

A call for primary data collection to quantify drug-related harms

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Many studies....

But also many gaps

1. Population size estimates

2. Evidence gaps and directions

Population size estimates

An example of important observational epi

Important to focus on harms unless clear rationale for focusing on use

Population size estimates

Outside of alcohol/tobacco, usually use indirect estimation methods

Require good data – often lacking

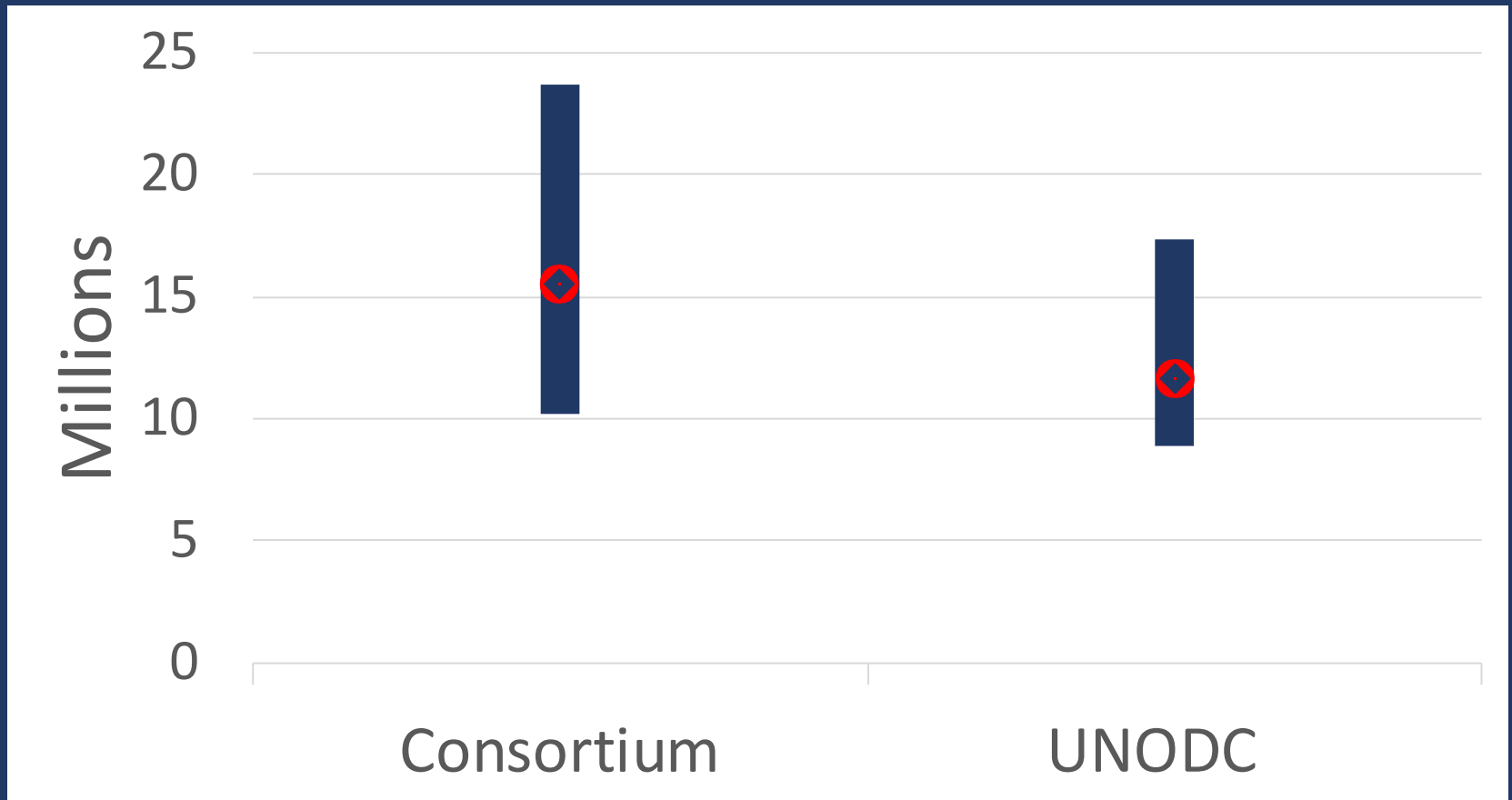
Population size estimates

May be outdated

Or methodologically poor

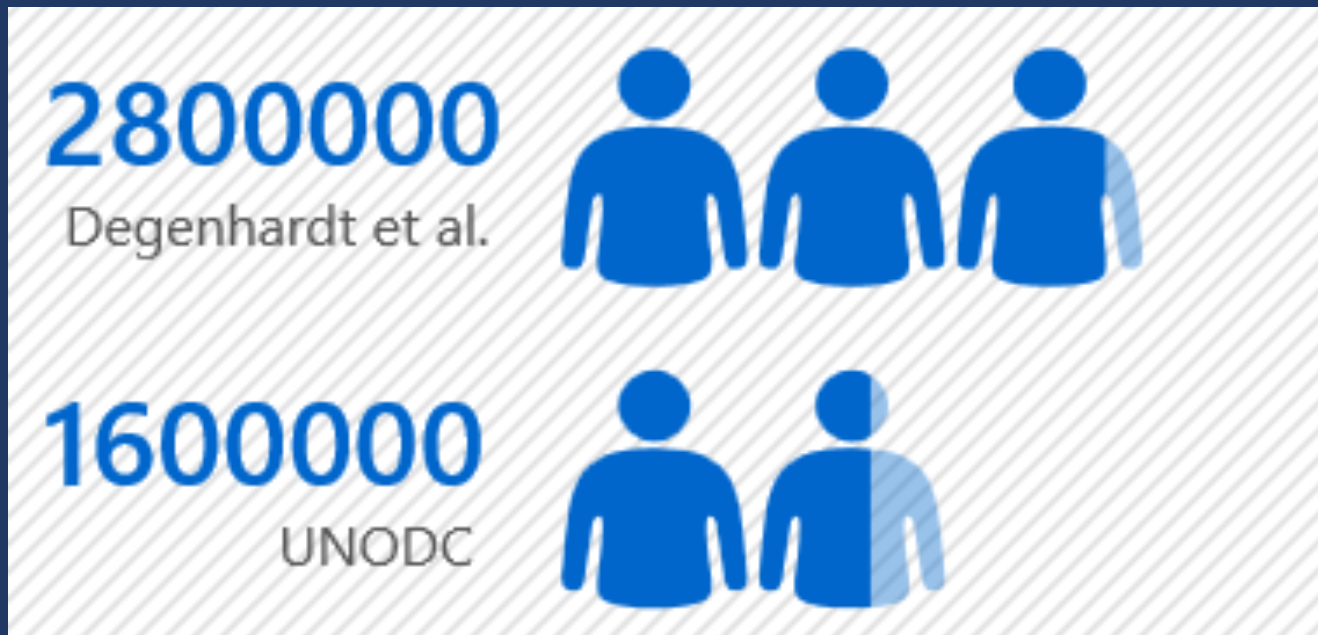
