with providers that weren't supportive, and at times stigmatizing.

*URBAN 2\_1: "That's like me telling you. You know like. Say how do you explain something. I cannot like judge you. Or like. You know like. If not, they [providers] should be looking at us like how you feel. They should be taking notes on what we have to say. Not telling us that we have to do this! Or we have to do that! How are they going to know? They don't know that's going to work. 'cause it's not always going to work for everybody! You know like. Hey! Just because your book said that this going to work. It might have just worked for that person that you're interviewing. Or that. That person the article is about. It doesn't work for everybody. Everybody is different. You know. For them to like turn at you. It's not like they're bad people. You know, they're trying to help us. They're just. Like [specific substance use program]. They're just too pushy. They push it too hard. And like why can't you just let us be ourselves. You know, like why can't you just hear what we're trying to say. Instead of telling us what the fuck to do. You know what I mean. Like it's good to have suggestions. Like did you ever like. Maybe or like try to do this. Or like. I heard from somebody that is sober now. That they used to do this. Or you know what I mean. Like instead of going off that one thing in the book..."*

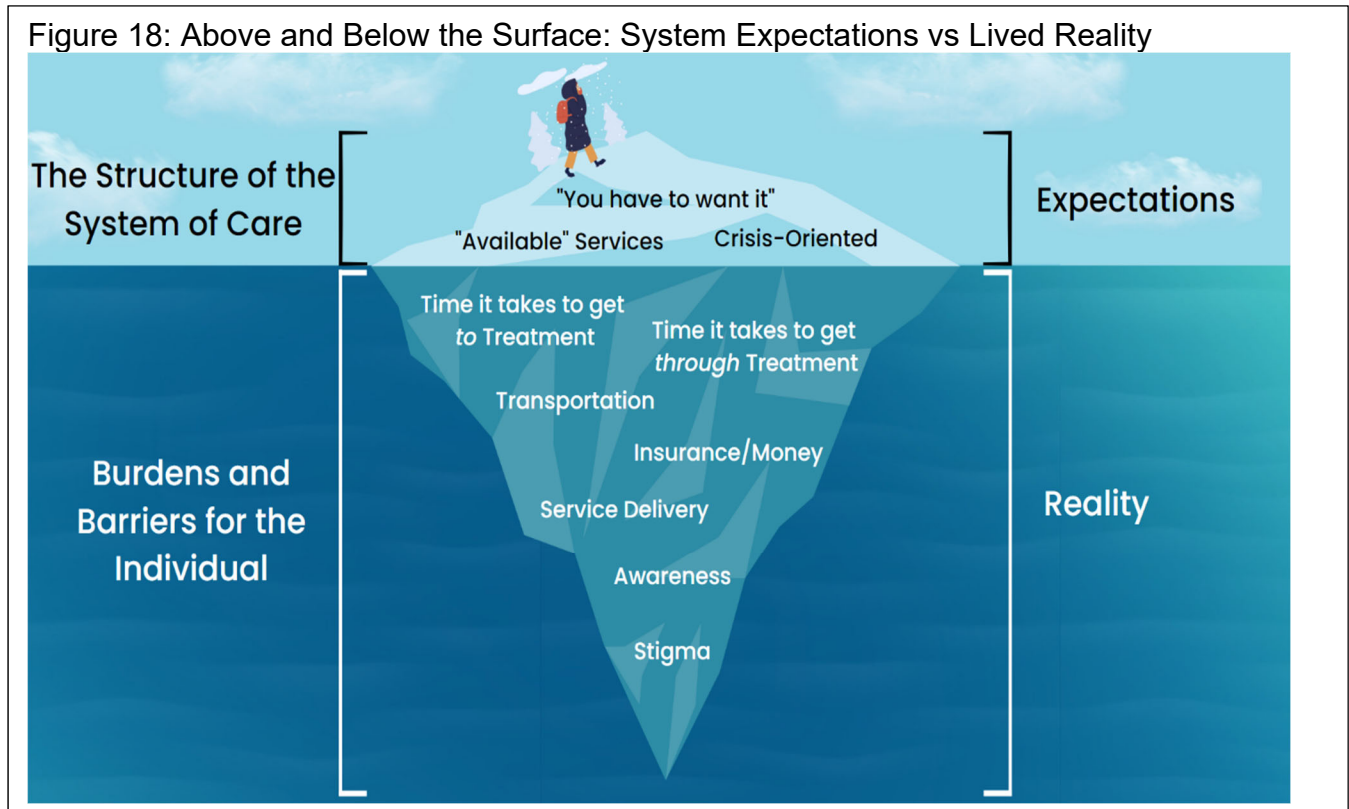
Emerging adults discussed the desire for access of treatment services and the services themselves to be more humanizing overall. Participants described how aspects of access, such as insurance policies and unrealistic transportation, were very difficult to deal with and didn't recognize the individual needs of emerging adults seeking treatment. EAs emphasized the desire for treatment environments that foster belonging and connection amongst clients and staff. Participants expressed that it would be nice to feel welcomed, like they belong, and build connections and community within substance use treatment programs.

*URBAN 4\_1: So, and then your second question. I feel like for the community I wouldn't know how to implement group, I guess, support, but I would love to use a service like that, just to meet people, and see, you know hear other people's experiences, and their stories, and maybe learn from that.*

Finally, emerging adults spoke about human-centered treatment to foster their future planning and future visions. This further demonstrated EAs' the desire for treatment services to reach beyond symptom management and holistically work to build futures and future visions for their lives while in treatment.

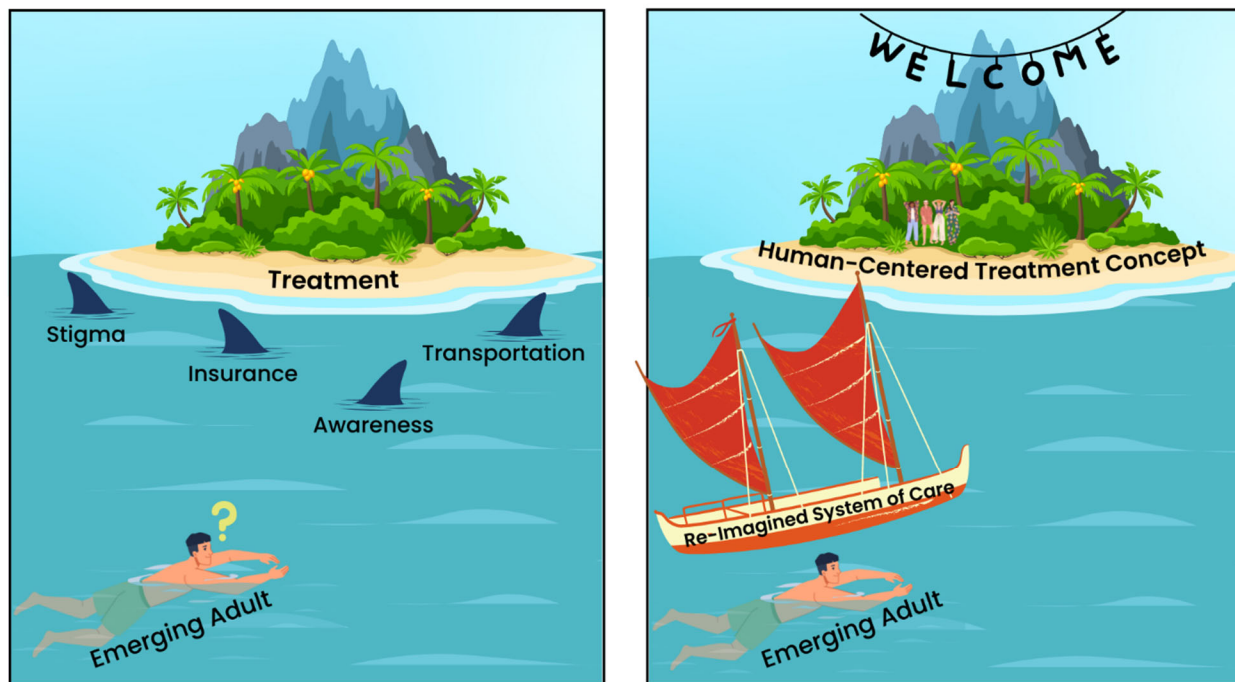
**RURAL 3\_1:** *I feel like, for sure I've been thinking about it for a while too and I was just reading about that stuff earlier. I feel like what would've definitely helped. A lot of these people who end up in these programs, they don't have a lot of skills. And I'm not saying no skills at all, I'm just saying like a trade or a lot of people are lacking teaching, and there's a lot of assistance with a lot of that thing, a lot of those things would really help.*

Taken together, the aforementioned descriptions of the treatment system of care are depicted as two layers, with the above-surface layer of the iceberg representing the structure of the system of care and the below-surface layer of the iceberg representing barriers and burdens experienced by individuals (Figure 18.) In other words, the above surface is how EAs feel they are expected to participate in treatment and the below-surface layer is based on their lived experience. On the surface level of the iceberg, the expectation is that EAs have to want treatment for it to work (individualism), that there are accessible services, and that that treatment is for people in crisis. EAs described these unrealistic expectations as burdening the individual, when in fact unrealistic expectations are structural problems. Realistically, there are many aspects of the system of care that are challenging for EAs to seek help in the first place. For example, there is a lack of rural options exacerbated by transportation and delivery (lack of telehealth, remote services). Not only is there a time commitment to getting to and through treatment, there also are financial burdens with insurance and affordability. While also having to surmount stigma against both substance use and help-seeking, there is a lack of outreach to the point where emerging adults are unaware of available resources.



Seeking help was perceived as scary, particularly due to a lack of and support. The EAs sentiments about their real journey to treatment is contrasted with their re-imagined journey (Figure 19). In this graphic on the left, an emerging adult is pictured swimming in treacherous waters to reach the treatment island. However, the island is surrounded by sharks, which represent the many factors that make it difficult for EAs to navigate. In this graphic on the right, an EA is shown swimming toward the wa`a that will carry them with ease and welcome to the human centered treatment oasis. The wa`a is equipped with support, guidance, and resources that would make it easier for an emerging adult to get help. With the re-imagined system of care, the goal is not just symptom treatment, but a holistic treatment that is empathizing, welcoming, and humanizing.

Figure 19: Realistic Journey to Treatment vs. Re-Imagined Human Centered Treatment



## Getting Help – Recovery

Recovery was conceptualized as formal services that promote sobriety following substance use treatment<sup>31</sup>. Participants mentioned a desire for better options, such as avoiding punishment when people struggle with recovery, and the potential for financial incentives for engaging in recovery support. Emerging adults identified a few challenges to participating in

<sup>31</sup> Participants in several interviews referred to sobriety, being sober, or maintaining sobriety as a goal. This may suggest that the Hawai'i system of care would benefit from greater exposure to harm reduction strategies and services.

recovery activities (2 files, 6 references). Participants indicated the main barrier to engaging in recovery services was limited accessibility and limited variety of services. For example, EAs described situations where programs were full and not accepting new clients. This was particularly noted by participants living on the neighbor islands. Participants offered a range of recommendations for improving the recovery system of care (5 files, 30 references). Recommendations highlighted the importance of mutual trust with recovery service providers, providing supportive classes (e.g., vocational training, life skills, domestic training), and including additional healing activities (e.g., gardening, meditation). Notably, these recommendations are similar to the ideas identified in the prevention section. In fact, the line demarcating, recovery and substance use prevention is blurred in these interviews. Similarly, a broader view of recovery beyond formal supports was described (Refer to Theme 4).

