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

Sarah Larney & Matt Hickman







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

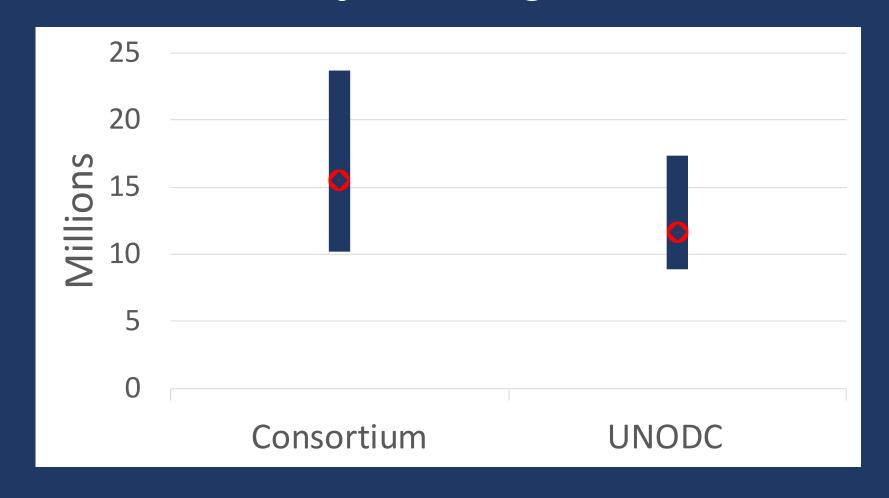
Population size estimates

May be outdated

Or methodologically poor

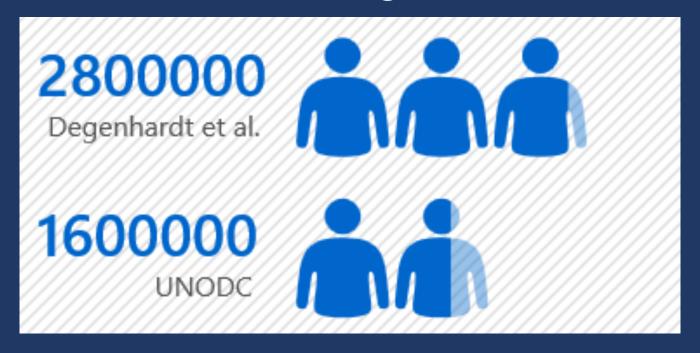
- linked to quality of primary data

Comparing estimates of people who inject drugs



Comparing estimates of HIV in PWID:

N PWID living with HIV



Populations studied

Types of harms studied

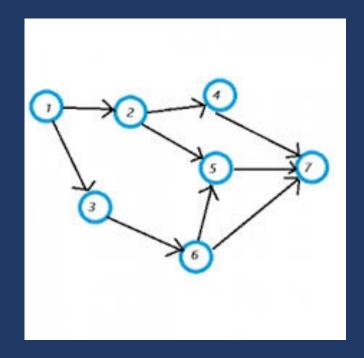
	Injecting risk behaviours		Extra-medical	Extra-medical opioid use		nce	HCV Incidence	Skin and soft tissue infections	Quality of life
Intervention	Effect Size of effec	t Level Sources	Effect Size of effect	Level Sources	Effect Size of effect	Level Sources	Effect Size of effect Level Sources	Effect Size of effect Level Sources	Effect Size of effect Level Sources
Provision of sterile injecting equipment	↓ aOR 0.52 (0.32, 0.83)	A ^{roso} 1			↓ OR/HR/RR 0.42 (0.22, 0.81)	Coop	↓? RR.0.77 (0.38, 1.54) C	7	
Condom provision					↓ RR 0.29, (0.20, 0.43)	A ^{GEN} 5	?		
Naloxone			+ - :						 . : . : . : .
Drug consumption rooms	↓ RR 0.31 (0.17, 0.55)				7	D .	7 . 0		
Peer-based self-help groups	•		↓ ?	Ber					
Psychosocial interventions	↓ SMD-0.43 (-0.69, -0.18	A 23	↓ WME\$-0.18 (0.30,-0.06)	Д 11	,	D	, , , , ,		
Opioid detoxification alone	:								
Oral opioid antagonists	X NE	A 11	X RR 1.39 (0.61, 3.17)	A si					
Extended-release opioid antagonists	, NE		• NE	A					
Oploid agonist treatment	↓ RR 0.53 (0.4, 0.7)			A "	↓ RR0.46 (0.32, 0.67)		₩ RR 0.50 (0.40, 0.61) C		↑ SMO 0.29 (0.16, 0.42) C "
Residential rehabilitation	↓ . NE		↓ NE	. c	:	: ': '			
HIV testing + informing of serostatus	↓ NE	D _{rivio} 31							
HCV testing + informing of serostatus	X a0R.0.97 (0.94, 1.00)								
HIV treatment	X aOR 0.78 (0.42-1.45)				•				
HCV treatment	↓ NE	: : :	, RE						
STI treatment					•	A ^{GSN} 36-28			
Suicide prevention strategies				Deep 20					
Opioid prescribing limits		: : :	↓? . NE						
Abuse-deterrent opioid formulations	↓ • NE • •	D 20,11	? • NE	D H					
Prescription opioid monitoring programs			J.2 NE	D ₀₀₀ 28 28,32					
Compulsory drug treatment/drug detention centres	T NE	C* IDA			:				
Criminalisation of drug use	↑ NE	Comp. v			↑ NE				

Types of harms studied

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

Causal modelling

Instrumental variables



Not "Does it work?"

But "Who does it work for?"

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