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## Transformational narrative changes as a community-level approach to the prevention of adverse childhood experiences and substance use

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### Abstract

There is increasing scientific evidence linking substance use, childhood adversity, and social determinants of health. However, little research has considered the evaluation of community-level strategies to reduce substance use by increasing awareness and implementation of evidence-based strategies for preventing adverse childhood experiences (ACEs). This article lays out the conceptual framework for a \$2.9 million demonstration project designed to raise awareness of the impact of ACEs on substance use, including primary prevention strategies. Communities used transformational narrative change—with an emphasis on the voices of those most impacted by ACEs and substance use—to highlight the importance of addressing social determinants of health along with primary prevention strategies. The conceptual background highlighted in this article informed media, public health, and local efforts in the three accompanying articles and invited commentary. These findings may help inform future efforts to promote community-level strategies and strengthen the evidence-base for transformational narrative change efforts.

### Keywords

adverse childhood experiences; health equity; primary prevention; substance use

## INTRODUCTION

Between 2018 and 2021, the Centers for Disease Control and Prevention (CDC) funded a \$2.9 million demonstration project—*Comprehensive Community Strategies for the Primary Prevention of ACEs and Substance Use*—in three midwestern communities. The project was designed to promote community-level strategies for the primary prevention (preventing adverse outcomes before they occur) of adverse childhood experiences (ACEs) and substance use. This project focused on employing narrative change strategies (described in more detail below) to increase community-level investment in addressing the social

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### CONFLICT OF INTEREST STATEMENT

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determinants of health (SDOH) that increase the risk of childhood adversity and substance use. This article outlines the conceptual linkages between substance use, ACEs, SDOH, and narrative change strategies and the logic model of the Community ACEs study (Figure 1).

This article serves as an introduction to the special section of *American Journal of Community Psychology* that includes one article based on the project's formative research characterizing media narratives around substance use in partner communities, and two articles highlighting lessons learned from project evaluation findings. The special section incorporates findings from across the study findings to lay out the conceptual framework and primary study findings. Researchers working on the Adversity Community Experience and Resilience (ACE-R) framework (Prevention Institute, 2017) also provided their own perspective on addressing community-level strategies for the primary prevention of ACEs.

### **Substance use and overdose in the United States**

This project was funded in response to the nation's continued efforts to prevent deaths from overdose and its long-term goal was to reduce overdoses. From 2001 to 2021, annual overdose deaths increased from just under 20,000–106,699, with the two most recent years of available data showing a 14% increase in overdose death rates (Spencer et al., 2022). Overdose death rates have increased for nearly every demographic, including both women and men, nearly all age groups, and almost every race/ethnicity. However, overdose deaths are only one way in which communities are adversely impacted by substance use. In 2021, there were an estimated 46.3 million Americans aged 12 years or older with substance use disorder, including 29.5 million with alcohol use disorder, 16.3 million with marijuana use disorder, 1.6 million with methamphetamine disorder, and 1.5 million with stimulant use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022).

While many communities have been impacted by substance use and the overdose crisis, there is increasing evidence that racial/ethnic minority communities have been disproportionately impacted due to historical inequities in healthcare access, education, and economic opportunity (SAMHSA, 2022; Kariisa et al., 2022). Data from 25 states and the District of Columbia between 2018 and 2020 show that overdose death rates increased by 44% and 39% for Black and American Indian or Alaska Native persons, respectively (Kariisa et al., 2022). Furthermore, between 2018 and 2020, communities with greater income inequality saw more pronounced increases in overdose deaths, particularly among Black persons, compared with communities with lower income inequality (Kariisa et al., 2022). The burden and unequal distribution of substance use by race/ethnicity underscores the necessity of comprehensive prevention strategies that address key risk and protective factors for substance use.