**RURAL 3\_1:** ...offer some classes or something where they could be certified in something. Like I was in a program in O`ahu...I was certified in air conditioning like H-VAC. And I don't do those jobs any more but, you know I still have that option, I could go get a job just about anywhere, working on air conditionings. And I feel like if people have these opportunities like that, certified mechanic or something like that, and those aren't really easy things to do, but I mean having a certification in just about anything, just being in the classes and staying busy learning stuff would really help.

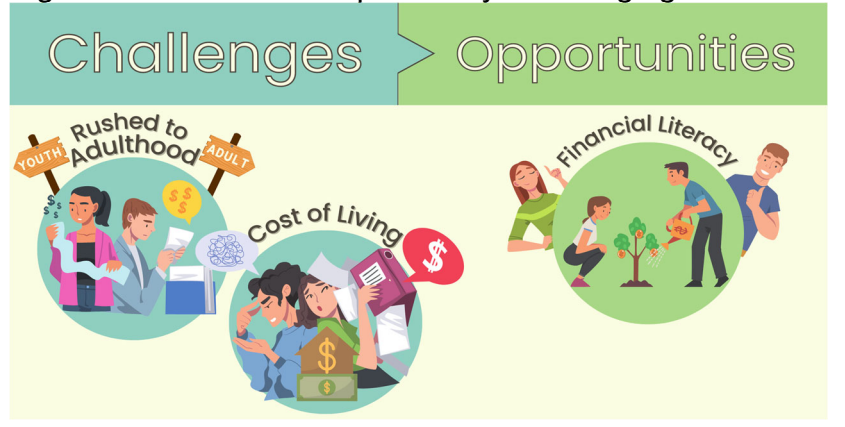
**RURAL 1\_1:** We do acupuncture, meditation. I mean if you like working in the garden, there's a lot of gardening. I know people enjoy doing that, finding their healing vibe too when they work in the garden.

## Getting Help – Barriers to Access

Participants mentioned several factors that may hinder their accessibility to treatment in the existing system of care. These factors ranged from structural (financial, rural) to institutional/social (cultural norms, stigma) barriers to care.

**Financial.** Participants characterized the financial context of emerging adulthood as a change in economic conditions requiring new financial literacy skills and general financial instability (Figure 20). As emerging adults described the stress of becoming financially independent, the feeling of being rushed to adulthood, and the high cost of living in Hawai'i are problematic (8 files, 14 references). The difficulties that emerging adults face with the high cost of living in Hawai'i has

Figure 20: Financial Responsibility in Emerging Adulthood



been further exacerbated by the pandemic. As an example, EAs may have chosen to live with their families in multigenerational homes. Multigenerational homes have been described as both protective and risk factors for life barriers. These barriers include the development of ones' personal identity and the pursuit of milestones towards becoming an adult, such as attending college and living independently.

***RURAL 2\_1:** Well, just because it's really, really, really, expensive and it's like almost impossible to afford your own apartment unless you already have like money. And so that just makes life extremely stressful and hard. For kids that like have to work.*

***URBAN 2\_1:** It's just a whole living thing in Hawai'i. It's expensive! I get it! But like, where like, I feel like people should focus on the recovery and not have to worry about paying their rent.*

Given their financial instability, EAs talked about the difficulties of accessing and affording treatment services. They also mentioned a tension between paying for classes/therapy or buying alcohol or drugs. Participants compared the cost of services and the cost of substances, and discussed which of the two is easier.

***URBAN 1\_1:** That's also for people in our [trails off]. Well, people on the streets, 'cause here we have access to counselors, But, trying to find a counselor that would be covered by insurance, or low-income insurance, because I think a lot of the reasons a lot of people don't get help because they can't afford it. And the drugs are cheaper than the therapy, so they go to the drugs.*

***URBAN 1\_1:** I don't know how much therapy costs, but I know it's not cheap. But I also know you can go and get some weed for ten bucks, five bucks, if you chip in to smoke. You know? And that could go for any drug. And or your friend's selling it, you can buy it for cheap and get you a deal. Give you a little bit more for the price...so five bucks, ten bucks, twenty bucks, that's still cheaper than having to go to therapy, and all you gotta do. Nobody's gonna ask you any questions, they're just gonna take the money and go. So, sometimes talking about it is hard, actually, admitting you have a problem.*

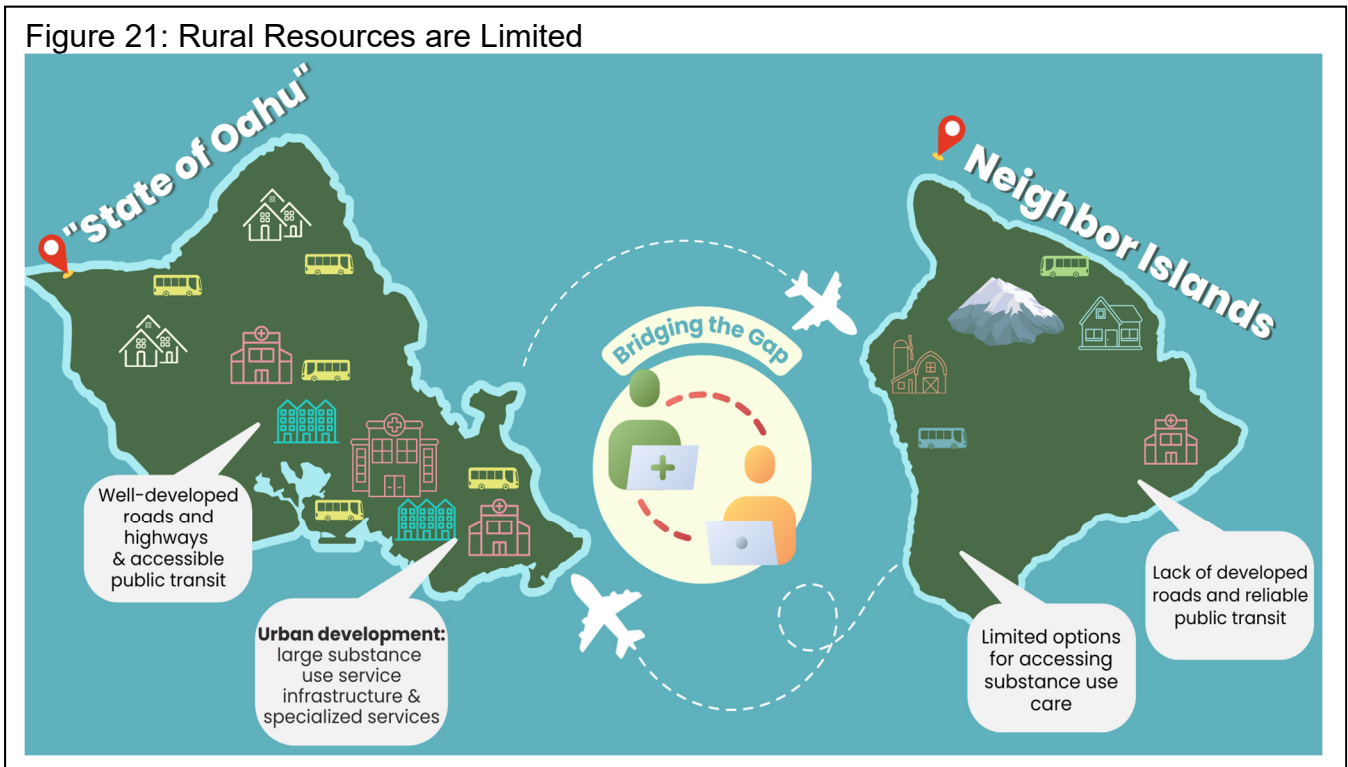
*Rural.* Living in a rural community is a barrier to care according EAs (6 files, 18 references). Specifically, in rural communities where there is limited access to treatment programs, there also are few forms of treatment (e.g. harm reduction vs sober-oriented, residential vs outpatient). As a result, participants explained that emerging adults who don't live on O`ahu may have to move (or be sent) there in order to get services. Given these limitations in rural Hawai'i, EAs living in rural communities have limited awareness of services and other information related to the system of care, except through social connections (peers and family) and/or social media. On the other hand, participants suggested that a benefit of meeting with O`ahu-based service providers would be that rural emerging adults may be able to explore and access other needed services that tend to be situated in this metropolitan island.

***RURAL 3\_1:** I think one real thing that is missing over here is a serious issue honestly, for a lot of people, on this island. ... But on O`ahu its very, very, very, very simple to get some help. There's several, I mean more than several, there's*

*like fifty of them, at least. I've seen the list in there when I was trying to get out of [town on O`ahu]. I just got out of prison...I was planning on being released to a sober house out there, but when you're on [neighbor island], there's not very many options for sober houses, I think there's maybe four on the entire island. And I'll tell you what there is a lot more addicts than could even fit in a fraction of that, I mean it's ridiculous. The amount of people here who have that problem would benefit I think from a sober house, is completely uneven, it's ridiculous. All these sober houses here, are almost full 24/7, except for this one out here. ... There's a lot more people getting in trouble out there, I really think we'd benefit from that. But it's just not available, it's just not available, and I feel like I'm sure that someone could probably set that up in quite a few different ways. Like a friend of mine...he set up two sober houses actually in [town on neighbor island] and they're pretty big. And he's funding it all himself, because he couldn't get funding from a few different places ... I feel like maybe a grant probably or something I'm sure could be issued somewhere.*

This difference in ease of access to services among rural and non-rural areas of the state, as described by participants, is depicted in Figure 21. Note, that O`ahu often is referred to the "state of O`ahu" among professionals working in the system of care and sometimes by people who use these services, due to the concentration of services on O`ahu and specifically in metro Honolulu. Therefore, in the figure, the "State of O`ahu" on the right represents the sub/urban concentration of services as compared to rural Hawai'i represented by the neighbor island of Hawai'i on the right. The sub/urban "State of O`ahu" contains a relative abundance of public infrastructure depicted by the numerous busses, roads, and hospitals that make getting help relatively easy in comparison to rural areas. Rural islands lack this infrastructure, thus making

