# Support for Young Adults: Strategies and Approaches that Focus on Prevention Efforts for Transition Age Youth

## Transition Age Youth (TAY): Focusing Prevention Efforts on Young Adults Aged 18-25

TAY are an important population of focus for primary prevention efforts. Aged 18-25 years old, these young adults report high rates of alcohol and substance misuse, are at an increased risk of substance misuse when compared to other age groups, and face social and health consequences that can have long-term impacts on overall wellbeing.[1] Supporting TAY populations can also be difficult; too old for school-based settings, reaching and effectively engaging this population results in challenges that are not otherwise present for traditional K-12 school-based primary prevention services.

Primary prevention services for the TAY population, sometimes also referred to as "youth in transition" or "youth aging out," [2] refers to the years when the shift from adolescence to young adulthood takes place. During this time, TAY experience several important life changes. No longer underage, TAY are legally recognized as adults and able to vote, live independently away from the supervision of a guardian or caregiver, work full-time, join the military, and independently engage in several additional age-restricted activities. Changes in support structures from peers, family, and community; shifts in social settings; and autonomy in living circumstances also often occur during the TAY years, frequently overlapping with new and increased exposure to substances and associated problem behaviors. Additionally, many TAY, especially those who are living with a disability and/or were justice-involved, system-involved, exposed to Adverse Childhood Experiences (ACEs), or experienced other forms of childhood or adolescent stressors, are especially vulnerable to behavioral health related challenges.[3]

Importantly, the TAY years also overlap with a high-risk time period for the onset or worsening of many mental illnesses; by age 24, 75% of lifetime psychiatric disorders have developed.[3] These are the same years during which the frontal lobe of the brain continues to develop and fully mature, a process that is not complete until between 23 and 25 years of age.[4] Sometimes called the "judgment center" and "inhibition center" of the brain, the frontal lobe supports individuals in assessing risk and evaluating plans, actions and behaviors, as well as aids in regulating impulsivity, and supports decision making processes.[5] Similarly, the amygdala, or "emotion center" of the brain, is not fully developed or connected to the frontal lobe until the early 20s, resulting in challenges in the interpretation of emotions and emotionally-driven responses, when compared to the fully developed adult brain.[5]

> **The many simultaneous developmental milestones TAY encounter makes them vulnerable to behavioral health-related challenges, including substance use and misuse. This publication aims to provide an overview of primary prevention considerations for TAY, offer strategies and approaches to successfully support this population, and explore evidence-based programming associated with reducing the risk of substance use and misuse.**

## According to the Numbers: SUD Prevention Data on TAY Populations

**Specifically in the context of substance use disorder (SUD) primary prevention, TAY report some of the highest rates of substance use and misuse, including:**

- 2018 national estimates revealed that 35% of TAY had engaged in past-month binge drinking (having more than five drinks in a single occasion), a significant difference from those aged 12-17 (4.7%) or aged 26 and older (25%).[1]
- Higher than any other age group, 2018 data indicated that approximately 20% of TAY had smoked cigarettes during the past month.[1]
- Among non-college enrolled TAY populations, certain occupational groups have been found to at an increased risk for substance misuse, including construction, social engagement industries (particularly arts, entertainment, and recreation), mining, hospitality (especially accommodations and food service), and those in the military and armed forces.[6]
    - In 2021, 40% of non-college enrolled TAY populations used alcohol in the past month.[7]
    - In 2021, 23% of non-college enrolled TAY populations engaged in binge drinking

and 5% engaged in heavy alcohol use (5+ binge drinking days during the past month).[7]

- Among college-enrolled TAY populations, excessive alcohol use is the most common challenge associated with substance use and misuse, especially among 18- to 22-year-old students. The use and misuse of both cannabis and medications are additionally reported concerns among TAY university populations. These problem behaviors are associated with poor academic performance, falling behind in class responsibilities, and dropping out of school.[8]
    - In 2015, one in seven college-enrolled TAY met the diagnostic criteria for a substance use disorder (SUD).[8]
- The most frequently reported substance use consequences among college-enrolled TAY include alcohol-related deaths and unintentional injuries. In addition, alcohol has been associated with student assaults, intentional injuries, suicidal ideation, and poor health outcomes.[8]
    - In 2023, 50% of full-time college students used alcohol in the past month.[7]
    - In 2021, 28% of full-time college students engaged in binge drinking and 7% engaged in heavy alcohol use.[7]
- The hippocampus, or “memory center” of the brain, is immature during the TAY years. As a result, it can be affected by the impacts of alcohol and cannabis use, possibly impacting the development of memories and the ability to effectively learn. The hippocampus is especially sensitive to the negative impacts of binge drinking during the TAY years.[5]