### **PREVENTING ACEs AS A PATHWAY TO SUBSTANCE USE PREVENTION**

The project team developed a logic model that (Figure 1) identifies the prevention of ACEs and the mitigation of their impact on psychological and physical health as a key factor to reduce substance use. ACEs are potentially traumatic events (e.g., abuse/neglect or witnessing violence) or aspects of the child's environment (e.g., household instability or resource deprivation) that may have negative implications for health and well-being

(Centers for Disease Control and Prevention [CDC], 2021). ACEs are relatively common. In the United States, over 61.5% of people are estimated to have exposure to at least one ACE with 24.6% having exposure to three or more ACEs (Merrick et al., 2018). Data from the National Child Abuse and Neglect (CAN) Data System helps to highlight the disproportionate impact of ACEs on racial/ethnic minority communities in the United States. American Indian or Alaska Native children have the highest rates of Child Protective Services (CPS) reports, followed by Black or African American children (U.S. Department of Health & Human Services, 2023). However, there is increasing recognition that the original 10 ACEs that were composed of child abuse (i.e., emotional, physical, or sexual abuse), child neglect (i.e., emotional and physical), and household challenges (i.e., substance use, mental illness, intimate partner violence, divorce, loss of a family member as a result of suicide, or having a family member incarcerated) in the seminal Kaiser Permanente study on ACEs (Felitti et al., 1998) may not capture the full spectrum of adversity. Systemic discrimination (Trent et al., 2019), poverty (National Academies of Sciences, Engineering, and Medicine, 2019), bullying (Wolke & Lereya, 2015), community violence (Fowler et al., 2009), intergenerational trauma (O’neill et al., 2018), and bereavement (Barlé et al., 2017) can also be traumatic and contribute to negative psychological and health outcomes.

The relationship between ACEs and substance use can be seen as cyclical and intergenerational. Growing up in a household impacted by substance use problems is in and of itself an ACE. In the context of parental substance use, many parents cannot maintain stable employment, resulting in financial hardship and housing/food insecurity for their families. Parents can also be absent from their children’s lives for long periods, either due to incapacity, incarceration, residential treatment, and even death due to substances (Gruber & Taylor, 2006). For example, as the country has seen increasing rates of overdoses, hospitalizations, and death related to opioid use, there have been accompanying increases in the rates of CPS reports, substantiated reports of CAN, and children being removed from parental care and placed into foster care (Radel, et al., 2018). Parents who use substances can also face significant social, economic, and structural challenges in seeking care, maintaining economic stability, and reuniting with their children (Matjasko et al., 2022).

Experiencing childhood adversity is also associated with subsequent substance use in adolescence and adulthood. Early adversity is associated with disruption of the endocrine, immune, metabolic, and other regulatory systems (Nelson & Gabard-Durnam, 2020). These disruptions in physiological systems can contribute to other adverse outcomes associated with ACEs, such as delinquency, dropping out of high school, and risky sexual behaviors that mediate the intergenerational pathways (Nelson & Gabard-Durnam, 2020). Furthermore, associations between ACEs and substance use have been supported across a variety of systematic reviews (Hughes et al., 2017; Leza et al., 2021). A meta-analysis of 37 studies found that ACEs were associated with increased risk for heavy (e.g., binge drinking, hazardous drinking) and problematic alcohol use (e.g., alcohol use disorder), as well as problematic drug use (i.e., injected drug use, heroin, or crack cocaine use; Hughes et al., 2017). Similarly, a 2021 scoping review found that ACEs were positively associated with substance use disorder (Leza et al., 2021). However, ACEs are preventable and there are effective strategies for simultaneously addressing ACEs and substance use (CDC, 2019).