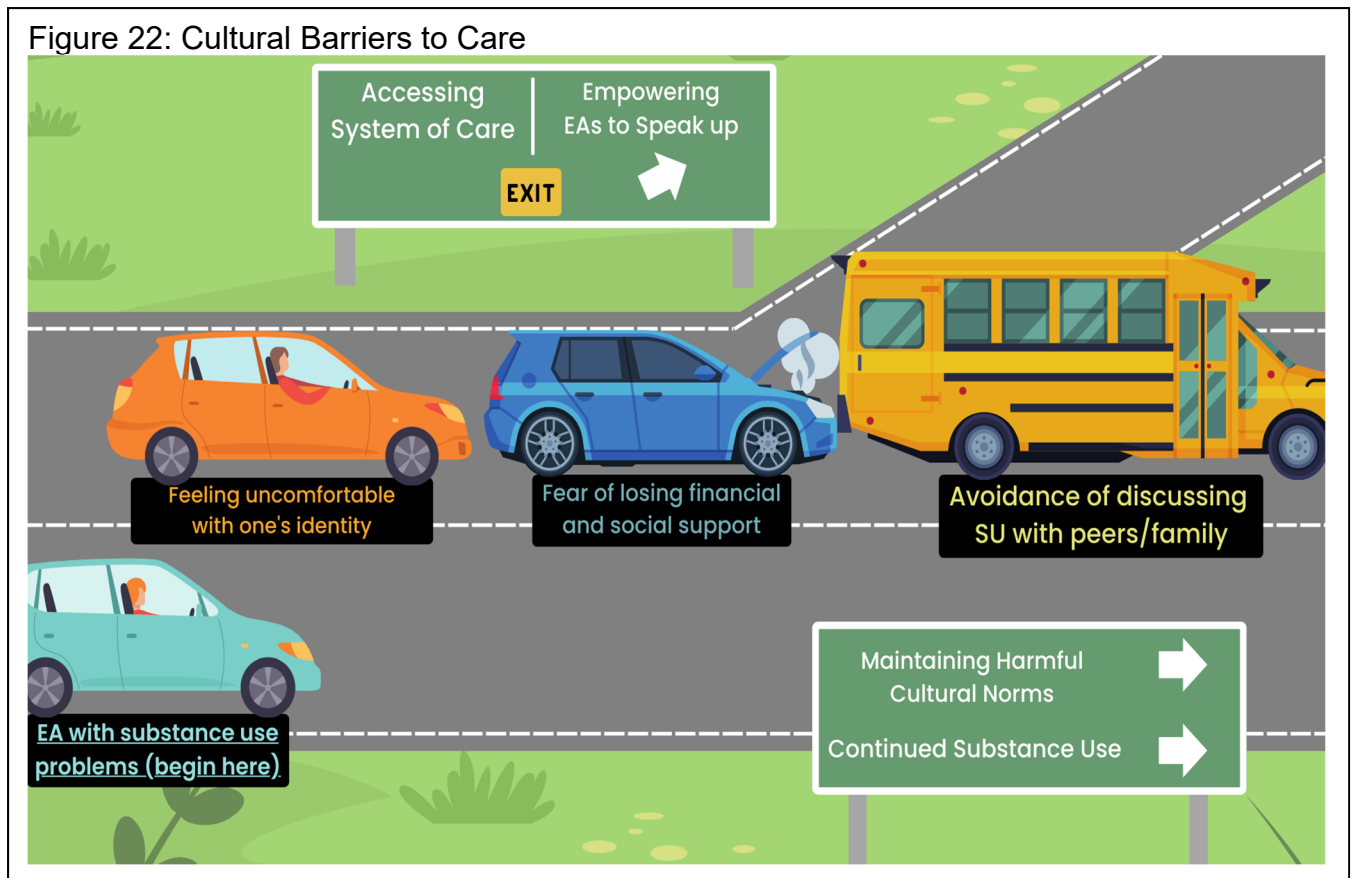
Figure 21: Rural Resources are Limited



service access a challenge, as shown by less developed and maintained transportation and health services options.

**Culture.** Although cultural assets exist across each ethno-cultural group, participants in nearly half of interviews described cultural barriers to care (5 files, 14 references). For emerging adults experiencing substance use problems, culture was described as contributing to feeling uncomfortable about one's identity and fear of losing support from family and friends due to cultural taboos regarding keeping one's problems to themselves. The freeway depicted in Figure 22 symbolizes the variety of cultural barriers, represented by cars blocking the path toward emerging adults feeling empowered to seek help, and instead forces them to remain quiet, deal with their problems without getting help, and continue on the road leading to ongoing substance use.

**URBAN 5\_1:** *I think we need more of the whole family to be there for us. Not outcast us. Or discriminate us. Or judge us. You know because especially in the [specific] culture they'll judge you. They don't give a f---, my mom she'll, 'get the f--- out.' But you're doing it? Who's gonna break the generational curse?*



**Stigma.** In nearly all of the interviews (9 files, 32 references), EAs discussed substance use stigma, describing judgement and disgrace associated with substance use problems (Figure 23). Stigma was described at the familial, systems, and societal/social levels. For example,



participants talked about how having prior juvenile/criminal justice system experience was viewed negatively especially when pursuing employment opportunities. Due to stigma, emerging adults are not getting help at critical points in their lives.

**RURAL 5\_2:** *At every school there needs to be some form of help for these young people and for the emerging adults there needs to be somewhere that they can go to ask for that help. Because a lot of times, you know, there's a lot of young people...who age out of the foster care system, don't know where to go, whose parents were drug users for a long time which is why they ended up in foster care in the first place, and they don't want to be that statistic of becoming drug users but they have nowhere else to go. So they end up on the street. And so, you know, how can we change that? Right? And so, just having those resources readily available to them, you know, at their closing court date of when they're 18 years-old. Having those resources available to them of, 'these are some resources for substance abuse, if you ever need them.' ...that that would be a starting point also.*

**RURAL 3\_1:** *The first thing, yeah, I just got out of prison, I'm on parole...And there's a lot of people who really look down upon that, they're gonna say 'Oh you just out of prison' or there's a lot of jobs that won't even hire felons...probably at least half the places I would've likely been hired, didn't hire me. I almost got a job a while back, apprenticeship with a mechanic, I was gonna get apprenticeship with this lead mechanic over at the BMW place. And he didn't know I was a felon and I guess according to somebody, by law I don't really need to tell anyone, because it's irrelevant. But they ran a background check anyway and I didn't get the job. I was just coming out of prison and on parole. I was expecting to get you know a certification there or an apprenticeship and yeah that really kicked me in the ass.*

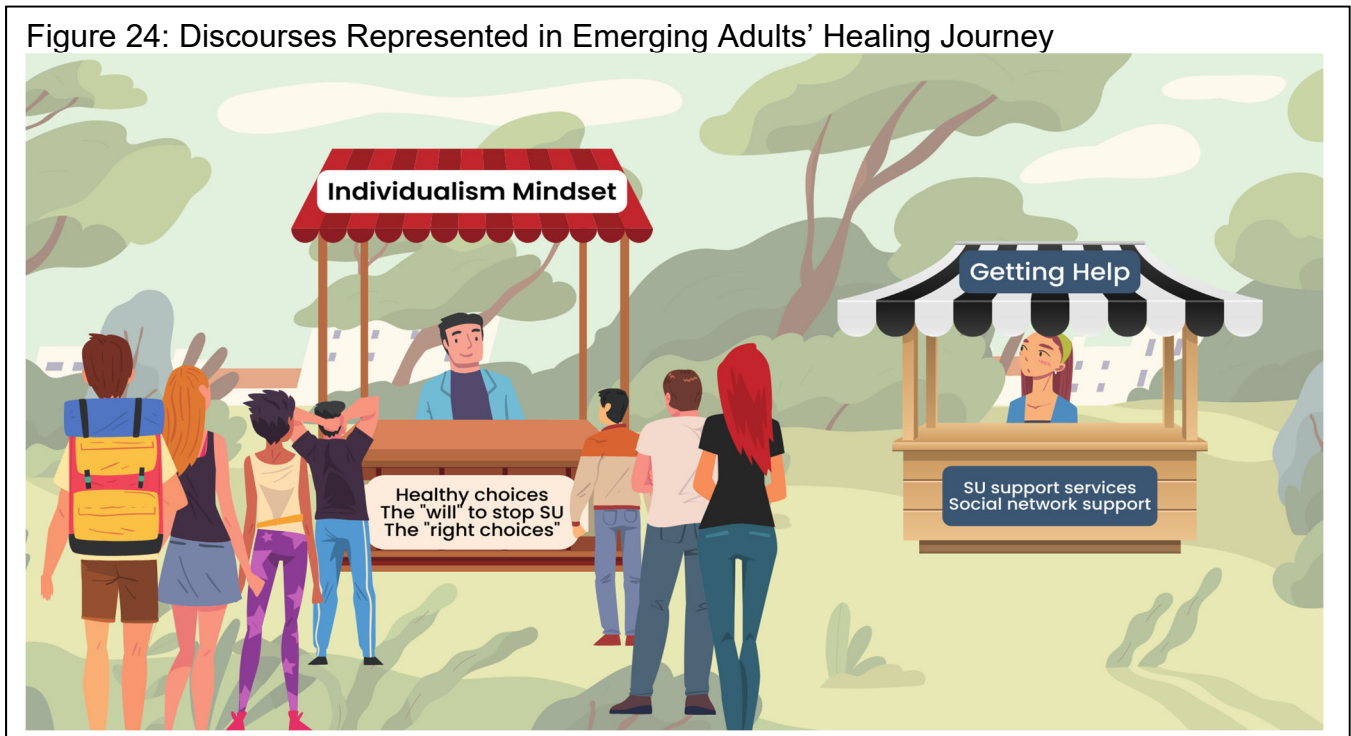
Figure 23: EAs with Substance Use Problems are Targets for Stigma and Discrimination