- linked to quality of primary data

Comparing estimates of people who inject drugs



Comparing estimates of HIV in PWID:

N PWID living with HIV



Gaps in primary data collection

Populations studied

Types of harms studied

Gaps in primary data collection

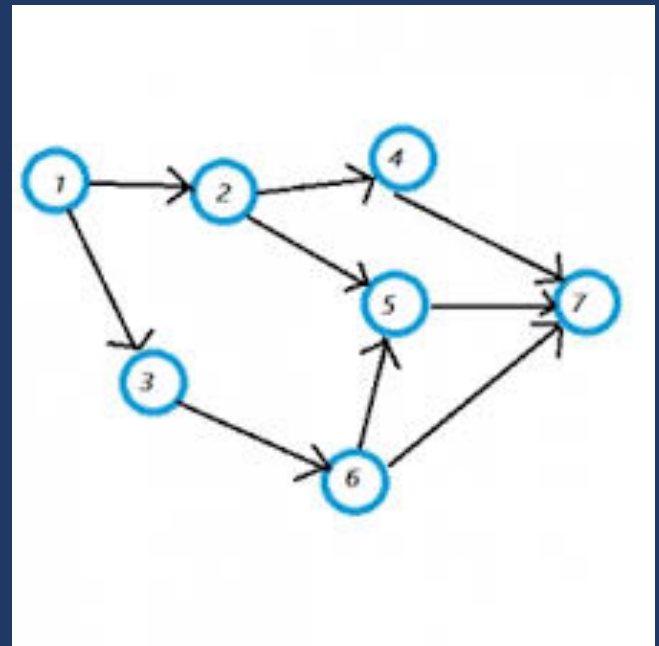
Types of harms studied

Do we need to ask people what harms they think we should study?

Gaps in primary data collection

Causal modelling

Instrumental variables



Gaps in primary data collection

Not “Does it work?”

But “Who does it work for?”

Will my question, and the way I go about answering it, produce actionable evidence?