## **INTERVENTIONS THAT FOCUS ON PREVENTING AND REDUCING ACEs AND SUBSTANCE USE**

A growing number of rigorous evaluations suggest that interventions that prevent or address ACEs can have carryover effects on substance use. CDC's *Preventing ACEs: Leveraging the Best Available Evidence* outlines six strategies for the prevention of ACEs (CDC, 2019). This resource summarizes strategies and approaches that have been shown, through rigorous evaluation, to prevent ACEs or risk factors for ACEs (CDC, 2019). Table 1 shows the evidence-based strategies from the ACEs Prevention Resource in the first two columns along with evidence-based interventions that have been shown to reduce substance use in column 3. For example, the CDC's ACEs resource highlights the importance of strengthening economic supports for families as a strategy for reducing ACEs. Morgan et al. (2022) found that the generosity of state-level earned income tax credit was associated with reduced binge drinking among birthing parents in the Pregnancy Risk Assessment Monitoring System during 1990–2017. Similarly, the *Fast Track* intervention was designed to prevent early behavior problems by improving parenting effectiveness, social skills, the school environment, and home–school communication (Godwin et al., 2020). Recent analyses have shown that receiving the *Fast Track* intervention was associated with reduced substance use in adulthood (Godwin et al., 2020). Considering ACEs and substance use prevention together could be an important route to helping communities address the burden of substance use and creating more positive environments.

## **MOVING UPSTREAM IN THE PREVENTION OF ACEs AND SUBSTANCE USE**

Addressing the conditions (e.g., economic stability, education access and quality, social and community context) in which people live, learn, work, and play that influence their health and quality of life, also known as the SDOHs (CDC, 2021), are essential to preventing both ACEs and substance use. Historically, ACE and substance use response strategies have included punitive measures (e.g., arrest or incarceration for possession of an illegal substance; removing children from their homes) or therapeutic measures (e.g., addiction recovery services; building resilience and strengthening coping strategies; El-Bassel et al., 2021; Klevens & Alexander, 2019; Kunins, 2020). While these approaches play an important role in supporting children and families that experience adversity and/or are impacted by substance use, attention to primary prevention, including addressing the historical inequities that have created disparities, can help prevent ACEs and substance use before they occur (Wisdom et al., 2022).

## **CONCEPTUALIZING COMMUNITY- AND SOCIETAL-LEVEL FACTORS THAT IMPACT ACEs AND SUBSTANCE USE**

The project was informed by two primary frameworks, including the socioecological model and the World Health Organization SDOH framework. The frameworks were used for establishing the baseline goals identifying root causes of ACEs and substance use to inform primary prevention efforts. The program staff used the socioecological model to inform the initial conceptual framework of the Community ACEs project (Aytur et al., 2022).

The socioecological model identifies risk and protective factors at the societal-level (e.g., socioeconomic policies), community-level (e.g., evictions), relational-level (e.g., family support; Bai et al., 2022; Mersky et al., 2021; Testa & Jackson, 2020), and the individual-level (e.g., behavior problems). Importantly, these levels influence other levels; for example, societal and community-level factors partially or completely explain disparities in ACEs and substance use at the individual level (Aytur et al., 2021). This project built from the socioecological model and incorporated the World Health Organization SDOH framework into the overall project framing and purpose (see Figure 2; Solar & Irwin, 2010).

The SDOH framework shares many of the same components of the socioecological model (Lennon et al., 2022). In the socioecological model, the societal-level comprises policies, media, and social norms that influence behaviors (Aytur et al., 2022; Solar & Irwin, 2010). Similarly, within the SDOH, governance, policies, and cultural and societal values are conceptualized as SDOH, while factors at the other levels of the social ecology are considered intermediary determinants of health. In contrast to the socioecological model, the SDOH expressly recognizes the importance of social cohesion and capital at the intersection of social and intermediary determinants of health.

A particular area of interest for the demonstration project was employing strategies for linking social determinants, intermediary determinants, and social capital to increase support for the primary prevention of ACEs and substance use, among groups disproportionately impacted by these outcomes. To this end, the group identified and enacted narrative change strategies as the mechanism to catalyze their local communities to address the identified SDOHs.