## Theme 4: Healing Journey

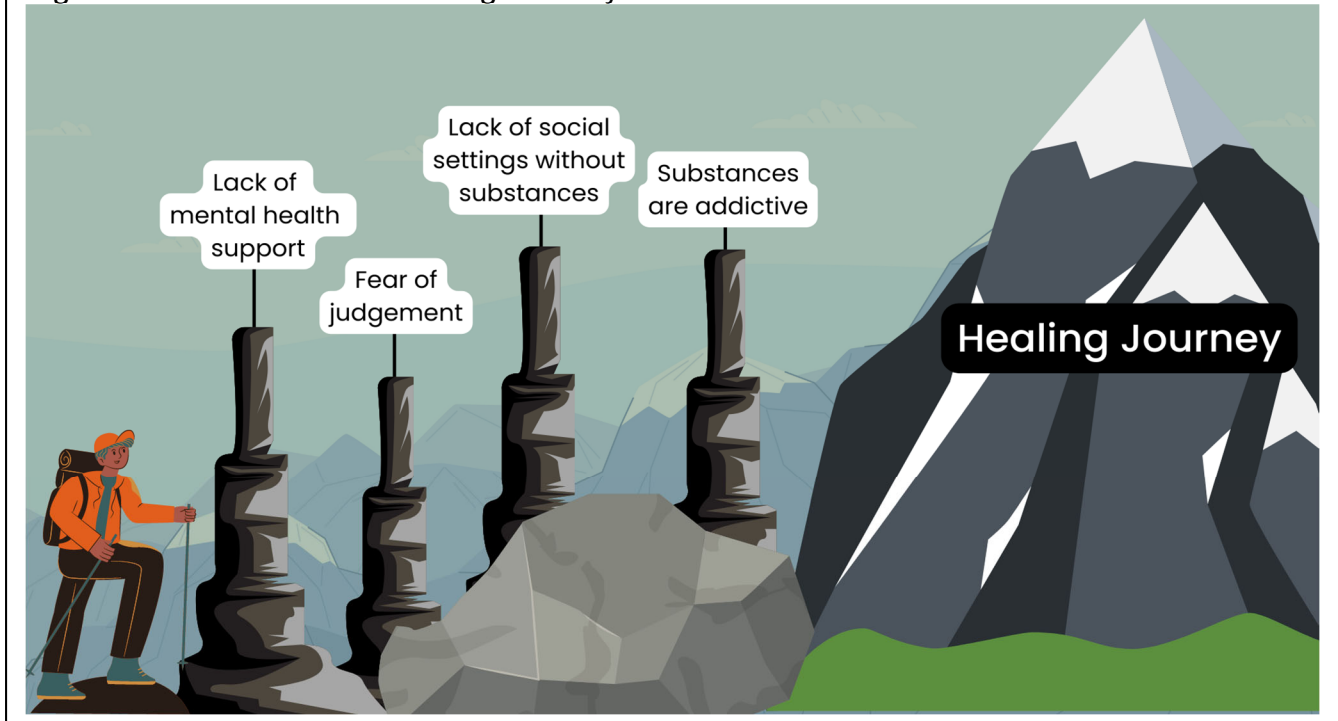
**Competing Discourses.** Participants across each of the interviews conceptualized substance use recovery as a healing journey embarked through formal and informal support (11 files, 89 references). At the same time, in describing recovery as a healing journey, participants talked about individual will, that the individual alone is responsible for initiating the journey and staying on the path (11 files, 55 references). This juxtaposition of discourses (Figure 24) between external support and personal will mirrors national views<sup>32</sup> of recovery: *...a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* From the EAs' perspectives, and reflected in SAMHSA's working definition of recovery, the onus is upon emerging adults themselves to reduce substance use and begin their healing journey without support, given the barriers to care, including stigma as described above. If left on their own, which was the general idea conveyed across the interviews, EAs encounter many barriers and challenges on their healing journey (Figure 2453).

Figure 24: Discourses Represented in Emerging Adults' Healing Journey



<sup>32</sup> SAMHSA. (2022). SAMHSA's Working Definition of Recovery. (page 3). <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

Figure 25. Barriers to the Healing Journey



More precisely, participants described the healing journey as dynamic and non-linear, encompassing five subthemes: events that prompt a healing journey (7 files, 16 references), mindsets that sustain the healing journey (8 files, 31 references), support during the healing journey (8 files, 28 references) including mental health support (4 files, 12 references), and activities without substances (2 files, 7 references). These healing journey subthemes echo what has been outlined in the prior themes, and is important to represent here as a unified concept.

Participants discussed events or situations<sup>33</sup> that led them to their healing journey, such as justice system involvement, or otherwise realizing that their substance use was a problem and their life was becoming unmanageable.

**URBAN 2\_2:** *When I was pregnant my dumb a-- took a hit of weed. Well not a hit but I was burning throughout my pregnancy. And you know, they tested me after that and I got positive after I gave birth. So, CWS [child welfare services] came into my life and I'm still dealing with them. That's the programs I was talking about. And then. I, I ran away [and] I started doing drugs again. And then. After I got into the shelter and I stopped...I went and did my CWS programs and they referred me into [services], into [substance use treatment] and that's how I got access to it. But prior to that, in my juvenile, I was in [treatment] but I was always running away from my problems. But now I'm dealing with it. The right thing.*

<sup>33</sup> Stokes, M., Schultz, P., & Alpaslan, A. (2018). Narrating the journey of sustained recovery from substance use disorder. *Substance Abuse Treatment, Prevention, and Policy*, 13(1), 1-12. <https://doi.org/10.1186/s13011-018-0167-0>

EAs shared that the healing journey starts with a mindset oriented toward change by prioritizing health, wellness, self-care, wanting help and support, and strength and confidence.

***RURAL 5\_1:** Self-care to me looks like just taking time for yourself and like taking care of yourself. And that could be like treating yourself every now and then or like going on nature walks or just [trails off]. I don't know how to say. I'm not trying to be like, 'oh, healthiness, this and that.' But I'm saying like you don't do anything toxic or you don't wanna damage stuff or you don't wanna put yourself in a position to feel, to get in your feelings. And like just stare into blank space and get, not, I wouldn't say depressed mode but you're just down a lot so you wanna bring yourself up and to do that you have to have confidence in yourself. And you have to like really want to do self-care. And then like just knowing like, 'ok, if I do this self-care it's gonna make me feel better. If I do this, like cigarette, I'm gonna want another one.' You know, because you can't just smoke one. And then like what are you gonna feel like after? Like I think maybe just having more talk about like the process of choices and decisions and like, 'if I do this choice, I'm gonna feel this and this and this after. But if I do this, like I'm gonna want another one.' And then it's just like, that cycle will more than likely repeat itself.*

Participants explained that mental health support sustains the healing journey, but often is difficult to access and help-seeking is stigmatized. EAs also described substance use prevention as a form of mental health support that should be engaged in regularly as opposed to episodically or crisis-oriented. As already mentioned in the prevention section, participants believe activities that explicitly exclude substance use is essential for the healing journey.

***URBAN 6\_2:** I think substance use prevention is really mental health support. Just knowing that a lot of people that use drugs, they're using it as a way to cope with underlying mental health conditions... I noticed there was a point in my life, where I was like, mentally going through a lot of the same things I noticed [my family members] went through prior to them starting to use heavier types of drugs. And I think that it was a yellow flag moment, where I realized that I did not have the correct coping skills to deal with the anxiety that I was feeling and having somebody to reach out to. So, having a therapist in place, accessing the warmlines, working on healthy coping skills. ... So that you're able to better cope with what is going on within you and not feeling the need to kind of, numb it out with any type of substances... mental health support is substance use prevention.*

***URBAN 5\_2:** I mean there are a million forms of meditation. Whether that's running for one person, or literally sitting with your legs crossed for like hours with your eyes closed, you see what I'm saying. Like painting, you know. Like just exercising your mind. It can be anything for like anybody. Anything that kinda gets you into a state where, you know, you just lose yourself.*

**Dynamic and Non-Linear Path.** Finally, the healing journey was idealized as a dynamic process requiring much effort involving continuous support via relationships and settings connected to both formal services and other informal social support networks, as well as through religious and divine guidance. Additionally, sensing a lack of unconditional support during the healing journey was discussed. In summary, participants described the healing journey as a dynamic and non-linear path (Figure 26).

**URBAN 2\_1:** ... what I notice from recovery is that yeah, we might be young. We're all 18 and up. We'll go to recovery and like really, really we don't know what the hell we gonna do with our life. You know what I'm saying? And like it takes us to go to treatment and like these teachers to be telling us this and telling us that. I notice once we start getting guidance while we're in recovery, like say we have a case manager that's telling us oh there's these things available. You know like, maybe you should try do this. Or maybe you should try do that... Like even when I was in [specific substance use program], my counselors like what do you wanna do? I was like, 'I don't know.' You know what I mean? But like when time went by like, you know like, I don't shoot big... Even though I'm sober, I'm just chill. Like I wanna, I wanted to be. I wanted to help with case management. I wanted to do all that. But! I don't have a license, so like, I don't know. It's like even when you're in recovery and you wanna shoot big and wanna do this. It's like, if it's too much steps, then you're gonna be like 'oh f-- it' or like [laughs]. I don't know.

**URBAN 2\_1:** [referring to counseling and case management] They push it too hard. And like why can't you just let us be ourselves. You know, like why can't you just hear what we're trying to say. Instead of telling us what the f-- to do. You know what I mean. Like it's good to have suggestions. Like did you ever like. Maybe or like try to do this. Or like. I heard from somebody that is sober now. That they used to do this. Or you know what I mean. Like instead of going off that one thing in the book.

Figure 26: The Healing Journey is a Dynamic and Non-Linear Path

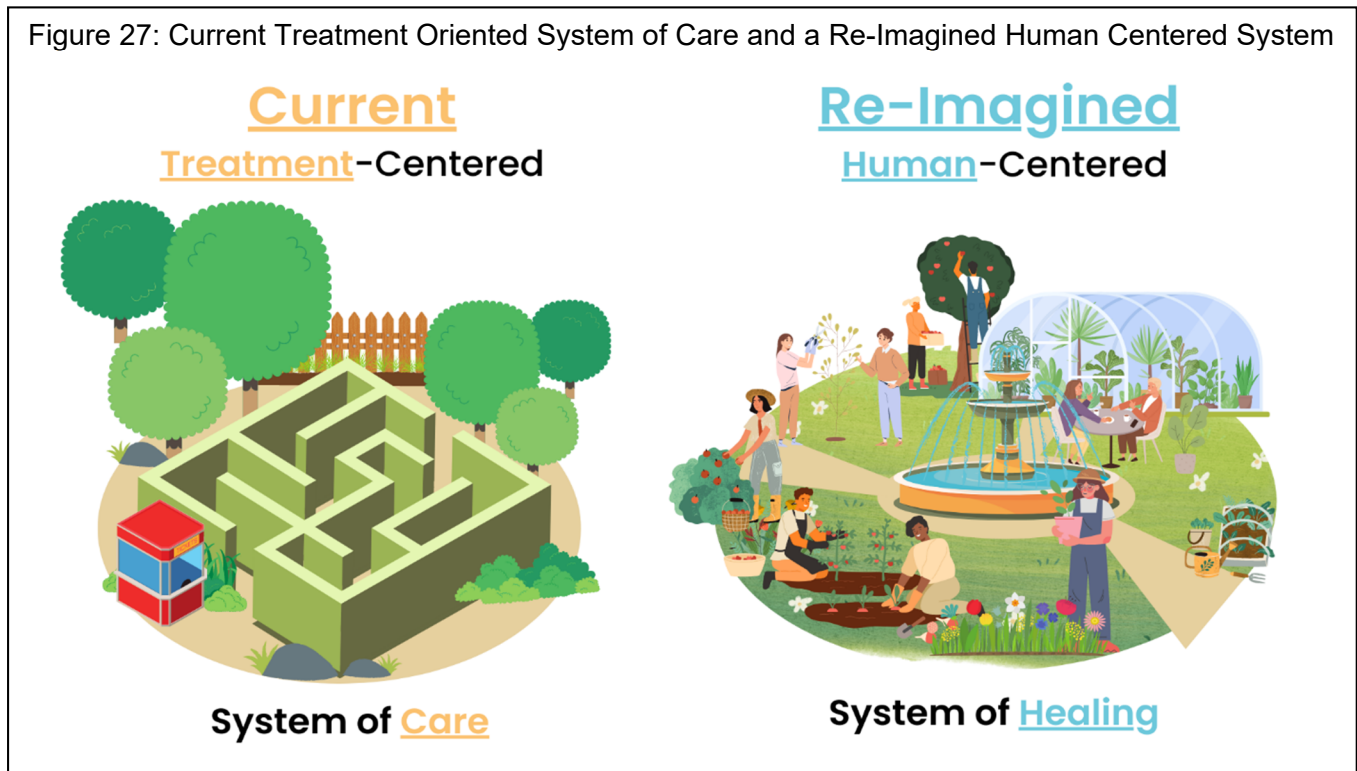


# Discussion

## Summary

This needs assessment indicates that the current substance use system of care in the State of Hawaii largely does not take into consideration the unique developmental period of emerging adulthood. Though, based on the prior report in which professionals were surveyed and the current report in which emerging adults participating in the system of care voiced their lived experience, the system would be greatly improved from an EA-specific developmental alignment. From the many insights shared by emerging adults, we conclude with a visual summary (Figure 27) of changes to the substance use system of care that may successfully support the transition from adolescence to adulthood. This envisioned change moves **from** the system of care that currently exists (on the left) **to** a future system that participants imagined to be helpful to emerging adults in need of prevention, care and/or healing from the impacts of substance use (on the right).

