Harm Reduction Services for People Who Use Drugs
Exploring Data Collection, Evidence Gaps, and Research

KEY MESSAGES FROM WORKSHOP SPEAKERS
Recognizing the public health emergency posed by opioid overdoses, there have been increasing calls for a comprehensive approach to drug policy that focuses on reducing harm for people who use drugs (PWUD). The National Academies held a workshop in January 2024 to explore data collection efforts, evidence gaps, and research needs for this topic. Below is a summary of actions suggested by individual speakers. These actions have not been endorsed or verified by the National Academies; they do not reflect a consensus among workshop participants.

SERVICE DELIVERY
• Identify and validate best practices for harm reduction, including mobile health, telehealth, and integrated services, as well as distribution of syringes and naloxone (Arredondo, Bluthenthal, Day, Gardner, Jenkins, Johnson, Kunis, Murray, Tookes, Wheelock, Young).
• Understand how historical and contemporaneous events cause community disruption, leading to vulnerabilities among historically marginalized and minoritized populations, and how to develop culturally appropriate harm reduction services (Bluthenthal, Day, Gardner, Heller, Paschane, Young).
• Accommodate different aspects of peoples’ identities (e.g., race, gender, and sexuality) when developing and delivering interventions for PWUD (Day, Heller, Johnson, Kushel, Simon, Tookes, Wheelock, Young).

SCIENTIFIC PROCESS
• Incorporate people with lived and living experience in all phases of research and funding decisions (Alsum, Brothers, Cerdá, Davidson, Frank, Murray, Simon, Tookes, Walley).
• Educate institutional review boards about specific issues regarding research involving PWUD (Dasgupta).
• Implement faster funding mechanisms, increase funding for junior faculty, and expand funding beyond a few select institutions (Dasgupta, Davidson, Park).
• Employ person-centric data collection that examines outcomes that matter for PWUD (Frank, Marshall, Walley).

SCIENTIFIC METHODS
• Minimize the burden of data collection on PWUD (Davidson, Swatek).
• Develop common data elements to harmonize and more easily share and consolidate data from multidisciplinary, community-based research (Gupta, Oga, Swatek).
• Increase support for research to develop more effective and accessible opioid antagonists and understand associated adverse events; new medications to treat substance use disorder (SUD) in the context of a dynamic drug supply; and biomedical interventions for community-based withdrawal management (Bluthenthal, Frank, Jauffret-Rouste, Tookes, Volkow, Walley).

ENVIRONMENTS
• Understand political contexts affecting the acceptance of and resistance to harm reduction interventions (Day, Gardner, Paschane, Salisbury-Afshar, Swatek, Wheelock, Young).
• Better communicate the benefits of harm reduction to the public and policymakers (Baldwin, Gupta, Jauffret-Rouste, Jenkins, Kerr, Russell, Salisbury-Afshar, Young).
• Communicate study results back to the studied populations (Baldwin, Gupta, Jauffret-Rouste, Jenkins, Kerr, Russell, Salisbury-Afshar).