### **Narrative change strategies to increase support to address SDOH**

One of the primary aims of the Community ACEs project was to increase support for prevention at all levels of the social ecology, including addressing SDOH. Project partners identified narrative change as the primary strategy to increase this support. Narratives shape how we understand why a phenomenon occurs and how to address it. Narratives change and develop over time, are integrated into legal, social, and economic spaces, and serve to help people interpret situations and other people (American Medical Association & Association of American Medical Colleges, 2021; Metzler et al., 2021). Narratives reflect societal values and beliefs, social norms, and assumptions. Multiple narratives coexist in social spaces but “dominant public narratives are those that eclipse others and have the most power to shape public consciousness, including society’s collective senses of both responsibility and possibility” (Metzler et al., 2021, p. S35). Dominant narratives reinforce blame for lack of success on individuals, largely from groups historically and currently economically or socially marginalized, without acknowledging the role of hierarchical power structures (Metzler et al., 2021).

One of the main tenets of narrative change strategies is to change the narrative in which the way people think and talk about why a social problem, like ACEs and/or substance use, occurs from an emphasis on individual responsibility to an understanding of SDOHs and historical and current marginalization that places entire groups of people at higher risk (American Medical Association & Association of American Medical Colleges, 2021;

Metzler et al., 2021). Research suggests that when someone identifies SDOH as the root cause of a problem, they are more likely to support for policies and programs that address SDOHs (Klevens et al., 2022). In the context of opioid and substance use, research suggests that narratives differ based on race (most profoundly), economic class, gender, geography, and other demographics of the person/people who are using substances (Netherland & Hansen, 2017; Santoro & Santoro, 2018).

Dominant narratives have centered within and about primarily White people, centered around prescription abuse and what frequently has been referred to as “diseases of despair” (Brignone et al., 2020; Friedman & Hansen, 2022). The narratives around opioid use in White communities suggest that addiction is a biological disease and/or a result of the overprescription of opioids and the addictiveness of medication (Mendoza et al., 2019). However, narratives for addictions in Black and Latino communities have historically focused on individual choice (Mendoza et al., 2019). Following that logic, addiction should be treated in White communities but criminalized in Black communities (Netherland & Hansen, 2017; Santoro & Santoro, 2018). This narrative contributes to structural racism and the lived experiences of historical and ongoing trauma, including the multiple impacts of the 50-year “war on drugs” such as economic disinvestment, poorly funded schools, intergenerational poverty, lack of access to opportunity, and mass incarceration (Friedman & Hansen, 2022).

The Community ACEs project adopted the Narrative Initiative’s *Four Baskets of Narrative Change* framework which identifies “Create,” “Translate,” “Deploy,” and “Observe Together” as the four essential elements of narrative change (Weidinger, 2020). Create involves identifying current narratives, understanding the impact and implications of the narrative, and working in and with the community to develop new narratives that represent their values, lived experiences, and desires for the future. Translate involves identifying who will be driving the new narrative and can include power mapping, skills and resource mapping, and coalition and sector mapping. Deploying the new narrative involves creating and implementing a communication and marketing plan. Observe involves measuring the impact of the new narrative and developing ways to expand the reach of and sustain the narrative over time.

In this project, each community partner identified partnerships, communication strategies, and power-building activities reflecting local partnerships, context, values, and issues of importance. The goals, narratives, and strategies were all individual to the community partner, although some partners that shared communities created plans in coordination. Further, throughout the process community partners were in conversation with and learning with and from each other. While each approach was unique, all attempted to move away from a narrative that focuses on punitive measures or individual responsibility toward a narrative that promotes primary prevention focused on addressing SDOH.

## THIS SPECIAL SECTION

This special section highlights findings from CDC’s community ACEs project underscoring the importance of interpersonal, organizational, community, and structural facilitators in the



implementation of strategies to promote the primary prevention of ACEs and substance use. The first article, *Examining Media Narratives Around ACEs, Substance Use, and SDOH in Two Mid-Western Cities* (Treves-Kagan et al., 2023), underscores the importance of considering factors at the outer level of the social-ecology, such as media, in shaping how people understand and attribute the root causes and consequences of substance use. Treves-Kagan et al. (2023) show that media narratives around substance use remain focused on reporting punitive (e.g., criminal justice milestones) or treatment measures; while media also reported on structural factors (e.g., mass incarceration) these were not related to substance use or childhood health.