Figure 27: Current Treatment Oriented System of Care and a Re-Imagined Human Centered System



Keeping in mind the dimensions of emerging adulthood (e.g., the age of in-betweenness, the age of instability), participants' perceptions and descriptions of the current system of care reflected the reality of their experience. Emerging adults described the substance use system of

care as designed to center treatment, reinforcing the expectation that you get help when you hit rock bottom and decide you “want it” enough to seek treatment. Yet at the same time, getting to treatment is not straightforward. Emerging adults described a lonely process of figuring out how to identify available and appropriate services, experiencing the uncertainty of what the costs and coverage of treatment might look like, and their lack of clarity about the time needed to access and complete treatment. The overall impression of the current treatment-centered system of care is represented by the maze with an unstaffed ticket booth at its entrance.

In contrast, the reimagined human-centered system of care is represented by a garden or park space that is organized around human flourishing. This graphic integrates the recommendations about safe and accepting spaces and healthy activities for co-learning, in environments that promote healthier norms around substance use. Based on the perspectives voiced by participants, a re-imagined system of healing responds to the humanity of emerging adults with acceptance and dignity rather than stigma or judgment. A system of healing welcomes EAs to explore and/or build on their strengths and interests; incorporates skill building, learning, and practice through healthy activities; and most importantly, offers opportunities for human connections and relationships with people who can provide support along the healing journey. In this ecosystem of healing, these supporters will encompass existing substance use service providers, peer support specialists, and natural supports like friends and family.

## Limitations and Future Opportunities

Conducting a needs assessment focused on emerging adults with original empirical data was a challenge during the pandemic. We are grateful to the professionals who attended our Emerging Adults and Substance Use webinars in 2021<sup>34</sup> and subsequently provided their mana`o in our survey<sup>35</sup>. We reached out to these professionals when it was time to conduct interviews with emerging adults. While we accomplished our goal in terms of having conducted eleven interviews with 24 emerging adults across rural Hawai'i and metropolitan O`ahu, we had to shift from in-person to virtual interviews. It's possible that, given the financial strains experienced by EAs in general and as described in this report, there may have been other emerging adults that would have liked to participate but did not have access to the technology or transportation. While about half of the participants used their own technology, we are grateful to those organizations that hosted EAs in their offices so that they would be able to participate.

From a qualitative needs assessment design perspective, there was sufficient participation for a high quality analysis. However, with only 24 participants with rather unique social-cultural histories in the system of care, we chose not to collect identifiers such as ethnocultural identity, sex/gender/sexual identity, or other conditions such as mental health or criminal justice involvement. As can be seen from the selected quotes, most participants shared some personal information along these identifiers, but participants were not strategically

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<sup>34</sup> Helm S et al. (2021). *Emerging Adults and the Substance Use System of Care*. Statewide webinar, co-sponsored by Hawai'i Youth Services Network and Department of Health, ADAD. Honolulu (via zoom) HI May, June, July 2021.

<sup>35</sup> Helm S, Alejo L, Masuda T, Kuniyoshi E. (2022). *State of Hawai'i Substance Use System of Care for Emerging Adults. Recommendations for Improvements from Professionals in the Field*. Prepared by the Department of Psychiatry Research Division, University of Hawai'i at Mānoa for the State of Hawai'i Department of Health, Alcohol & Drug Abuse Division, Kapolei, HI. July 2022. [https://health.hawaii.gov/substance-abuse/files/2022/07/State-of-Hawaii-Substance-Use-System-of-Care-for-Emerging-Adults.-Recommendations-from-Professionals\\_2022-July.pdf](https://health.hawaii.gov/substance-abuse/files/2022/07/State-of-Hawaii-Substance-Use-System-of-Care-for-Emerging-Adults.-Recommendations-from-Professionals_2022-July.pdf)

selected for these identifiers nor were questions asked about these identities. Rather, participants chose to self-disclose as a way to illustrate specific aspects of importance for EAs in general. Directions for further research could include collecting demographic identifiers from participants to better understand intersectional interests and needs of emerging adults in the system of care. For example, further exploration of the relationship between mental health and substance use among emerging adults may be possible via a record review at the individual client level among ADAD providers. However, ADAD's State Plan has pointed out that such datasets often are not linked or do not exist, so these kinds of analyses may be challenging<sup>36</sup>. Another option for such data collection would be to design and administer an epidemiological survey of substance use among emerging adults, similar to the statewide Alcohol, Tobacco, and Other Drug Use (ATOD) Student Survey. The primary hurdle to such an approach would be sampling and participant recruitment, given the transitional period of emerging adulthood when young adults may be involved in various settings, e.g., workplace and/or higher education.

## Conclusion

In closing, we emphasize that our argument is for a shift at the **systems level**, not a change in individual behavior among emerging adults, nor merely a change in provider practice brought about by improved training or professional development. Our current system of care is shaped by policies and practices, and institutional arrangements that prioritize treatment. A re-imagined system of healing will require policies, practices, and arrangements that center human growth. A system of healing does not mean that we shift the burden for navigating the same maze-like challenges of the current system of care (e.g., insurance coverage and service availability) onto peer support specialists or other supportive people in emerging adults' lives.

In practical terms, a focus on change at the systems level helps us to assess strategic adaptation of key components of the system: What kind of funding, interagency agreements and protocols can enable greater coordination of services? Policies such as 42 CFR that serve as a protection for client privacy could be more clearly explained, so that emerging adults can choose to grant permission for specific case information to be shared for better coordination of services. ADAD offers a promising example of funding practice, allowing billing from two substance use treatment providers for the same client, recognizing the benefit of coordinating services. ADAD could provide leadership for further discussion among providers to identify other potential levers for change to better support emerging adults – and all humans “inhabiting” the system of healing.

Initial feedback on the findings of this needs assessment reflected the need for a multi-level approach to creating a system of healing. Organizations providing treatment services where program staff and providers are expected to facilitate and support healing among emerging adults must in turn invest resources in staff development, self care, and healing. The human-centered system has resonance, and must be implemented with integrity for all of the humans involved.

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<sup>36</sup> Onoye, J., Helm, S., Yurow, J., Valera, J., & Mabellos, T. (2022). *Toward a Hawai'i State Plan for the Substance Use System of Care: Implications for a Healing System among Public Sectors and Health Disparity Populations*. In Onoye, J., Calistro, Y.T., Seo, J.Y., Helm, S., Yurow, J., & Valera, J. (2022) *Intersections of Substance Use Among Public Sectors and Health Disparities Populations: Implications for a System of Care*. Hawai'i State Department of Health Alcohol and Drug Abuse Division State Plan. Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division (#MOA-SP-21-01). Honolulu, HI. URL Pending.



# Appendices

## List of Appendices

Appendix A: Data Trends from NSDUH 2015-2018

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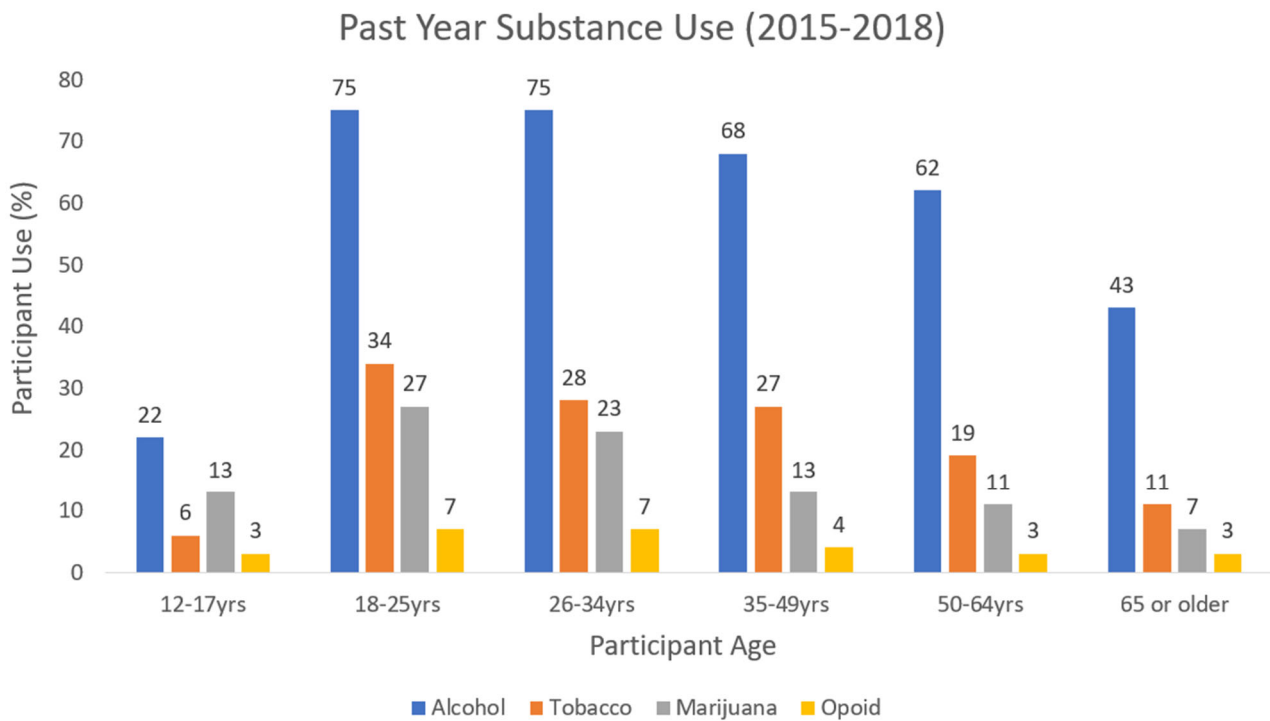
Appendix E: EA Literature Review – Peer Support

Appendix F: EA Literature Review – National Data Trends by Johnson et al.

