



Justice-Involved and
Emerging Adult Populations
(JEAP) Initiative

WHAT'S EMERGENT IN EMERGING ADULT RECOVERY SUPPORT SERVICES RESEARCH?

A 3-PART FORUM SERIES
CO-SPONSORED BY CHEARR AND
THE JEAP INITIATIVE

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DISCLAIMER

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BACKGROUND

Emerging adults are people between the ages of about 16 and 25 who may be at particular risk for developing an opioid use disorder or experiencing a fentanyl-involved overdose. Medications for opioid use disorder are the most effective approach to long-term management of opioid use disorder; however, even when stabilized on medications, emerging adults tend to have substantial unmet needs while facing unique developmental milestones. Emerging adults also have elevated rates of co-occurring mental health disorders and polysubstance use that may complicate treatment and recovery efforts. Extremely few research studies have focused on the recovery needs of this specific population.

Angela Hagaman and **Patrick Hibbard**, respectively from the **Collaborative Hub for Emerging Adult Recovery Research (CHEARR)** and the **Justice-Involved and Emerging Adult Populations (JEAP) Initiative**, organized an open forum series to explore this topic with the ultimate goal of inspiring new research in this area. More than 100 people registered for the forum from various geographic regions in the U.S., including emerging adults with lived experience of substance use disorder, recovery research scientists, scientists focused on other areas of research, treatment and recovery support providers, and peer support specialists.



PART 1: FEBRUARY 6, 2025

Jessica Cance, a Senior Research Public Health Analyst at RTI International (a trade name of the Research Triangle Institute), presented a peer-reviewed paper she co-authored, entitled *Support Services for Young Adults with Substance Use Disorders*, published in the journal *Pediatrics* in 2022. This publication summarizes the conclusions of a longitudinal meeting of experts in substance use disorders among emerging adults focused on recovery support services. The following core principles were highlighted in the paper:

- **Principle 1:** Given their developmental needs, young adults affected by substance use disorder should have access to a wide variety of recovery support services regardless of the levels of care they need.
- **Principle 2:** The workforce for addiction services for young adults should benefit from the inclusion of individuals with lived experience in addiction.
- **Principle 3:** Recovery support services should be integrated to promote recovery most effectively and provide the strongest possible social support.

Following the presentation, CHEARR Principal Investigator (PI) **Kristyn Zajac** led a facilitated discussion during which attendees discussed implications for research and service provision.



Xuan, Z., Choi, J., Lobritto, L., Cunningham, T., Castedo de Martell, S., Cance, J., Silverstein, M., Yule, A. M., Botticelli, M., & Holleran Steiker, L. (2021). Support services for young adults with substance use disorders. *Pediatrics*, 147(Suppl. 2), S220–S228. <https://doi.org/10.1542/peds.2020-023523E>

PART 2: MARCH 6, 2025

Emerging adult members of both the CHEARR and JEAP Young Adult community boards shared their thoughts on the manuscript. Each selected 1-2 principles from the manuscript that resonated with them the most. They each provided in-depth contextualization of how critical these principles are for emerging adults to achieve and sustain recovery and hopefulness of how the system could utilize these principles to help more young people. JEAP PI **Ashli Sheidow** facilitated the panel discussion.

When asked if any points were missing from the principles covered, panelists mentioned the lack of work on how much organizations themselves benefit from including people with direct lived experience in their operations, including emerging adults.



Gracy Mora

CHEARR Community Board Member; Social Welfare Major, University of California, Berkeley

Principle 1. Gracy shared that a broad set of services met different needs for her and were crucial to achieving long-term recovery. She engaged in her first attempts at recovery at the age of 14 through harm reduction services. Her journey included multiple treatment treatment modalities (medications for opioid use disorder and inpatient/outpatient treatment), and she also utilized recovery housing as a teenager. Federally funded academic programs helped her define a vision for her life and career and connected her to higher education. She expressed the value in having access to combinations of services that go beyond just “getting sober” and help people build lives “worth staying sober for.” For instance, she described a program that introduced her to a local college campus, which in turn exposed her to higher education.

Principle 2. Gracy only began to identify with the word “recovery” in college, where she engaged with a Collegiate Recovery Program, describing engaging with collegiate recovery and peer services as “rather than getting information from a professor, it’s like working with another student who knows the assignment.”