The second article, *Increasing support for the prevention of ACE and substance use: Implementation of narrative change strategies in local health departments* (Harper et al., 2024), highlights the implementation of narrative efforts among local health departments, including specific examples of how local health departments used the Narrative Initiative's Four Baskets Framework. Communities can use these tools and examples to plan, implement, and evaluate transformational narrative efforts. Furthermore, evaluation findings highlighted the importance of interpersonal and organizational relationships, as well as shared language as a key facilitator of narrative change approaches in local health departments.

*Narrative Change for Health Equity in Grassroots Community Organizing: A Study of Initiatives in Michigan and Ohio* (Haapanen et al., 2023) uses qualitative data to demonstrate the importance of narrative change efforts focused on community member voices. A common thread among community organizing efforts is to produce more equitable systems and policies. Haapanen et al. (2023) highlight narrative change as a strategy for building community power and addressing health equity. All three articles highlight the importance of community and individual processes in transformational narrative change efforts.

As more communities embark upon dedicated efforts to promote new narratives around health equity, these papers highlight lessons learned that can inform those efforts as well as strengthen the evidence base for narrative efforts. Haapanen et al. (2023) demonstrate how grass roots organizers successfully partnered with public health agencies to deploy new narratives. Treves-Kagan et al. (2023) show how communities can identify gaps in their local media narratives. Harper et al. (2024) provide tools and resources that health departments can adapt for narrative interventions in their own communities. Finally, researchers evaluating the Adverse Community Experiences and Resilience Approach were invited to provide a commentary with special attention to implementing strategies that promote resilience and prevent adversity (Yaros & Graham, under review).

In addition to the practical examples provided in these articles, the authors begin to advance the science of transformational narrative change. The articles highlight potential mediators of successful narrative efforts, including issues such as shared language between implementing partners, leadership from community members, and an emphasis on understanding and addressing root causes in narrative efforts. These potential mediators could be useful for documenting, understanding, and supporting future narrative efforts, and

they underscore the complex interpersonal processes that scaffold interventions to address community-level factors for the primary prevention of ACEs and substance use.

## CONCLUSION

This special section highlights lessons learned from implementing narrative efforts in three communities. As more communities seek strategies and approaches to address the interconnections between ACEs and substance use, attention is needed on addressing the underlying SDOH. Partnering public health departments with grassroots organizations may yield new and innovative approaches to address structural inequities that underlie disparities in ACEs and substance misuse. Furthermore, narrative approaches that address support for prevention programs can benefit from the unique perspective, strategies, and interpersonal relationships that exist across health departments and grass roots organizations. More evidence is needed on community-level strategies that address shared risk and protective factors for ACEs and substance use. However, narrative change is not a one-size fits all approach. Practice-based and participatory research can help strengthen the evidence base for narrative change efforts and improve our understanding of individual, community, and societal-level factors that contribute to preventing ACEs and substance use.