## Appendix A: Data Trends – Hawai'i and Nationally

This appendix includes data visualization created by our team to illustrate the peak or plateau concept described in the project overview. Appendix A Figure 1 uses NSDUH data from 2015-2018 for the State of Hawai'i, and shows that substance use increases in emerging adulthood and remains high across the lifespan. The next set of figures show current substance use and past year substance use by specific substance: Appendix A Figure 2 for tobacco use, Appendix A Figure 3 for marijuana use, Appendix A Figure 4 for past year opioid use (current opioid use cells were suppressed). The alcohol trends are shown in the project overview.

Appendix A Figure 1. Past year substance use increases in emerging adulthood and remains high across the lifespan.

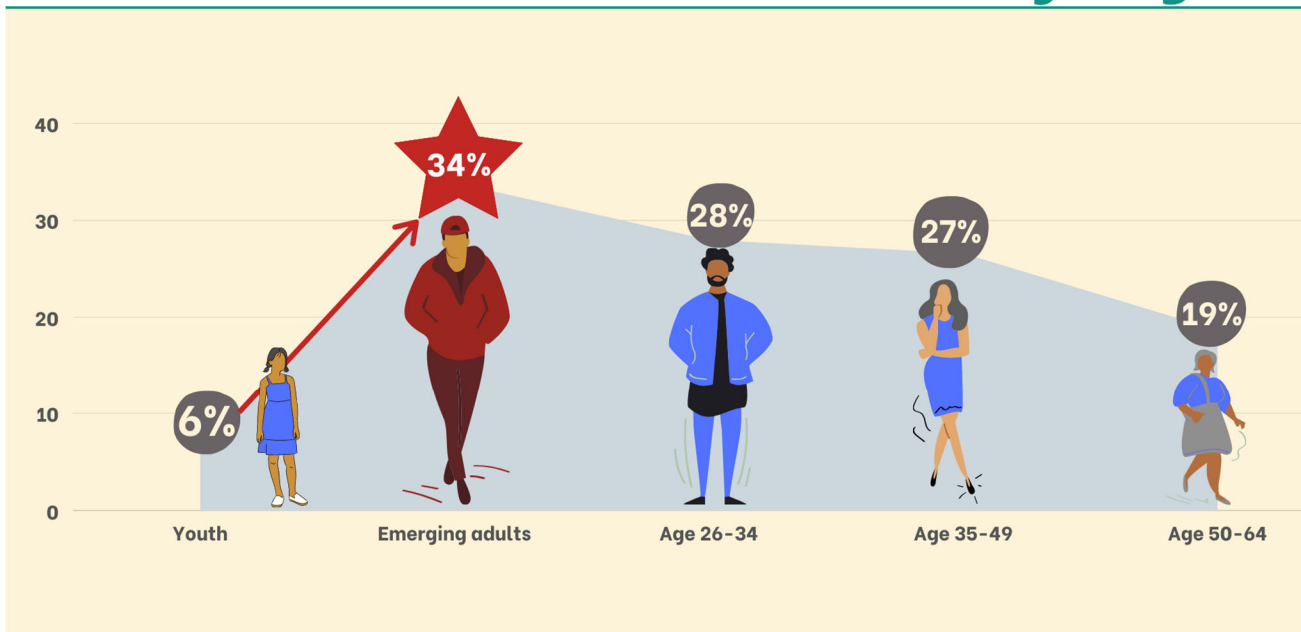


Appendix A Figure 2. Current & Past Year Tobacco use.

## Current Tobacco Use

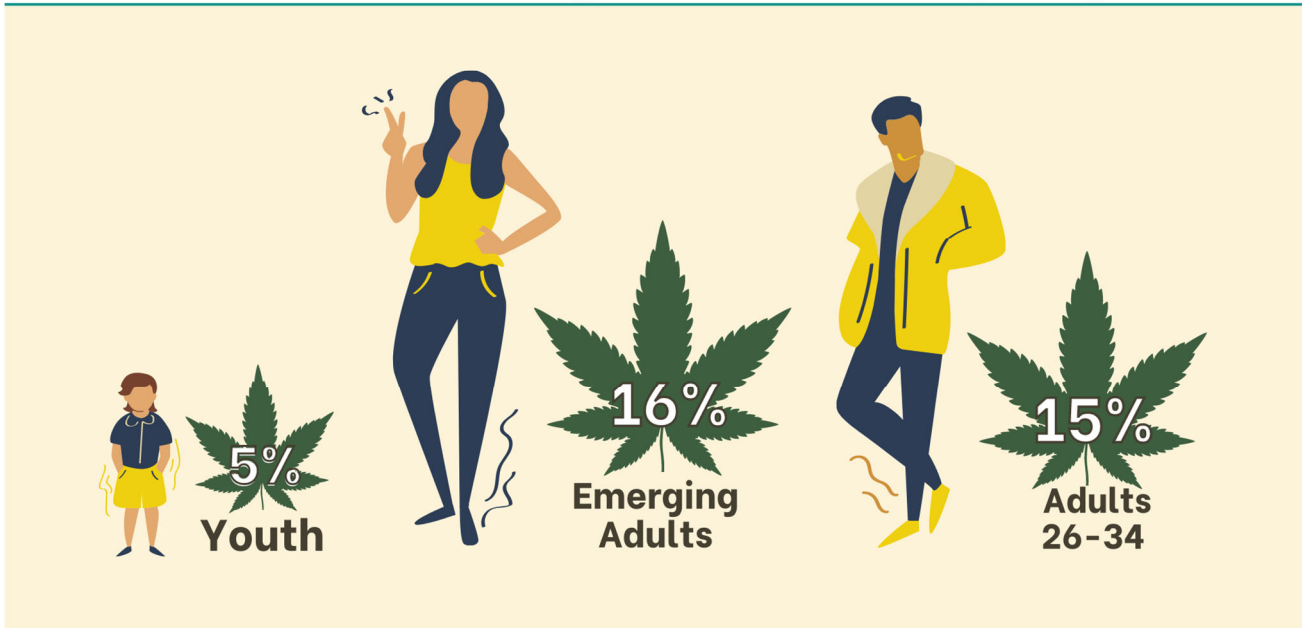


## Past Year Tobacco Use by Age

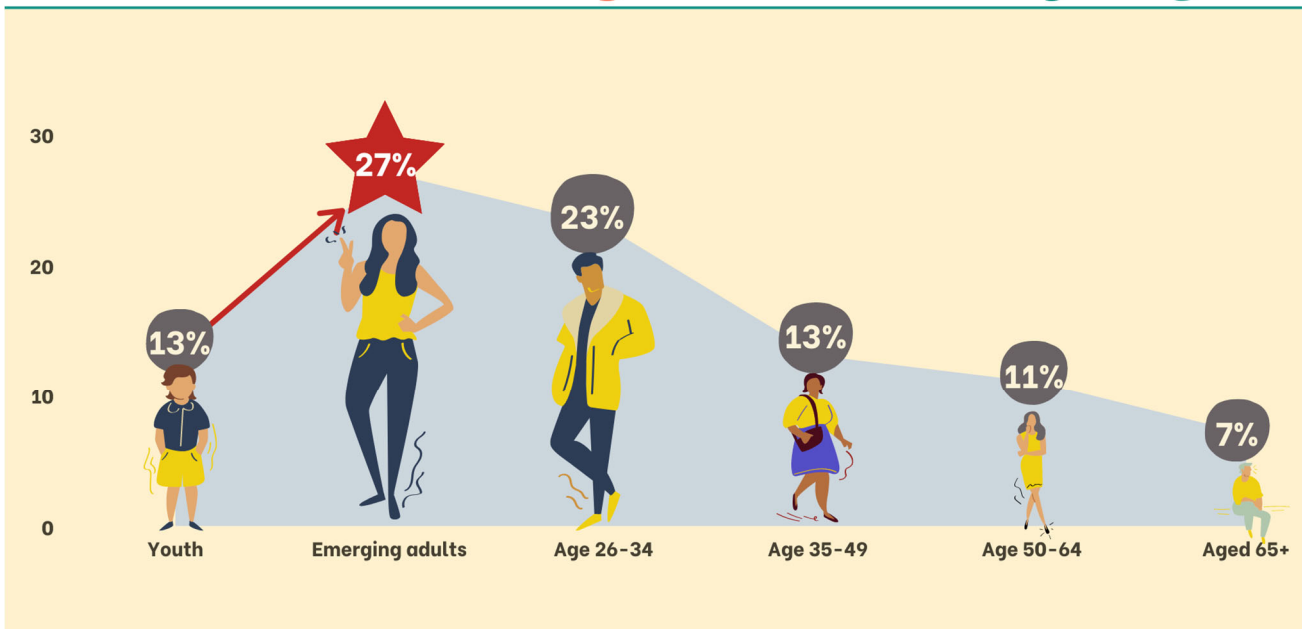


Appendix A Figure 3. Current & Past Year Marijuana Use.

## Current Marijuana Use by Age

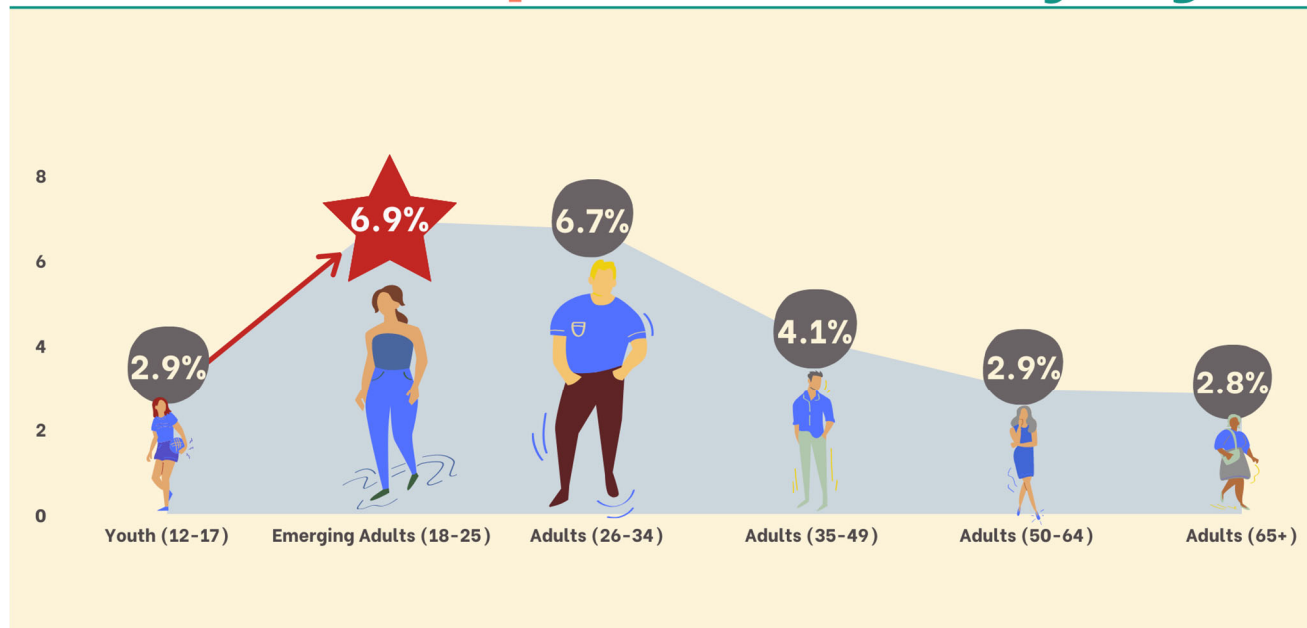


## Past Year Marijuana Use by Age



Appendix A Figure 4. Past Year Opioid Misuse.