## SUD Prevention Considerations for TAY in College, University, and Higher Education Settings

The choice to pursue a degree or further develop a career path via higher education is a big step. TAY who embark on this journey must decide where to attend college, or whether to pursue other educational opportunities. They also navigate financial challenges, and make additional decisions that impact their independence, future planning, and overall wellbeing. The transition to college or another academic pursuit can often feel overwhelming, as it introduces new responsibilities and expectations for academic performance, a rapid shift in social climate, and, often, a new geographic location.[9] In addition, the social climate of higher education increases risk of exposure to substances as well as the use and misuse of many substances, especially alcohol;[1] according to the Substance Abuse and Mental Health Services Administration (SAMHSA),

college students drink, binge drink, and engage in heavy alcohol use at a higher rate than peers who are not enrolled in college or higher education settings.[7]

There are several reasons why TAY attending higher education experience an increase in the rate of substance use and misuse. Many TAY anticipate that the social climate of a college or university setting will come with the expectation of engaging in substance use.[9] While it is true that full-time first year (i.e., "freshman") students report higher rates of alcohol use than peers who do not attend college or higher education settings,[9] research shows that students significantly overestimate how much they think fellow students are actually drinking.[10] Other social systems within university settings also increase risk of substance use and misuse. For example, TAY who participate in college-based fraternities or sororities report higher rates of substance use than college peers who do not participate in such organizations.[1, 11] TAY also might use substances, especially alcohol, as an unhealthy coping mechanism to cope or deal with increased academic pressures and expectations.[9]

Despite the risk, prevention resources and best practices are available to mitigate substance use and misuse risk among TAY who are attending college. Research shows that new students are most likely to initiate or increase alcohol use during the first six weeks.[12] Thie prevalence of binge drinking among new students demonstrates that prevention messaging and clear communication from parents and caregivers is critical, especially for TAY who are legally underage for drinking behaviors.

**According to SAMHSA[9], conversation goals related for TAY attending college and higher education settings should include:**

- An emphasis on how underage drinking can undermine health, safety, and academic achievement.
- A clearly communicated position of no-alcohol use.
- A demonstration of support to aid in finding constructive alternatives to drinking and alcohol use.
- Open dialogue that shows care, trust, and respect rather than ultimatums or lecturing.

> **Regular and ongoing communication is a best practice in preventing TAY substance use in academic settings, as it demonstrates consistent concern for health, safety, and wellbeing, reinforces clear expectations of not engaging in harmful substance use behaviors, and establishes a baseline to monitor for potentially harmful problem behaviors, should they emerge.[9] Other substance use prevention strategies for TAY in college settings include the formation and enforcement of clear substance use prevention policies by academic**

**institutions, a diverse range of healthy social activities and community alternatives that do not include substances, and community-led prevention events, such as SAMHSA's Communities Talk[13] model.**

## SUD Prevention Considerations for TAY in Non-Academic Settings

TAY enrolled higher education settings are often easier to reach and engage due to the availability of and access to the college or university campus environment. However, TAY who are not within these settings are still at an increased risk of substance use and misuse.[6] When compared to TAY who are attending college, TAY who are not engaged in academic pursuits are more likely to develop an alcohol use disorder and are also more likely to have used cannabis during the past 30 days.[14] Workplace culture may also play an important role in substance use and misuse of non-college TAY.[14]

Effective prevention strategies for TAY in non-academic settings must effectively assess and consider local conditions, risk factors, and protective factors, as well as comprehensively supporting community-based prevention efforts specifically for this group. Under SAMHSA's Strategic Prevention Framework,[15] Assessment processes for TAY in non-academic settings can include review of existing data resources (e.g., data sources on health, crimes and accidents, employment, demographics, and data from national SUD prevention databases), qualitative analysis through interviews with SUD prevention partners and community members, and an outreach and needs assessment of the local TAY population.[6] To implement prevention efforts for TAY in non-academic settings, those who are closest to the population, such as family, friends, coworkers and supervisors, medical providers, and community members, are best positioned to implement community-based processes, information dissemination, and other primary prevention strategies.[14]