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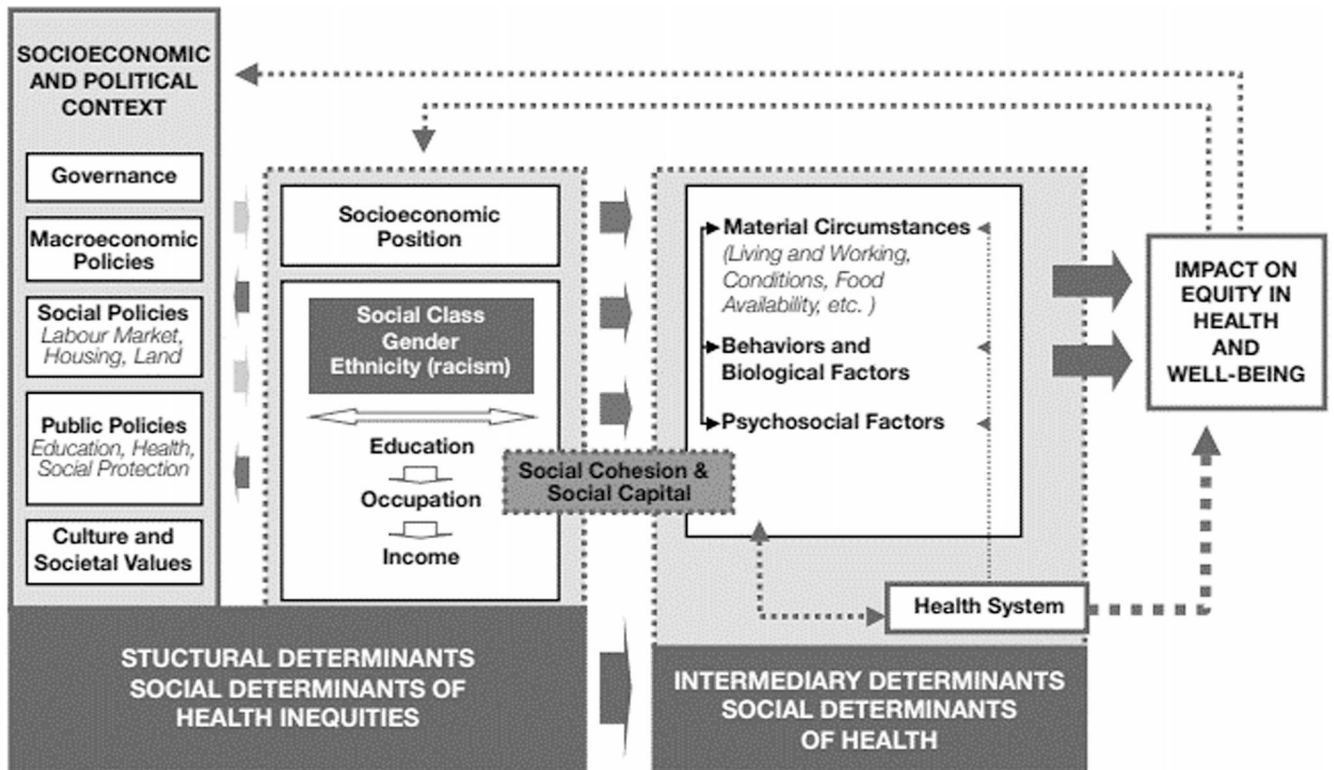
### Highlights

- Adverse childhood experiences (ACEs) and substance use are linked by shared risk and protective factors.
- Promote community-level strategies and strengthen the evidence base for narrative change efforts.
- Transformational narrative change as a strategy for prevention of ACEs and substance use.

Activities	Outcomes		
	Short-Term	Intermediate	Long-Term
<b>Identify the dominant narratives</b>  <b>Develop new narratives</b>  <b>Incorporate new narratives into base-building activities (e.g., one-on-ones, community meetings)</b>  <b>Develop and implement a “dissemination” plan</b>  <b>Incorporate new narratives into strategic planning at public health departments, as possible</b>	Increased awareness among partners about the intersection of SDOH, ACEs, and opioids  Incorporated new narrative into partners presentations, outreach strategies, reports, and other materials  Increased sharing of a new narrative in organizes’ and public health’s networks  Increased partner, community, and leadership mobilized to address the historical, societal, community, and intergenerational factors that increase the risk of ACEs and opioid misuse	Increased and sustained reach of new narratives in community organizers networks and with public health department partners  Increased support for ACEs prevention strategies that change the social and economic conditions impacting children, youth, and families  Guidance on community characteristics and assistance needed to address primary prevention of ACEs and opioid misuse in communities	Deeply rooted commitment among community partners and others to implement comprehensive, prevention strategies at the local level  Increased safe, stable, nurturing environments for all children, youth, and families  Decreases in ACEs exposure and health inequities  Decreased rates of opioid misuse  Reduced opioid-related deaths

**FIGURE 1.** Abbreviated logic model for *comprehensive community strategies for the primary prevention of aces and substance use.*





**FIGURE 2.** The World Health Organization conceptual framework for social determinates of health model (Solar & Irwin, 2010).