## Past Year Opioid Misuse by Age



**Additional National Data Trends.** One of the more prolific researchers establishing substance use data trends among emerging adults nationally is [Professor Renee Johnson](#) and her colleagues. She has conducted various projects about substance use among adolescents and emerging adults cooperating with other scholars. Among her projects, in particular, research on marijuana uses during emerging adulthood can be organized into three categories, the association between neighborhood environment and marijuana use (Reboussin, et al., 2019a; Reboussin, et al., 2019b; Milliren-etal., 2017); marijuana use and other substances such as alcohol and tobacco (Nguyen, et al., 2019; Kristman-Valente, et al., 2017, Green, et al., 2016, 2017); and marijuana use and physical dating violence (Johnson, et al., 2015, 2017). While many of these projects were longitudinal, others were cross sectional studies. As noted by many scholars including Jonson and colleagues, longitudinal research enables study of the long-term consequences with implications for policy change, and it is important for the evaluation of marijuana policy impact in particular (Guttmanova, et al., 2019).

Johnson and her colleagues conducted research focused on Black emerging adults in order to identify influences of neighborhood environments on marijuana use among emerging adults. This study showed that neighborhood disadvantage increases the risk of marijuana use. In a low-income urban sample, the physical and social dysfunction of neighborhoods increased marijuana use during emerging adulthood (Reboussin-etal., 2019a). Neighborhoods classified as socially toxic and disordered indicated higher risk for marijuana in a longitudinal cohort study

of neighborhood environment (Reboussin-etal., 2019b). The research with Milliren, et al. (2017) implied that school and neighborhood factors influence marijuana use during adolescence, as well as small but persistent contextual effects that predict marijuana among EAs.

Johnson and scholars found the links between marijuana use and alcohol and cigarette smoking through longitudinal analyses. There is a relationship between marijuana use in adolescence and cigarette smoking in adulthood (Nguyen-etal., 2019; Kristman-Valente-etal., 2017). Longitudinal patterns of alcohol and marijuana use during adolescence in urban youth were connected with young adulthood use (Green, et al., 2016 & 2017). Johnson explored the relationship between marijuana use and physical dating violence among adolescents and emerging adults in systematic reviews (Johnson, et al., 2015, 2017) through the systematic review. Marijuana use is linked to increased physical dating violence victimization and perpetration, and that link is stronger among adolescents compared to emerging adults (2017). Also, they summarized the empirical studies on neighborhood disorder and dating violence among adolescents and emerging adults (Johnson, et al., 2015).

Many states in US have legalized recreational or medical marijuana use. The bill to legalize marijuana in the State of Hawai'i passed this year (2022). While expecting access to marijuana would be easier due to legalization, Johnson & Guttmanova (2019) gave an overview of limited research and knowledge about marijuana use among youth, compared to alcohol and tobacco. They addressed the prevalence rates of the three gateway substances of alcohol, tobacco, and marijuana are becoming similar amid policy changes. The authors conclude that it is necessary to conduct more research study on how changing marijuana regulations affect adolescents and emerging adults (Johnson & Guttmanova, 2019).

As state and federal policies loosen regarding marijuana use, social norms are expected to change and result in increased use and related public health concerns. Fairman et al. (2019) pointed out that these changes may result in changing patterns of substance use among adolescents and emerging adults, such that marijuana may become the first gateway drug before tobacco/vape and alcohol. According to the NSDUH cross sectional survey data, the rate of marijuana as the first drug among youth aged 12-21 has doubled over the ten years from 2004 and 2014, and it is related with current heavy use in marijuana. Furthermore, Guttmanova, et al. (2019) highlighted the availability, diversity, and advertising of marijuana products have undergone significant changes as the social, normative, and legal milieu surrounding marijuana has become more acceptable. Edible products are one example. Edibles are used increasingly without knowledge of their intoxication danger, yet not much prevention regarding edibles is evident. Through the systemic review and a survey among a cohort of emerging adults, Reboussin, et al. (2019c) showed that trends in edible marijuana consumption are increasing and perceptions of harm are decreasing. They conclude that there is a clear need for further scientific evidence for policymakers to prevent the use of edibles. Hawes (2019) warned "if marijuana becomes fully legal for use under both state and federal laws, then federal rules and regulations would most likely treat its use in the say way as the use of alcohol, prescription, or over-the-counter drugs that represent workplace safety hazards." This would affect emerging adults since marijuana use would impact their employability or enrollment in post-secondary training or education.

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## Appendix B: Community Outreach Flyer



 **Emerging Adults  
Substance Use  
Needs Assessment**

**Who are we?**  
We are a team based out of the University of Hawai'i at Mānoa in the Department of Psychiatry

**What are we doing?**  
We are conducting small group interviews with emerging adults to learn how to improve substance use and prevention programs in our communities

**How can you help?**  
Refer emerging adults (age 18-26) to participate in an interview. Our goal is to learn from people who have lived experience in the system of care

**The Next Steps?**  
Reach out to the potential participants. We will follow up with them individually to see if they want to share their wisdom.

**Contact Us for More Information**  
Emerging Adults Needs Assessment Team  
EmergingAdults@dop.hawaii.edu | ph: 808-692-1922  
Mahalo for your support!



## Appendix C: Interview Orientation

### Interview Orientation, 1 of 4

#### Discussion

- Orientation with Q&A (~30 min)
- Discussion (~60 min)

#### Discussion Topics

#### Substance use (ATOD)

- EA Dimensions
- Access to ATOD services
- Prevention and EAs
- Other services for EAs
- Anything else you think is important

#### Our Purpose

- Report to the State of Hawai'i, Alcohol and Drug Abuse Division (ADAD)
- Improve the substance use system of care for emerging adults
- Emerging adult voices must be heard for improvements to be made

#### Pause for Q&A

- Questions so far?

Emerging Adulthood Needs Assessment - Interviews - UH Mānoa

2

### Interview Orientation, 2 of 4

#### Our roles

- **Interviewer** {
  - Guide conversation, some brainstorming to pick topics
  - Mandated reporting
- **Notetaker** {
  - Notes, clarifying questions, audio record
- **Observer** {
  - Timekeeper, clarifying questions, audio record

#### Your role

- Based on your life experience and wisdom, tell us how to improve the system of care for emerging adults
- Strategic sharing
  - No "right" or "wrong" answers, ideas, or opinions
  - Share honestly
  - Only say what you are comfortable talking about in front of others

#### Pause for Q&A

- Questions so far?

Emerging Adulthood Needs Assessment - Interviews - UH Mānoa

3

### Interview Orientation, 3 of 4

#### Benefits & risks

- No direct benefit
- We will mail you a mahalo gift card
- Voluntary, can take breaks and/or stop at any time
- Transcribe & de-identify 'data'
- Request: respect each other's identity and what is shared

#### Protections, safety, & ground rules

- No "right" or "wrong" answers, ideas, or opinions...
  - Build on each other's ideas
- Strategic sharing...
  - What is said in the group, stays in the group
- Everyone gets a turn (OK to pass, pause, or stop)
- Limit distractions (e.g. silence phones)
- Other ideas??

#### Pause for Q&A

- Questions so far?

Emerging Adulthood Needs Assessment - Interviews - UH Mānoa

4

### Interview Orientation, 4 of 4

#### Permission

- Permission to begin:
  - Verbal consent
  - Say your name & age
  - Then say if you agree to participate

#### Gift cards

- Your mailing address:
  - Type it into the chat and/or say it aloud

#### Begin

- Audio check: *Make sure we can all hear each other*
- Notetaker & Observer: *Audio recorders on*
- Participant(s): *Zoom audio and video on*
- All: *Introduce ourselves* (name, cultural background, favorite food, & what makes you awesome)

Emerging Adulthood Needs Assessment - Interviews - UH Mānoa

5

## Appendix D: Emerging Adult Literature Review - Prevention

**Prevention.** Although this contract does not include a literature review on substance use and emerging adults, ADAD expressed an interest in exploring the concept of prevention among emerging adults. Therefore, a rapid scoping review was conducted on prevention and a related topic of peer support in preparation for both Phase 1 and Phase 2 of this project.

First, *Prevention Science*<sup>37</sup> is the official peer-reviewed journal of the Society for Prevention Research, and one of the leaders in the field of theory, research, and practice in public health and prevention, including substance use. Given the rigor of science published in *Prevention Science*, as well as its reputation for disseminating cutting-edge theory and practice in substance use prevention, a rapid and systematized review<sup>38</sup> was conducted of recently published articles in this journal (2019-2022, volumes 20-23). On occasion, when these recent articles referenced prior work, the prior publications were retrieved and added to the review. The search criteria included articles related to emerging adults, including both cross-sectional and longitudinal articles. The longitudinal studies either tracked children and adolescents into emerging adulthood or followed emerging adults into their later years. While the main focus of the review was the role of substance use among emerging adults, other risks and protective factors across ecodevelopmental systems related to substance use were included in this review.

As a summary, the *Prevention Science* review clearly indicates that there is a need to focus specifically on emerging adults as a unique developmental period with both common and specific risk and protective factors. Risk and protective factors are best understood and acted upon through both qualitative methods, such as those presented in the results section of this report, as well as contextually through quantitative epidemiology that tracks young people into emerging adulthood and beyond (e.g. peak or plateau concept presented in the project overview section). Furthermore, the ecological system model proposed by Bronfenbrenner<sup>39</sup> provides a framework through which specific contexts (mesosystem) and societal structures (exosystem), such as laws and social norms, help clarify the impact of substance use among EAs (microsystem).

### Need to Focus on Emerging Adults

#### ➤ Disinformation and Lack of Knowledge about Substance Use

Improving health education and clarifying the impacts of various substances on emerging adults are helpful ways to prevent the onset and addiction of substance use. Non-medical prescription opioid (NMPO) users during adolescence transition to heroin in young adulthood due to limited knowledge about substances (Linton et al., 2021). Lack of knowledge is a risk factor, and education about the risk of lightly accepted substances among youth and young

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<sup>37</sup> <https://www.springer.com/journal/11121> The Journal serves as an interdisciplinary forum designed to disseminate new developments in the theory, research and practice of prevention. Prevention sciences encompassing etiology, epidemiology and intervention are represented through peer-reviewed original research articles on a variety of health and social problems, including but not limited to substance abuse, mental health, HIV/AIDS, violence, accidents, teenage pregnancy, suicide, delinquency, STD's, obesity, diet/nutrition, exercise, and chronic illness. The journal also publishes literature reviews, theoretical articles, meta-analyses, systematic reviews, brief reports, replication studies, and papers concerning new developments in methodology.