Jonathan Wrenn

JEAP Community Board Member, Columbia University



Principle 1. Jonathan shared that he was born dependent on opioids and was adopted at an early age because both of his parents were incarcerated. At age 15, his adoptive mother was diagnosed with cancer, and this was when he began misusing substances. Jonathan became involved with the juvenile justice system, which failed to support his mental health needs. At 18, he was incarcerated and lost both of his grandparents. It was during this time that he was introduced to a Chaplain who connected him to services at the Salvation Army, where he received support, hope, and a start towards recovery. “They got me connected to reentry, education, employment, got me started, and where I am now going to college.” He discussed the importance of people with lived experience being a part of the services he engaged with, particularly formerly incarcerated people, and emphasized that these service options provided a more “holistic” approach to recovery.



Summer Brouk

JEAP Community Board Member, Chestnut Health Systems

Principle 2. Summer began misusing substances and experiencing mental health challenges at the age of 13, but did not engage with treatment until she was 18. She lived in a rural area where services were geared towards a much older population. She became a peer support specialist to fill a gap that was not available to her at

that time. “At a very early age, you aren’t well-versed at navigating the healthcare system and getting the right kind of help... not knowing where to start and being able to have that peer recovery support would have knocked down some of the process.” She shared that wraparound services were missing during her recovery process. “I was really missing this. I was there to get a prescription and talk to someone for an hour. No one was there to lift me up, give me hope, and provide wraparound care.”

Principle 3. Summer also shared her difficulty in finding integrated resources in a rural area, highlighting their importance based on her experience as a person with co-occurring mental health and substance use issues. Access to services that helped build a positive social network provided her with a sense of being valued.

PART 3: APRIL 10, 2025

Kevin Wenzel, from the Maryland Treatment Centers, and **Emily Hennessy**, from the Recovery Research Institute, presented results from recent studies with emerging adults, followed by a facilitated discussion led by CHEARR Co-Investigator, **Angela Hagaman**.

Kevin's study, titled *Youth Opioid Recovery Support (YORS): Assertive, Family-Based Treatment for Youth with OUD*, sought to improve adherence to medications for opioid use disorder and reduce opioid relapse through assertive outreach techniques via text messaging, along with engaging and training a significant other. Twenty-two emerging adults were enrolled during an acute inpatient/residential treatment episode, where they were provided options for outpatient care and medication. Results indicated that YORS intervention participants received more outpatient medication doses and had lower relapse rates compared to a control group (historical treatment as usual). Attendees engaged in a lively discussion including questions about whether the study team will interview participants who returned to use (possible future plans), whether the services can be billed to Medicaid (not presently), and the potential costs of implementing similar efforts.



Wenzel, K., Selby, V., Wildberger, J., Lavorato, L., Thomas, J., & Fishman, M. (2021). Choice of extended release medication for OUD in young adults (buprenorphine or naltrexone): A pilot enhancement of the Youth Opioid Recovery Support (YORS) intervention. *Journal of Substance Abuse Treatment*, 125, Article 108306. <https://doi.org/10.1016/j.jsat.2021.108306>

Emily's study, titled *A Multi-Site Study of Emerging Adults in Collegiate Recovery Programs at Public Institutions*, collected de-identified data from six Collegiate Recovery Programs. Participating programs provided general information about their scope, and five of the six sites supplied de-identified student data for a total of 861 students, indicating that the majority had received treatment for a substance use disorder or mental health concern and had been in recovery for less than five years. Student GPA improved at three of the four sites that provided GPA data. Conclusions suggest that a focus on systematic data collection could help better demonstrate the important role of Collegiate Recovery Programs in providing needed services for this vulnerable population of college students. Following this presentation, another lively discussion centered on the feasibility of placing all students in recovery with roommates who are also in recovery and whether robust Collegiate Recovery Programs impact the collegiate community broadly.

Hennessy, E. A., Tanner-Smith, E. E., Nichols, L. M., Brown, T. B., & McCulloch, B. J. (2021). A multi-site study of emerging adults in collegiate recovery programs at public institutions. *Social Science & Medicine* (1982), 278, Article 113955. <https://doi.org/10.1016/j.socscimed.2021.113955>





KEY TAKEAWAYS

FROM THE 3-PART FORUM SERIES

- Emerging adults have unique needs that may require specific outreach and linkage facilitation strategies.
- Treatment and recovery supports should be tailored to the developmental and social needs of this age group.
- Emerging adults may not identify with terms like “recovery” and “substance use disorder” and thus may not know about available resources.
- Peer support specialists may play a crucial role for emerging adults as they are not viewed as clinical or “authority figures,” and thus, this trusted relationship can help with treatment engagement, retention, and long-term success.
- There’s been very little exploration of how organizations themselves grow or improve by involving individuals—especially emerging adults—who have direct lived experience as a person in recovery in delivering services.

We welcome your input. If you have additional ideas, suggestions, or feedback, please reach out to us via the **contact** page on the CHEARR and/or JEAP Initiative websites. We value your perspective and look forward to hearing from you.



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