ACEs prevention approaches and strategies from CDC’s ACEs prevention resource with examples of strategies that simultaneously address ACEs and substance use.

TABLE 1

Strategy	Approach	Examples of interventions that simultaneously address ACEs and substance use
1	<ul style="list-style-type: none"> <li>Strengthening household financial security</li> <li>Family-friendly work policies</li> </ul>	<ul style="list-style-type: none"> <li>The generosity of the earned income tax credit (EITC) is associated with reduced child abuse/neglect (Kovski et al., 2022) and maternal alcohol use (Morgan et al., 2022)</li> <li>Implementation of paid family leave in California was associated with reduced parental alcohol use (Lee et al., 2020) and hospital admission for abusive head trauma (Klevens et al., 2016)</li> </ul>
2	<ul style="list-style-type: none"> <li>Promote social norms that protect against violence and adversity</li> </ul>	<ul style="list-style-type: none"> <li>Social norms interventions that address violence, particularly sexual violence, often address binge drinking and other forms of substance use; however, evidence that these interventions reduce substance use is limited (Hoxmeier &amp; Casey, 2022)</li> </ul>
3	<ul style="list-style-type: none"> <li>Ensure a strong start for children</li> </ul>	<ul style="list-style-type: none"> <li>the <i>Fast Track</i> intervention was associated with reduced alcohol misuse and opioid use among young adults (Godwin et al., 2020)</li> <li>Implementation <i>Nurse Family Partnerships</i> has been associated with reduced cigarette and cannabis use among pregnant girls and women aged 14–24 (Catherine et al., 2020)</li> </ul>
4	<ul style="list-style-type: none"> <li>Teach skills</li> </ul>	<ul style="list-style-type: none"> <li><i>Incredible Years</i> and <i>Strengthening Families (10-14)</i> are skills-based interventions that have been associated with reduced youth substance use [including prescriptions opioid misuse; Spoth et al., (1999); Spoth et al., (2001)Spoth et al., (2013)]</li> <li>CDC’s <i>Dating Matters</i> uses a comprehensive approach to violence prevention that includes teaching skills, along with structural changes, and has been associated with reduced substance use among youth (Estefan et al., 2021)</li> </ul>
5	<ul style="list-style-type: none"> <li>Connect youth to caring adults and activities</li> </ul>	<ul style="list-style-type: none"> <li>Mentoring programs have been associated with reduced alcohol and illicit drug use (Thomas et al., 2013)</li> <li>After-school programs have been associated with reduced alcohol, marijuana, and drug use (Tebes et al., 2007)</li> </ul>
6	<ul style="list-style-type: none"> <li>Intervene to lessen immediate and long-term harms</li> </ul>	<ul style="list-style-type: none"> <li>Programs that screen parents for substance use, depression, and intimate partner violence, such as Safe Environment for Every Kid, are associated with reduced child abuse/neglect (Dubowitz et al., 2009)</li> <li>Family-centered programs combine evidence-based treatment for opioid use disorder (i.e., medication for opioid use disorder) with preventative services to reduce stress and help parents and families better address the needs of caregivers and children (Rutherford et al., 2018)</li> </ul>

Note: The Strategy and Approach columns are from <https://www.cdc.gov/violenceprevention/aces/prevention.html>. The fourth column provides examples of approaches that simultaneously address substance use; these were identified by the authors to help demonstrate the evidence of interventions that simultaneously prevent or address ACEs and substance use.

Abbreviations: ACE, adverse childhood experiences; CDC, Centers for Disease Control and Prevention.