<sup>38</sup> Grant MJ & Booth A. A typology of reviews: an analysis of 14 review types associated methodologies. *Health Information Library Journal*. 2009;26(2), 91-108. doi:10.1111/j.1471-1842.2009.00848.x

<sup>39</sup> Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design*. Cambridge, MA: Harvard University Press

adults, which are not against the social norm, should be provided at home, school, and in the community.

➤ *New Method of Prevention for EAs*

Emerging adults are a generation that seeks information online and is more self and peer-focused than older adults. Therefore, a diversity of intervention methods including digital health interventions are required (Comulada et al., 2021; Greene et al., 2021; Larimer et al., 2021). Providing related information, disseminating the danger of substance use online (universal prevention), and communicating closely with targeted people (selective prevention) could be efforts conducted online. Difficulties in finding appropriate treatment for young adults are one of the barriers to treatment, while they may be able to access more and better information through digital devices. Therefore, easily accessible professional websites to provide accurate information are important.

**Substance Use Trajectory from Adolescence to Emerging Adulthood and Beyond.**

➤ *Experiences in adolescence and substance use in EAs*

The research shows evidence that experiences during adolescence influence substance use and mental health during emerging adulthood. There is research on the link between the early experience of criminal justice contact and later behavioral problems (Doherty et al., 2022). Family and community environments, poor health, low educational opportunities, and social inequalities during adolescence affect physical and psychological health and social-economic well-being (Heerde et al., 2022). Therefore, prevention programs for youth and young adults can be implemented in settings such as schools, workplaces, and communities.

➤ *Relationships among Substances*

Using one or more substances may result in initiating other drugs, acceleration, or ceasing drug use. The link between marijuana uses and conventional cigarette smoking is one example (Nguyen et al., 2019; Fairman, Furr-Holden, & Johnson, 2019). Marijuana use in adolescence is considered a potential risk factor for women to start smoking cigarettes (Nguyen et al., 2019). Among substance users, consuming marijuana initially was related to greater odds of heavy current marijuana use and cannabis use disorder (CUD) after controlling for age of onset and quantity of substances used (Fairman, Furr-Holden, & Johnson, 2019).

**Ecological Systems Model**

➤ *Family and Neighborhood Environment effect on EAs*

Poor neighborhood environment, limited educational opportunity, and family member behaviors can be risk factors for emerging adults. The longitudinal data showed that young adults who went through less favorable family running, peer group substance use, academic failure, behavior issues at school, and low community bond had more risk to become homeless at age 25 (Heerde et al., 2022). There is research that experiencing abuse, violence, and seeing substance use while living in a low-resource, unstable family or neighborhood correlated with abuse of opioids and other drug use and contributes to mood and anxiety issues (Linton et al., 2021).

➤ *Laws, Social Norms, and Substance Use (Renee Johnson's)*

Research about how changing substance regulations affects adolescents and young adults is urged (Guttmanova et al., 2019; Johnson & Guttmanova, 2019). According to the NSDUH survey data, the rate of using marijuana as the first drug among youth aged 12-21 has doubled over ten years, between 2004 and 2014, and is related to the current heavy use of marijuana and CUD. In many states in the U.S., recreational or medical purpose marijuana use is already legalized, and there have been more activities to legalize marijuana use in multiple states. The availability, diversity, and advertising of marijuana products have undergone significant changes as the social, normative, and legal milieu surrounding marijuana has become more acceptable (Guttmanova et al., 2019). The policy loosening marijuana use at state and federal levels, shifting social norms about marijuana use, and reduction of other substance use could result in an increase in young people starting with marijuana before alcohol and tobacco (Fairman et al., 2019).

➤ *Collaborative Support System for EAs Substance Use Prevention*

A collaborative support system among family, school, health providers, community, the public health department, and other organizations is needed (Doherty et al., 2022; Kuklinski et al., 2021; Linton et al., 2021; Matson et al., 2022; Solovei et al. 2022). Primary care clinicians, particularly pediatric providers, are in the right position for family-focused prevention through the provision of medical and practical information for all patients and families (universal intervention), screening individuals with risk factors to develop substance use disorder (selective intervention) and treating individuals who experience substance misuse to stop or slow progression (indicative intervention) (Matson et al., 2022). The roles of health care providers and community support (Solovei et al., 2022) are emphasized, and the Communities That Care (CTC) prevention system is a good example that increases the ability of local stakeholder coalitions to create and implement data-driven prevention plans meeting local priorities and improve personal and public health (Kuklinski et al., 2021).

## Appendix E: Emerging Adult Literature Review – Peer Support

Peer Support is a recovery-focused, and non-clinical practice intervention provided by people with lived experience. A 'peer' is defined as a person who shares one or more traits, such as age, social position, economic status, occupation, or level of education ([APA Dictionary of Psychology, n.d.](#)). 'Peer' in peer support is a person who has experienced or is in current recovery from mental illness and/or a substance use disorder and has been trained to support others in their recovery. The term peer emphasizes an 'equal' relationship which gives and takes help from each other, and more respectful words compared to 'consumer,' 'patient,' 'survivor,' and 'client' (NAPS, 2022; Penny, 2018; SAMHSA; Wolf & Harrold, 2020).

Peer support is a term used informally and within formalized organized contexts, illustrating the broad range uses (Richard et al., 2022). Peer support is in a system of care, or professional help, but also used in juxtaposition as the trust and bond with non-professionals. Peer support is utilized in various settings such as peer-run organizations, community-based recovery centers, inpatient treatment centers, integrated healthcare facilities, hospital emergency departments, medication-assisted treatment settings, drug courts and other criminal justice settings, homeless shelters, primary care settings, and other parts of the continuum of care (Gagne, 2018; SAMHSA, 2017). Furthermore, medical aid, a strong religious, spiritual, or secular component, or a recovery approach that emphasizes cultural survival and renewal are also provided by peer support (CSAT, 2009: Peers for Progress).

Recently, peer support received more attention as the main workforce in behavioral health and mental health, and the certified peer workforce is continuously increasing in the United States. 'Peer support specialists' are actual job titles and require both lived experience and certified training to help recovery and improve the quality of life for individuals and their families (Gagne, 2018; Marill, 2019; Mead, n.d; NAPS, 2019; SAMHSA Wolf & Harrold, 2020). Peer support is significant not only for recovery but also for EAs with valuable lived experience to find future employment. As such, they can come together to form a support group to share coping strategies for individuals who want sustained behavioral changes from problematic situations or challenges like mental illness and substance use. It is different from group therapy, which is led by a licensed therapist because peer support groups are led by peers (Ahmadi, 2021).

### Why is peer support working for Emerging Adulthoods?

1) Emerging Adulthood is a period of instability and feeling in between adolescence and adulthood. Emerging adults get stressed from exploring work and relationships and are greatly affected by peers. Peers' judgments of social competence are related to functioning indicators, such as education, psychological distress, criminal behavior, and self-esteem. Emerging adults with substance use disorder and/or mental illness can build up a close connection with peer support while sharing the same experiences with them. Peer support gives emotional support by showing empathy, care, and support without prejudice, and helps increase self-esteem and confidence (CSAT, 2009; Davidson et al., 2012). Peer support even assists peers to build a new social network by sharing information about community events and activities and helping them participate in them. Peer support helps individuals distance themselves from the previous unhealthy social network and build healthier social

networks (CSAT, 2009). Affiliation support from peer support would help to enhance social and recreational skills and live in a community.

- 2) Peer support can work as a guiderail to help emerging adults adapt to adulthood as well as recovery from substance use disorder and/or mental illness. The peer support recovery programs provide educational activities focused on a specific subject or skill set including training in job skills, budgeting and managing credit, and preventing relapse. These programs also offer classes specifically designed for those in recovery, like problem-solving and conflict-resolution skills built on recovery competencies (CSAT, 2009). Peer Support in Recovery Community Services Program (RCSP) assists individuals in locating a secure place to live and work through referring safe houses, and employment resources. Peer support also helps peers find a formal treatment system, support their access and admission, and assist discharge plans in collaborating with treatment staff (CSAT, 2009). This informational and instrumental support gives practical help to peers to empower them to overcome their barriers and connect back to the community, work, school, stable housing, and improve their lives.
- 3) Peer support is financially, physically, and mentally more accessible for emerging adults.
  - Financial: Medicaid authorized reimbursement for peer support services as an “evidence-based” practice in 2007 (Wolf & Harrold, 2020) which has made peer supportive services more accessible for emerging adults who have mental/ behavioral issues. Insurance coverage is helpful for emerging adults with unstable finances.
  - Physical: It is hard to make an appointment with professionals, even in college, and subsequently emerging adults wait in long lines to meet counselors. Peer support has various services in different settings and provides transportation assistance for those in need. Therefore, it is more available and accessible for emerging adults compared with professional clinics.
  - Mental Health: Compared with visiting mental health clinics, or participating in a formal treatment program, peer support is less stigmatized for emerging adults, and more perceived as more accessible. Especially as telephone, web, and email-based programs are developed, and it is more accessible for emerging adults.
- 4) Peer support is applicable in any setting and environment for emerging adults in different situations. Peer support services are presented in various settings and across different care models. They are run by peers and in the agency or facility-based programs (Gagne, 2018; Marill, 2022; SAMHSA) for emerging adults in various populations, like college students, pregnant, parents, or sex/gender minorities, and those in various phases of the recovery process. Refer to the table below for an outline of both informal (natural support network, self-help groups) and formal peer support (volunteers and professionals), including the “3Rs” for requirements, roles, and responsibilities.

Appendix E, Table 1. Requirements, Roles, and Responsibilities in various forms of Peer Support

3Rs	Informal		Formal	
	Natural Social Network	Self-Help Groups	Peer Support Volunteer	Peer Support Professionals
<b>Requirements</b>	Various	Lived experience Similar life situations or challenges	Lived experience Training	<b>Lived experience Training Certification</b>
<b>Roles</b>	Friends, Family, Trusted adults, Community Volunteers, Religious person	Consumer/Client Not working with a therapist, but working with peers i.e. AA, NA	Various i.e. Peer leader Peer Volunteers	Various i.e. Peer (Recovery) Support Specialist Peer (Recovery) Coach, Peer Mentor, Peer Advocates
<b>Responsibilities</b>	Various, usually Emotional and Financial Support	Mutual support, Network building, Self-esteem, Instilling hope	Emotional and Practical Support for Recovery One on One support Group support May include self-help group facilitation	Mutual Support Emotional and Practical Support for recovery

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