Specific barriers to mobilizing non-college TAY in primary prevention efforts have been identified. These include a lack of resources, low levels of readiness, social norms that support substance use and misuse, differences in languages and culture, competing interests, needs, and priorities, and ageism.[6] As a result, selected prevention programs, practices, and strategies that support TAY in non-academic settings must consider local data in addition to barriers to mobilization. The non-college TAY population is highly diverse, ranging across various levels of educational attainment, employment status, mobility and geographic location, and various lifestyle and demographic variables. Considerations for this TAY population in overcoming barriers to mobilization include tailoring prevention messaging, considering language and culture needs, adopting a

strategic approach to addressing prevention needs, providing incentives to TAY, and working directly with the TAY population in selective primary prevention efforts and strategies.[6]

**Best practices for the engagement of TAY in non-academic settings are similar to the general TAY population; however, they must be tailored to the diverse and often unique needs of non-college TAY. Some primary prevention approaches include:[14]**

- Open communication and opportunities for conversation from those who regularly interact with TAY in non-academic settings. This communication should be nonjudgmental, focused on overall wellbeing, and offering prevention messaging and information to aid in making healthy decisions.
- Centering the language, cultural values, knowledge, experiences, and social norms of TAY in a manner that effectively and appropriately aligns with primary prevention strategies and messages.
- Identifying opportunities for prevention support that exist naturally within the community; including in healthcare settings, through community-based organizations and centers, and in partnership with those who have TAY in their everyday lives.
- Centering prevention messaging, education, and information dissemination that is relatable; avoids scare tactics; clearly communicates consequences for substance use, misuse, and associated problem behaviors; and doesn't reinforce negative messaging (for example, substance use as a rite of passage).
- Demonstrating understanding of the stressors and challenges that all TAY face, as well as the unique stressors associated with non-academic environments. Offering solutions, resources, knowledge, alterative options to addressing stress and barriers, and empathetic primary prevention messaging all support non-college TAY in identifying with their communities and those who support them.

## SUD Prevention Considerations for TAY from High-Risk or Priority Populations

While all 18- to 25-year-olds in the TAY population are at an increased risk of substance use and misuse, research has shown that certain TAY subpopulations are at an even greater risk. Whether enrolled in academic settings or living within the greater community, TAY from these priority populations require additional considerations in the planning and implementation of SUD prevention practices that factor in risk associated with their identities, circumstances, and/or prior exposures to trauma.

**TAY who have aged out of foster care.** Aging out of the foster care system is a risk factor for substance use and misuse during the TAY years due to prior exposure to trauma, and often, parental and/or caregiver history of alcohol and substance use.[1]

**Justice-involved TAY.** Research shows that TAY who are justice-involved have higher rates of SUD than peers who are not.[16] Justice-involved TAY are more likely to have experienced prior trauma, both in the familial/living environments as well as community context, which presents an additional layer of risk for SUD primary prevention efforts.[1] Often in need of selective or indicated strategies, prevention planning efforts for TAY must consider these additional risk factors and their associated needs.

**LGBTQ2S+ (lesbian, gay, bisexual, transgender, queer, two-spirit) TAY.** An increased risk for substance use and misuse among LGBTQ2S+ TAY has been associated with an increased experiences of stressors and maltreatment, including stigma, harassment, discrimination, and violence.[1] As a result, LGBTQ2S+ TAY are more likely to develop an SUD than heterosexual TAY.[17]

**Homeless TAY.** TAY experiencing homelessness report higher rates of substance use than TAY with secure housing[18], with an estimated 39% to 70% of homeless TAY misusing alcohol or other substances.[19, 20] Risk factors associated with substance use and misuse among homeless TAY include a poor connection to or lack of social networks, economic stressors, and a poor perspective about the future.[1]

**TAY serving in the miliary.** Military service introduces challenges, including trauma due to combat exposure, stress associated with deployment, and unique cultural aspects related to service in the armed forces that civilian TAY do not experience.[1] These exposures, as well as the increased risk of physical injury and chronic pain, increase the risk of substance use and misuse among TAY serving in the military.[1] Specifically, TAY veterans and those serving in the armed forces report higher rates of heavy alcohol and tobacco use, as well as prescription drug misuse.[1]

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